



Department
for Education

Family Hubs Evaluation Innovation Fund

(20-21/013)

Scoping report

November 2021



Government
Social Research

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Executive summary

In March 2021, Ecorys was commissioned by the Department for Education (DfE) to lead a consortium carrying out a programme of research for the **Family Hubs Evaluation Innovation Fund (20-21/013)**. This report presents the findings of work carried out between April and September 2021 as part of an initial scoping and feasibility phase.

The Family Hubs Evaluation Innovation Fund forms part of £2.5 million for research and the development of best practice around the integration of services for families including Family Hubs. The fund is administered by the DfE to improve standards of evidence for planning and delivering help and intervention for families across the 0-19 age range.

The aims of the evaluation were to design and carry out a mixed method evaluation of Family Hub models in 5 local authorities, assessing their implementation and processes, outcomes, impacts and economic benefits. These areas were assessed at both a local authority level and project level.

Overall, the scoping phase concludes that mixed methods evaluations are viable for all 5 local authorities (LAs), supported by a programme of Action Learning:

- **Impact evaluation** - as the table illustrates, we have concluded that Quasi-Experimental Designs (QEDs) are feasible and appropriate for two of the five LAs. The remaining three LAs will adopt theory-based methods, while using the evaluation period to lay the foundations for a prospective future QED.
- **Economic evaluation** – all five local evaluations will include an economic component. For two of the LAs, we have determined that a Cost Efficiency Analysis (CEA) is the optimum design, with a focus on the economy and efficiency of hub arrangements. A Fiscal Return on Investment (FROI) will be deployed to measure cost-benefit / effectiveness for one of the LAs where there is good potential to capture and monetise outcomes-based savings.
- **Process evaluation** - all local evaluations include a programme of qualitative research with professionals, children and families. In two cases this will include Participatory Action Research (PAR) with parents and carers to strengthen the ‘family voice’ element of the programme, in line with the aspirations of the LAs.

Table 1 At a glance – the five local evaluation designs

LA	Impact	Economic	Process
Essex	Quasi-experimental design (QED): area-based or synthetic control method.	Cost Efficiency Analysis (CEA)	Qualitative research with professionals and families; workforce surveys.

Leeds	Quasi-experimental design (QED): area-based or synthetic control method.	Fiscal Return on Investment (FROI)	Qualitative research; workforce surveys, analysis of case audit data.
Bristol	Theory-based design: largely qualitative approach.	Cost Efficiency Analysis (CEA)	Qualitative research with professionals and families; Participatory Action Research
Sefton	Theory-based design: Contribution Analysis	Fiscal Return on Investment (FROI) – prospective only	Qualitative research with professionals and families; observational work
Suffolk	Theory-based design: Contribution Analysis	Cost Efficiency Analysis (CEA)	Qualitative research with professionals and families; Participatory Action Research

Introduction

In March 2021, Ecorys was commissioned by the Department for Education (DfE) to lead a consortium carrying out a programme of research for the **Family Hubs Evaluation Innovation Fund** (20-21/013). The project is based on a partnership between researchers from Ecorys, Clarissa White Research (CWR) and Starks Consulting Ltd (SCL), and five local authorities (LAs) who are committed to evaluating their Family Hubs, all of whom will deliver 0-19 years services.

They five local authorities (LAs) are as follows:

1. Bristol City Council
2. Essex County Council
3. Leeds City Council
4. Sefton Council; and
5. Suffolk County Council.

This report builds on the original tender submitted by The Ecorys Partnership and presents the findings from work carried out between April and September 2021 as part of an initial scoping and feasibility phase. It gives an account of the tasks completed, the methods deployed, and the proposed individual and project-level evaluation plans for the main phase of the evaluation from October 2021 to March 2023. It further outlines the data limitations and caveats, risks, and how they are to be addressed, and the recommended scope of future work to be carried out.

In this first section, we provide orientation to the Family Hubs Evaluation Innovation Fund, the specific project aims, objectives and methodology, and the tasks completed during the scoping phase. We then go on to set out the detailed proposals for the LA and over-arching project level evaluations in the chapters that follow.

Family Hubs Evaluation Innovation Fund

The Family Hubs Evaluation Innovation Fund forms part of £2.5 million for research and the development of best practice around the integration of services for families, including Family Hubs, and how best to support vulnerable children. The fund is being administered by the DfE, to improve standards of evidence for planning and delivering early help and intervention for families across the 0-19 age range. Further, it will support the work of the National Centre for Family Hubs and Integrated Family Services and a much wider community of practice to be established around this important policy agenda.

The Fund has five core objectives:

1. To support Family Hubs with evaluation capacity and resource via Government funding
2. To improve the quality and rigour of the evidence base on the effectiveness of Family Hub delivery models
3. To generate knowledge and learning for local authorities and other commissioners on the factors driving the service implementation and performance, outcomes and impacts, and value for money of Family Hubs
4. To create a step-change in the standards of evaluation of Family Hubs, by showcasing good quality evaluation, and generating learning and toolkits for future evaluations and service planning
5. To aid national policymaking on Family Hubs by building an evidence-base for any future Government policy.

Evaluation aims and objectives

The overall aim of the evaluation was to design and carry out a mixed methods evaluation of Family Hubs, comprising an assessment of implementation and processes, outcomes, impacts and economic benefits. We proposed to achieve this at two interlocking levels:

- **Local authority level** - evaluation of five different Family Hub models. These local hub evaluations will be designed with our local authority partners and be tailored to their aims, delivery model, the local context they are operating in and their requirements from the evaluation.
- **Project level evaluation and synthesis** – a comparative analysis of five diverse Family Hub models at different stages of maturity, to inform the national evidence base. Here, we will deploy a theory-based methodology, to determine the generalisability of findings, and to understand what works, for whom, how and under what circumstances.

Five hubs were included as part of our partnership (see Table 2, overleaf). These were purposively selected to offer rich points of comparison regarding urban and rural settings; local authority structures and commissioning models; the spatial configuration of services; the role(s) of outreach/virtual support; the use of evidence-based interventions; parental voice and co-production; and multi-disciplinarity.

Assumptions about local Family Hub characteristics were tested further during the scoping phase, to provide a deeper understanding of the models.

Table 2 Key characteristics of the Family Hubs

Partner	LA type	Region	No. of hubs	Maturity	Features of hubs						
					LA-led	Commissioned	Outreach & mobile	Digital offer	Links with health	Links with schools	VCS partners
Essex	2 tier County	Eastern	12 hubs, 28 delivery sites	More established	x	x	x	x	x	x	x
Leeds	Metropolitan	Y&H	3 central hubs, 25 clusters		x				x	x	x
Bristol	Unitary	South West	3 hubs; 20 affiliated sites	Early development	x				x	x	x
Sefton	Metropolitan	North West	10 hubs, 3 commissioned centres		x	x	x		x	x	x
Suffolk	2 tier County	Eastern	17 full-time hubs, 12 part-time hubs		x		x	x	x		x

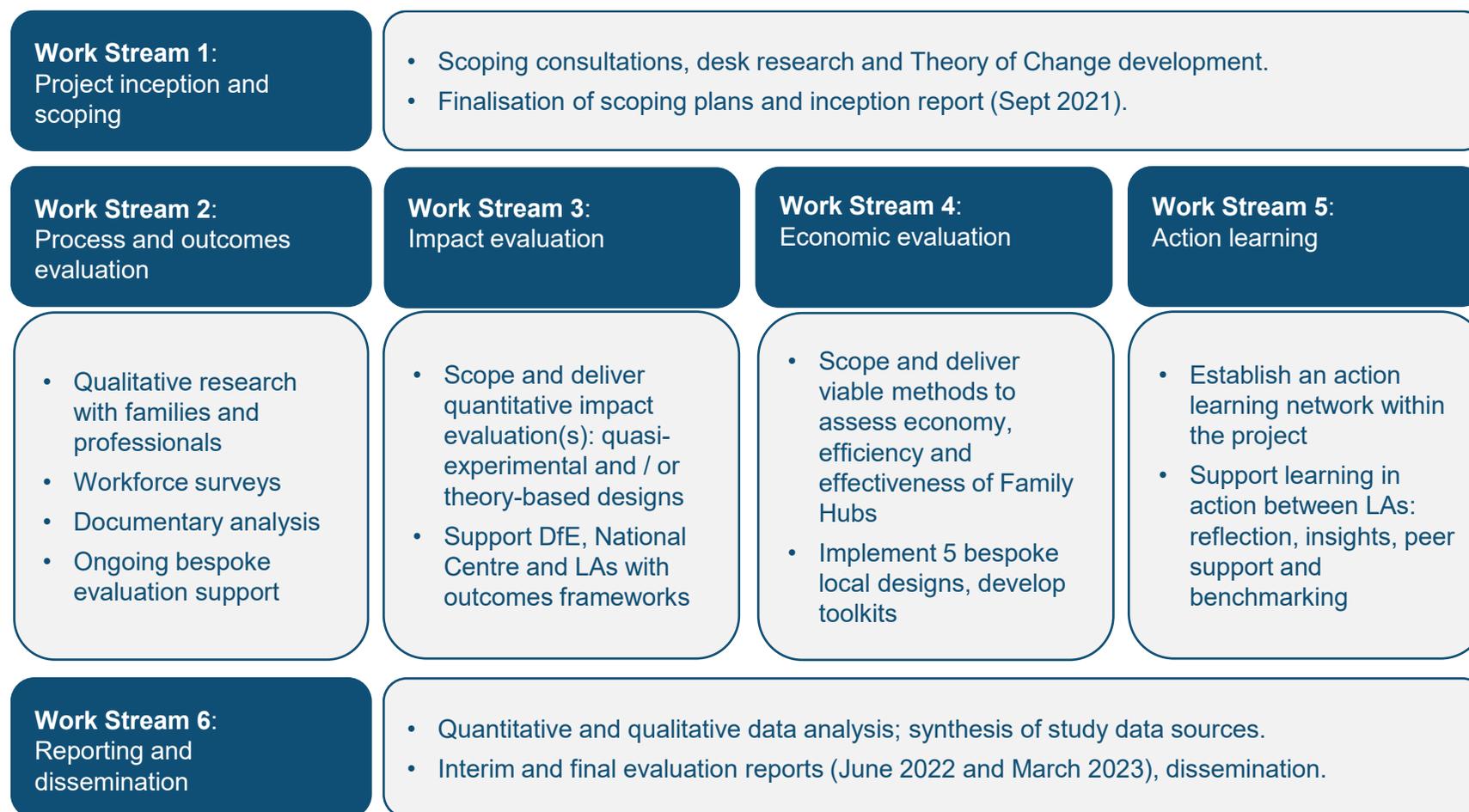
The specific objectives for the evaluation are as follows:

- To provide an overall assessment of the selected Family Hub models, including service effectiveness, outcomes, impact, and value for money.
- To establish systems for tracking family outcomes and service trajectories longitudinally, accounting for a wide range of contextual and implementation factors.
- To determine the added value of the hub approaches over and above pre-existing models, and to understand what works, for whom, how, and why.
- To document the lived experiences of children and families as they interact with services, including families with multiple and complex needs; and to gain a deep understanding of the relationships between participation and co-production, and service effectiveness and outcomes.
- To build local capacity for self-evaluation and develop replicable toolkits and training for wider adoption by hubs country wide.

A mixed methods design was proposed at bidding stage, comprising of qualitative and quantitative data collection and analysis for five bespoke local LA evaluations, and a crosscutting programme of research including Action Learning with the LAs. The over-arching structure with five Work Packages is presented overleaf.

In the following section, we go on to explain the steps taken to scope each of the five individual LAs, and the adjusted work programme for the main phase.

Figure 1 Method overview



Overview of the scoping phase

The project scoping phase was completed between May and September 2021, following an inception meeting between the core evaluation team at Ecorys and DfE in April 2021. This phase was overseen by the Ecorys Project Manager and Project Director, who led on instrumentation, briefing team members, piloting and adjusting the tools and quality assuring all outputs. The research and analytical tools used to support the initial consultations were provided to the DfE separately.

The remainder of this section outlines the main scoping tasks and outputs from this phase, and then details the data limitations and caveats.

Initial consultations

Following a team briefing, the lead researchers held a series of initial consultations in May and June 2021 with the main points of contact at each of the five LAs, plus any other key stakeholders involved in the set-up and delivery of Family Hubs. The purpose was to build on the evaluation team's understanding of the local models from the proposal stage, request relevant background documentation, and plan the research activities for the main scoping phase of the study. A topic guide was provided, to guide this work and to elicit the information needed to inform early thinking about local economic, impact and process evaluation requirements.

Theory of Change and logic model development

In collaboration with the representatives from the five LAs, providers and partners, the evaluation team developed a Theory of Change (ToC) and logic model. The Theory of Change articulated the aims and rationale for the local Family Hub models, the improvements they are seeking to bring about through a hub approach, and to make explicit the 'causal chains' between inputs, activities, outputs and outcomes (including both positive outcomes and potential unintended negative outcomes from system disruption).

The logic model summarised at a high level, these main components and illustrated in a visual diagram the relationships between the different parts. For the two LAs (Essex and Leeds) with fully 'live' Family Hub models, the Theory of Change reflected current set-up. For the LAs (Sefton, Suffolk, and Bristol) at an earlier stage in development, the Theory of Change and logic models included their plans for delivery and their aspirations for monitoring. As Family Hubs aim to achieve systems change across a local area, the logic model also reflected the less tangible benefits of the strategic collaboration surrounding hub development. The completed Theories

of Change and logic models for each of the LAs are presented as a component part of the individual evaluation plans at the end of this report.

The Theory of Change and logic models are a central part of the evaluation, as they form the basis for the performance story and contextual information for the Family Hub development and implementation. The evaluation team will review and update each of the models following the completion of the fieldwork phases, ahead of the reporting outputs (June 2022 and March 23).

Workshops with the partner LAs

The evaluation team held two partnership meetings during the scoping phase of the study. Representatives from all five Family Hubs attended both meetings. Representatives from DfE attended the first half of the second workshop.

- The purpose of the first partnership meeting was an introduction to the evaluation, outlining the research tasks in the scoping phase and the outputs; as well as offering an opportunity for questions with the evaluation team and to facilitate networking between the LAs involved in the evaluation.
- The purpose of the second partnership meeting was to share an overview of the Theory of Change for each LA, reflect on the scoping phase, plan for the next phase of the evaluation, and share early experiences designing and implementing Family Hubs and Theories of Change. Learning from both meetings was used to inform the evaluation design and ongoing work programme.

Upon sign-off for the evaluation plans, subsequent partnership meetings will be LA-led, and will orient around a core agenda of 1) evaluation progress and issues arising, and 2) implementation issues, challenges and successes. These sessions will be managed collaboratively using Microsoft Teams and will follow an Action Learning methodology as outlined within the original proposal (Gilmore, et. al., 1986). At this stage, LAs were not in favour of pre-defining themes for action learning sets, but it is anticipated that a more strongly thematic approach will evolve during the next phase.

Impact and economic feasibility work

The lead researchers for the impact and economic strands remained in close contact with the leads for the five LAs during the scoping phase, setting the parameters for data collection and joining consultations with representatives from the LAs to inform an assessment of feasibility of potential designs outlined in this report.

The feasibility assessment was informed by considerations such as: the maturity of local Family Hubs, the accessibility and availability of data on service costs, output performance data, and child and family outcomes during the evaluation period and possibility to identify a comparison group to include in an impact analysis (where one was appropriate). Each of the local evaluation plans includes a detailed methodology for the impact and economic strands based on these consultations.

Finalising the evaluation plans and scoping report

The final task for scoping phase was to draw together the individual Theories of Change, evaluation plans and toolkits, and to perform moderation to ensure coherence and consistency in approaches, terminology and timescales, and to align the bespoke local designs with the allocated resources for each Work Package. These activities were overseen by the Project Manager and Project Director, who provided support and challenge, and were actively involved in the final drafting process for the plans.

In the following section, we present the findings from the scoping phase with regard to the characteristics of the LAs and their local models. We then go on to present the conclusions and recommendations from the scoping work for the evaluation methodology in the following section.

Overview of the local models

An initial step of the scoping phase was to understand how family services were organised prior to Family Hubs in each LA. This provided important contextual information about each LA's starting point, how this has informed the development of their Hub model and the priorities they have chosen to focus on.

The LAs can broadly be categorised into two groups based on the development stage of their Family Hub model. Essex and Leeds have established delivery models and Bristol, Suffolk and Sefton are at an earlier stage of development. These differences in Hub maturity present important considerations for the national evaluation design and are also the subject of work by the DfE and EIF. Below we set out each LA local context and Family Hub development stage.

Essex County Council

In 2015, Essex County Council started to integrate pre-birth to 19 health and wellbeing services across the county to better support children and families through an early intervention model. The rationale for reforming service commissioning was informed by emerging evidence that specific groups of families were not reached, despite investment in a range of public, private, and voluntary sector services. Administrative data highlighted that cohorts of children in particular localities were not school ready. Qualitative research highlighted that parents struggled to navigate the system to access help and felt socially isolated.

Essex Family Hubs known locally as the Essex Child and Family Wellbeing Service (ECFWS) and have been operational since 2017. Essex was not prescriptive about its approach for bringing about change. Commissioners gave providers freedom to suggest a suitable model, with the community at its heart, based on consultation, evidence and a desire to improve children's outcomes. Essex wanted to encourage a culture in which health and social care provision are equally regarded. They also wanted to promote the development of community assets through education, peer support, peer learning and proactive engagement. The Essex Hub model has been refined during early implementation period and is operating in a steady state. Compared with other LAs, Essex has the most established Family Hub model.

Leeds City Council

Leeds City Council gained 'earned autonomy' status from central government in 2019. This gave them more freedom to transform Early Help delivery through their Supporting Families programme (known locally as Families First programme). The Early Help Hubs were a key strand in this improvement plan. The Hubs were

intended to support well-established clusters¹. The clusters are mature systems of support and have been operational for over 10 years. The Early Help Hubs have three key areas of focus. Firstly, the Hubs provide high quality advice, challenge and support to professionals working directly with families. Secondly, Hub staff deliver direct interventions for families in need of specialist early help support with mental health, domestic abuse, drug and alcohol addiction and community safety. Thirdly, the Hub seeks to upskill the wider Leeds workforce by providing coaching, consultation, and training on early help.

The Leeds Family Hubs were launched in 2019 and have been integrated into the Early Help Hubs. The local ambition for Hubs is to embed integrated working to better support families. Experts working in the Hubs will help to drive a shift in practice and a shared understanding and ownership of Early Help. Leeds Family Hubs implementation was restricted during the Covid-19 pandemic and aspects of the model were refined and developed during the pandemic to respond to families changing needs during this time. As the Leeds Hub model builds on the well-established local Early Help offer, it is more developed compared with other LAs in the study.

Bristol City Council

In 2019, Bristol City Council's Children's Centres started a gradual transition to sit under the Children and Family Services directorate and integrated into the Early Help offer. Bristol recognised that despite the integrated approach, families could receive an inconsistent Early Help offer across the city. To address this issue, the LA started a programme of work to develop a core offer for all families and encourage joined up working across professionals and services. This work coincided with the national policy recommendation for Family Hubs.

The LA convened a project team to develop their Hub vision. The Hub was seen as an opportunity to build on and drive forward the work they had started to improve family services. Through the development of the Hub, they aimed to achieve a greater alignment and integration between services; develop a consistent Early Help offer for families; ensure a wider range of services across the 0-19/25 age range; as well as improve use of their Children Centre buildings. Bristol also wanted to encourage joined up working between LA service and with the voluntary sector. The Bristol Hubs are in early development, and will be live in April 2022 across the LA.

¹ Leeds clusters include representatives from schools and governors, children's centres, children's social work, police, youth services, housing, voluntary sector, health, local elected members and senior officers from children's services.

Suffolk County Council

Suffolk County Council was awarded the 0-19 Healthy Child Service contract in 2018. This enabled them to develop an integrated approach to delivering universal health services, early education and safeguarding to children and families. The decision to move to a Family Hub model was made in response to a Policy Development Panel (2018) regarding Children's Centres. The panel concluded that families valued the provision from Children's Centres although identified that the way families were accessing support had changed. For instance, staff were providing more targeted one to one work with families in the community. The panel recommended a review of the Children's Centres buildings, and the way services were delivered to ensure they are accessible, impactful, and relevant to communities. The panel recommendations were presented to Cabinet in July 2019 and followed by a public consultation in early 2020. Suffolk has subsequently developed an evidence-based core offer for all Children Centres.

Over 2019/2020 Suffolk ran extensive consultations to develop their Family Hub model. The model aims to encourage an integrated and collaborative approach to working with partners to deliver services to families. Suffolk has an ambition to make accessing services easier and less daunting for families. The Hub provides an opportunity to expand pre-existing provision to include mental health services. Additionally, Suffolk aim to ensure a more consistent evidence-based core offer to families of children aged 0-19/25 across the county. Like Bristol, Suffolk intend to maximise their buildings to operate more efficiently and effectively. The Suffolk Family Hubs implemented started from April 2021 with a phased rollout across the country until August 2022.

Sefton Council

Sefton Council adopted the Family Hub model following a consultation on the future of Children's Centres, with agreement by the Cabinet in December 2017. Prior to this, Sefton ran separate Children's Centres and Family Centres. The decision to merge the services into Family Wellbeing Centres was in part driven by a need to make cost savings. Sefton had observed an increased demand for Children's Social Care (CSC). The Centres were an opportunity to develop a comprehensive Early Help offer to reduce the need for CSC intervention. Sefton wanted to use the Centres to develop a multi-agency approach across 0-19 age range, under a single banner. Locally, there was reluctance to lose Children's Centres completely. Many remain operational, most are run by the LA and a small number are commissioned services.

The Family Hubs have been operating since 2018 and are locally known as Family Wellbeing Centres. While many activities with families are established, for example delivery of evidence-based interventions, including Mellow Bump, Triple P, and Teen P, as part of their integrated 0-19 offer. However, the ambitions for strategic workforce and system changes are currently aspirational. The move to Family Hubs has been set against a challenging context of significant budget cuts and staff shortages in the LA Children's Services. More recently, in May 2021 Sefton was issued an improvement notice following an Ofsted Focused Visit judgement that Children's Social Services have areas for priority action. This has had several implications for the strategic direction of children's services as well as frontline delivery. The LA is putting improvement plans in place. Recruitment for a new Director of Children's Services remains ongoing. Changes to Early Help and Family Wellbeing Centres are expected during the period of the national evaluation. Sefton Family Hubs can therefore be categorised as at an early development stage.

Hub characteristics

As outlined above, each LA Family Hub model has been informed by its prior arrangements for family services and identified areas of need. In this section, the Family Hub models are outlined. The similarities and differences across models are highlighted, particularly regarding commissioning arrangements, number and spread of Hubs, local service offer, families Hubs intend to target, as well as workforce arrangements.

Local commissioning arrangements

Most LAs have retained responsibility for Hub delivery and work with support from local partners and commissioned providers, except Essex and Sefton. In Essex, the LA has commissioned Virgin Care to deliver in partnership with Barnardo's the Essex Child and Family Wellbeing Service (ECFWS) and allowed flexibility for them to subcontract further providers to meet local needs. In Sefton, ten Family Wellbeing Centres are managed by the LA, and three are commissioned Centres. Both the LA and commissioned Centres run similar services; a key difference is that the LA run Centres additionally provide some statutory children's social care services.

Number and spread of Hubs

All LAs have multiple Hubs located across their regions – most adopting a 'hub and spoke' model, with a few Hubs supporting delivery and operations in the others. Leeds has three Family Hubs supporting 25 clusters. Similarly, Bristol intends to have three Hubs operating from the three largest Children's Centres with several (c.

20) smaller children's centre hubs or affiliated sites. Bristol is yet to decide whether their main hubs will be virtual or physical spaces.

Essex and Suffolk have a greater number of Hubs, reflecting their larger geographic areas. Essex has 12 Family Hubs one in each district, alongside 28 Family Hub delivery sites to make access easier for families. Suffolk plan to create 17 full-time Family Hubs offering a range of services to families, alongside 12 smaller part-time Family Hubs that offer some services and outreach activities.

The Sefton model includes 13 Centres across three localities; most centres (n=10) are managed by the LA, and three are commissioned Centres located in school sites.

Alignment with Children's Centres and Early Help

Family Hubs have typically replaced or been aligned with Children's Centres, except in Leeds. Essex, Bristol, and Suffolk models focus on retaining and improving the existing Children's Centre services. Leeds Hubs work closely with Children's Centres and have an ambition to integrate them into the model, but they currently operate separately. Furthermore, Bristol is the only LA that will initially retain the Children's Centre branding to minimise costs.

Each LA has a slightly different Hub service focus to meet the needs of their local population and plug gaps in their current family services. Essex, Bristol, and Suffolk models aim to reorganising existing family services to improve consistency of support. Leeds and Sefton have integrated their Hubs within Early Help services. Both models build on their Supporting Families programmes and hope to improve the 'front door' to Early Help and access to specialist services.

Family target groups (across 0-19/25 age range)

Most Hubs offer provision for families with children and young people aged 0-19, extending to 25 for children with Special Educational Needs and Disabilities (SEND). Essex is currently the only LA delivering integrated universal and targeted family provision across the full age range. Bristol will initially focus on families with children aged 0-11 years. There is a medium-term plan to extend the offer to include 12-19 age groups. The evaluation will capture the early steps to scope and will explore the data collection and analysis implications, but full rollout of 0-19 services is not expected during this period.

Services and workforce arrangements

Each LA has offered a range of services for families through their Hubs, involving a variety of staff and providers. An overview of Hub activities and workforce arrangements are detailed below by LA.

Essex Family Hub services

In Essex, Hubs have multi-disciplinary Healthy Family Teams based in their Family Hubs and Family Delivery Sites, although the teams are encouraged to work wherever suits the family in a range of outreach community locations. The model offers three tiers of support: universal services are open to all families who are initially referred through health visiting appointments. Families in need of more targeted support, including family support interventions or social care services (universal plus and universal partnership plus services) are identified through the universal provision.

Across the county, the following services are integrated within the Family Hubs: Health visiting, School nursing, Family Support, Safeguarding Children Team, Looked After Children Team. In West Essex only, the Family Hubs also include Children's Community Health provision (i.e., community paediatrics, Speech and Language Therapy, allergy, incontinence, physiotherapy, occupational therapy, and specialist community nursing).

Bristol Family Hub services

Bristol plans to develop a virtual collaboration aligning Early Years, Early Help, voluntary and community sector and Public Health services to provide a core offer to families. A key aim of the model is to develop a 'No Wrong Door' approach, whereby families can access the right support at the right time to improve outcomes and prevent problems escalating.

Families (across 0-11 in the first instance and subsequently 0-19+) will be able to access a range of universal and targeted services covering early years, parenting, education, and mental health support. Bristol is developing a digital information advice and guidance offer to reach those who are unable to access a Hub during working hours.

To improve joined up working and provide a seamless service for families, the Hub intends to align reporting and information sharing requirements of Children's Centres with the rest of Early Help and health partners. Through investment in targeted analytics, they also intend to develop their understand of which at-risk families do not access the Hubs and develop approaches to engage them.

Suffolk Family Hub services

Suffolk Hubs will provide universal and targeted services through outreach support to the wider community and disadvantaged families who struggle to access current services. They plan to expand the range of pre-existing provision to include mental health services.

The LA will run the Hubs in conjunction with partners in health and the voluntary sector providing social, educational, health and wellbeing support. Whole family support will be offered at local venues that are accessible and close to where families live. Like Bristol, Suffolk are developing a digital advice and guidance offer. Additionally, Suffolk are developing virtual group activities.

Advice and support will be provided by housing teams, citizens advice, adult learning and will include activities to help adults return to work. A distinctive feature of the Suffolk model is their partnership with the National Literacy Trust and delivery in libraries.

Leeds Family Hub services

Two distinguishing aspects of the Leeds model are the integration of police staff in Hubs and the focus on targeted support. The Hubs provide specialist support across mental health, domestic abuse and drug and alcohol addiction, while universal support is delivered by Children's Centres. The Leeds Hub's Early Help practitioners conduct initial assessments, support professionals to develop Early Help Plans for families and signpost to appropriate support. Unlike other LAs, there is no direct integration of health services in the Leeds model.

Core Hub staff are seconded from the LA and police and work alongside commissioned specialist providers. Each Hub includes Early Help practitioners who work with the whole family, police officers and specialist practitioners working across mental health, domestic abuse and addiction support. The Hubs support joined up working across partners and agencies, but they do not currently have a shared monitoring framework, which presents implications for evaluation.

Sefton Family Hub services

In Sefton, the Centres are currently a vehicle for delivery of Early Help services. Sefton aim to develop a single 'front door' to refer families to get the right support. Centres provide joined up support for families with children and young people aged 0-19 years, covering all aspects of family life and family functioning. All families can access universal support, while targeted provision is offered to families with an Early Help assessment. Universal and targeted support is offered across parenting, health, employment, education, leisure, relationships and welfare. A key point of difference in Sefton is that delivery some children's social services responsibilities such as supervised visits.

Each Centre has a Senior Early Help Worker overseeing practice. Early Help Workers support families directly - either delivering targeted group interventions or working intensively with families. Early Help Link Workers deliver universal sessions, support supervised contacts and signpost those in need of more targeted support.

Early Help staff also provide a range of targeted and universal outreach services in the community and within family homes.

To fully integrate Family Wellbeing Centres into locality working, staffing from across a wide range of disciplines are based in the centres; these range from family support workers, education welfare officers, staff from Early Years services, independent domestic violence advocates, integrated youth and of course Children Centre and Family Centre staff.

Intended outcomes

All LAs have specified outcomes they hope to achieve for children and families, their workforces and wider systems change through their Family Hubs. Table 2 presents an overarching outcome matrix of intended short-, intermediate- and long-term outcomes across the five LAs. The listed outcomes are taken from each LA's logic model, and further grouped into sub-domains. Local evaluations have been designed with Hub development stage in mind and will focus on particular research questions. Therefore, the evaluation will not assess change across all outcomes. The outcomes of interest may evolve and change as the Hubs in early development (Bristol, Suffolk, and Sefton) implement and embed their models. Furthermore, some intended outcomes are aspirational at this stage and may not be measurable or realised within the lifetime of the national evaluation.

Children and Families outcomes

The intended outcomes for children and families fall into nine domains: service engagement and satisfaction; family functioning and child protection; crime or police intervention; early childhood development; education; health; social capital; employment and wider information and signposting.

All Family Hubs share an overarching aim to improve access to better quality early interventions for families and children and to prevent the escalation of need. Building on this, they hope to improve family's ability to navigate local help systems, as well as improve engagement and satisfaction with services. Alongside this, LAs have specified outcomes related to their models and service priorities:

- Suffolk, Essex and Sefton include outcomes related to education. Suffolk and Essex have a focus on early childhood development and have ambitions to improve school readiness of children. Linked to their partnership with the National Literacy Trust, Suffolk hope to improve literacy levels among children. Sefton have specified outcomes across education attendance and engagement among families and increasing employability skills.

- Essex and Bristol hope to reduce social isolation of families through the Hub activities. Essex aims to develop a self-supporting network of parents, increasing peer-support opportunities.
- Leeds and Sefton's outcomes for children and families are closely aligned to the Supporting Families outcome measures. Their interventions focus on supporting improved family functioning. As such, they intend to reduce the negative effects of historic or current stressors (e.g., family conflict, domestic abuse, substance use) and improve mental health and wellbeing of family members.
- Only Essex includes a focus on improving health outcomes and confidence among families to manage conditions.

Long term goals across LAs are to support families to make positive lifestyle choices and promoting independence from statutory services. A key outcome across most models is to reduce the number of children progressing within the children's social care system, through providing effective early help to families.

Table 3 Family Hubs outcomes matrix

Domain	Children and Families outcomes	Essex	Leeds	Bristol	Suffolk	Sefton
Service engagement/ satisfaction	Quick access to support / interventions		•	•	•	••
	Support /interventions are tailored to families' needs		•	•	•	
	Families engaged and satisfied with service/support, inc. transitions between services	•	••	••	•	•
Child protection/ Family functioning	Improved feelings of safety	•				
	Improved family functioning / reduced family conflict	•	•		•	••
	Reductions in the children progressing to CIN, CPP, LAC			•	•	•
	Reduction in number of missing persons reports for children		•			
	Improved readiness for next stage of life by 19 (esp. at-risk, SEND, care leavers)	•				
Crime/ Police	Reduced domestic violence / police call outs to domestic violence		•			•
	Reduction in number of first-time offences		•			
Early child development	Strong attachment to at least one adult/other person	•				
	Improved take up of nursery provision				•	
	Improved school readiness, improved EYFS results	•			•	
Education	Improved engagement, attendance, and attainment in education					••
	Improved child literacy levels				•	
Health	Motivated and confident to manage own health and care	•				
	Improved physical health (e.g., healthy lifestyle behaviours, managing health needs)	••			•	••
	Improved mental health and emotional wellbeing	••	•			••
	Reduced co-morbidities (e.g., substance use)		•			•
Social capital	Increased peer support	••				
	Improved social networks / reduced isolation	•		•	•	•
Employment	Improved access to employment skills and training e.g., Education, Training, Volunteering					•
	Reduced worklessness					•
Information/ signposting	Families able to make positive choices/ improved family awareness of where to get help and confidence to ask for help	••		••	••	•

	Improved access to wider info/support e.g., housing, employment, finances					•	•
Key: Short term outcome • Intermediate outcome • Long term outcome •							

	Domain	Workforce and systems outcomes	Essex	Leeds	Bristol	Suffolk	Sefton
Workforce	Direct delivery	Increased focus on families and their strengths / whole family working	•	•	••	•	••
		Improved trusting relationships with families with multiagency staff/services	•		•		
		Improved multi-agency information exchange/staff access and use information / data		•	••	•	
		Extensive use of restorative approaches		•			
		Increased confidence in the workforce to support families with complex needs		•			•
		Improved consistency of practice				•	
		Improved outreach support				•	
		Wider support offer for families, including virtual support				•	•
	Training/ CPD	Improved skills, competences and knowledge	•	••			••
		Staff feel more supported and connected			•	•	
	Staff retention	Increased job satisfaction and stability in the workforce			•	•	
	Joined up working	Increased shared vision of outcomes and success (leadership, staff, services)	•		••	••	•
		Integrated team working around one care plan / Improved information sharing	•	••	••	••	•
Improved case management recording				•			
System	Effective resourcing	Better use of existing resources, e.g., improved, and increased use of buildings			•	•	
		Appropriate resource is available to provide intervention early					•
	Local capacity building	Increased workforce flexibility to meet local demand/gaps (inc. hard to reach families)	•		•		•
		Increased capacity in the wider system, avoid duplication of services	••	••	••	••	•

	Domain	Workforce and systems outcomes	Essex	Leeds	Bristol	Suffolk	Sefton
		Improved joined-up - settings and agencies, e.g., front door, Early Help, education, police		••	•	••	•••
		Effective early help e.g., fewer re-referrals, prevent need for more intervention/escalation of need		•	••	••	•
		Reduced need for statutory support/ Improve access to community or peer support	•				•
	Information/ data	Improved access and use of monitoring information/data, shared outcomes framework			•		••
	Service design/ commissioning	Coherent commissioning focused on families' needs and outcomes	•			•	•
		Families involved in service design			•		
		Greater accountability of commissioned services					•
	Financial	Reduced costs for statutory services		•		•	
		Reinvestment of savings from pooled budgets and other efficiencies			•		
	Quality of service	Improved access to and quality of service for families / communities	•	•	••	••	•
Key: Short term outcome •, Intermediate outcome •, Long term outcome •							

Workforce outcomes

The intended outcomes for local workforces fall into four domains: improving direct delivery with families; training and continual professional development; staff retention and joined-up working.

A key shared ambition across LAs is to improve joined up working across local partners and agencies to improve family access and experience of services. At a strategic level, LAs hope to align the overall vision and outcomes of success across leadership and frontline staff. At an operational level, Hubs want to improve multi-agency partnership working to enable timely exchanges of information about families.

All LAs will be investing in training and professional development to upskill their workforces and improve staff confidence to provide high quality Whole Family working. This investment is intended to deliver a consistent service that meets the needs of the whole family. Each LA is investing in a training offer that is aligned to their model, for example, Leeds and Sefton are offering trauma informed practice training whereas Bristol is focusing on Signs of Safety training. Suffolk and Bristol have specified an ambition to increase staff job satisfaction and retention, through investments in their workforce. Essex have introduced a shared competency framework to the multi-agency Healthy Family Teams. This aims to encourage flexibility within the team to focus on responding to and supporting the families' needs rather being restricted by job roles.

In terms of direct delivery, most Hubs intend to have an extended offer for families, with a particular focus on extended service provision across the 5-19 age ranges. In Bristol and Suffolk this includes a virtual offer for families.

Systems change outcomes

The intended outcomes for local systems are largely similar across LAs and fall into six domains: effective use of resources; building capacity within the local services to meet the needs of families; improved information sharing; improved commissioning and service design processes; creating financial savings; and improving overall quality of service for families.

At a systems level, all LAs aim to deliver high quality family services and early intervention. LAs hope to change workforce cultures and practice by increasing multi-agency working and build the capacity of local workforces and services for example. In turn, this is expected to reduce duplication of services and resources, resulting in increased efficiencies in their systems. Furthermore, all LAs hope to reach families earlier, to reduce the demand for further targeted statutory intervention. Most LAs plan to improve their processes for commissioning family

service. Bristol also has an ambition to involve families in the design of services. Suffolk and Sefton share aspirations to create and improve routine monitoring and have a shared outcomes framework. Additional systems level outcomes for Bristol and Suffolk Hubs are to improve the use of their existing buildings.

Scoping conclusions and recommendations

The scoping phase has developed our understanding of each LAs context and Family Hub model and maturity level. These factors have been critical in planning appropriate evaluation designs, ensuring they wrap around each Hub model and delivery focus. In this section, we summarise what we found, and present and justify our design choices for impact, economic and process evaluation.

We also explain our proposed approach towards data aggregation across the 5 LAs and highlight the data limitations and caveats for the next phase of work.

Impact evaluation

During the scoping phase, we assessed the feasibility of conducting an impact evaluation on each of the 5 sites, and whether it is possible to use a quasi-experimental design for each assessment. In cases where a QED is not possible, each local evaluation plan outlines alternative methods of evaluation such as theory-based evaluation (e.g., contribution analysis).

We assessed the feasibility of impact evaluation based on the following criteria:

- Stage of implementation and timeframe of evaluation: Family Hubs which have been established for some years are more likely to have achieved impact, which means it is more likely to detect an impact as well. Families in Family Hub areas at earlier stages of development are less likely to experience (detectable) changes in their outcomes yet, but some system impacts and early signs of outcomes for families (e.g., accessing support) might start to show through the process/ theory-based evaluation.
- Developed Theory of Change / logic model with clear aims and objectives: A clear vision as well as understanding of impact pathways can enable the identification of outcomes of interest and their relevant indicators to be used in an impact evaluation.
- Data availability: we conducted detailed scoping of data availability at all levels (individual, family, LA-level) as the five Hubs are monitoring different indicators around different outputs and outcomes of interest. An important consideration was to identify whether publicly available data at the LA-level can be used. This is particularly advantageous as it accelerates the process greatly (no need for specific requests), minimises the burden to LAs to provide with data, allows linkages for further research in future, and in most cases enables use and comparisons with other LAs /national averages.

- Availability of comparator groups/areas within Family Hub areas and comparator areas without a (mature) Family Hub offer. The availability of comparators influenced the methodological designs.
- Family Hub has adopted a multi-disciplinary approach: two important advantages, as Family Hubs which adopt have a higher likelihood to succeed (and thus detect impact), and a range of indicators to choose and assess impact on (e.g., health, education, social services, etc.).

Based on the above criteria, we suggest that **a QED-type evaluation will be feasible for Essex and Leeds Family Hubs**, while theory-based evaluation will be used to assess impact in the remaining three sites. It is worth noting that this is mostly due to the early stage of implementation of the remaining sites, and that it is likely that a QED-type impact evaluation would be feasible in the future. Close consultations with the remaining three areas, indicated that a vast range of data is collected and that an impact evaluation would be possible 1-2 years after the launch of the Family Hub.

The table below outlines a summary of our feasibility assessments for each of the five Family Hub sites:

Table 4. Impact evaluation feasibility summary

Family Hub	Model considerations	Focus	Data and quantitative measures	QED IE Feasibility
Essex	<ul style="list-style-type: none"> Established model, has been operating for 4.5 years 12 hubs, 28 delivery sites commissioned services drawing on money from the LA and the CCG (in West Essex only) Have integrated 0-19 services, early help and, in West Essex, Children's Community Health services 	<ul style="list-style-type: none"> Improving system dynamics and improving experience/engagement in services Aiming to grow community assets (i.e., more community and peer-led interventions) 	<ul style="list-style-type: none"> Good range of publicly available data on outcomes from Theory of Change several outcome indicators at the LA-level we can use from PHE, ONS, LAIT, NHS, etc. 	<p>QED IE is feasible as most established Family Hub, using public data and exploring two comparator group options: a similar area to compare or a synthetic control group</p>
Leeds	<ul style="list-style-type: none"> Mature model (launched 2019) 3 Family Hubs (East, West and South) giving an access point to the existing 25 clusters of early help efficiently working LA that has achieved Earned Autonomy Status Multiagency teams working in the hubs, including representative from the police 	<ul style="list-style-type: none"> Early help provision and improving wrap around partner support in the context of early help Outcomes focus: substance misuse, DV and MH, through improved workforce and quality delivery within early help Differences from Essex – there is no direct integration of 	<ul style="list-style-type: none"> Some publicly available data on outcomes from Theory of Change (and some common indicators with Essex) Tangible outcomes such as reductions in CIN, LAC, CP, but also indicators on mental health, and substance misuse, with data being more limited on police and DV focus Detailed case records for those supported through the hubs, although challenges in quantifying these, as well as 	<p>QED IE is feasible on a set of selected outcomes, using data from publicly available sources. Leeds is a mature Family Hub and a efficiently working LA, so it is more likely to detect impact in this LA compared to others Exploring two comparator group options: a similar area to compare or a synthetic control group</p>

Family Hub	Model considerations	Focus	Data and quantitative measures	QED IE Feasibility
	<ul style="list-style-type: none"> No new commissioned service (as opposed to Essex) 	health within the hubs	<ul style="list-style-type: none"> finding similar level of detail for a comparison group Family survey every year of about 25 families; although this might be useful, the number of observations would not be sufficient to conduct a QED 	
Suffolk	<ul style="list-style-type: none"> Still in development -fully live in March 2022 Implementing 17 full-time Family Hubs and 11 smaller part-time Family Hubs Offering a 'one stop shop' for all families of children aged 0-19/25 	<ul style="list-style-type: none"> Re-organising services to make them more efficient, using a multi-disciplinary approach Aiming to improve accessibility for all families and reduce 'stigmatisation' of family support services 	<ul style="list-style-type: none"> Two key datasets on vulnerable families, finance, housing, parenting support, school readiness, mental health, SEND: <ul style="list-style-type: none"> 0-5: has been around for a long time, can track outcomes 5-19: still developing this Setting up baseline in autumn 2021 Footfall measurement plan currently in development, Suffolk have provided Ecorys with an example dataset/report 	<p>QED IE not feasible as Family Hub still in development</p> <p>Focus should be on system impacts, as families are less likely to notice the improvements in service delivery at this stage</p> <p>Good data and tracking systems for under 5's but as yet to confirm the impact measures for 5-19</p> <p>Possibility of a QED IE in the future</p>
Bristol	<ul style="list-style-type: none"> Still in development fully live in March 2022 3 hubs, 20 affiliated sites 	<ul style="list-style-type: none"> Re-organise services, improving efficiencies, making better use of buildings, and emphasis is being put to start 	<ul style="list-style-type: none"> Developing an outcomes and performance framework Tracking families' outcomes through their own system, digitalising case management system and aiming to give access 	<p>QED IE not feasible as Family Hub still in development</p> <p>Focus should be on system impacts, as families are less likely to</p>

Family Hub	Model considerations	Focus	Data and quantitative measures	QED IE Feasibility
		<p>offering services at the right time, locally, and using a multi-disciplinary approach</p> <ul style="list-style-type: none"> • Focus is on Early Help, universal services to families of children 0-11 	<p>to electronic records to all parties involved to improve efficiency</p> <ul style="list-style-type: none"> • Consultation indicated that their data/dashboard system could be used to create a baseline for family outcomes, to conduct a QED in the future 	<p>notice the improvements in service delivery at this stage</p> <p>Possibility of a QED IE in the future</p>
Sefton	<ul style="list-style-type: none"> • Still in development • 10 hubs, 3 commissioned centres • Family Wellbeing Centres are the main vehicle of early help from the council perspective • Early help is 80% council and 20% partners (7 partner services) • No single front door, lots of routes in • LA is working through challenges to set up Family Hub, as currently recovering from a poor Ofsted result 	<ul style="list-style-type: none"> • Early vision but lack of direction on the process to get there • Theory of Change development was a good exercise, but impact pathways are still not clear 	<ul style="list-style-type: none"> • Measuring very few outputs and outcomes currently, may be limited to cases being open and closed • Have started using the Outcome Star 	<p>QED IE not feasible as Family Hub still in development</p> <p>Model and strategy is still in development, Theory of Change and main aims/ vision lack in clarity, which is a priority before starting to measure any progress or impact.</p>

Impact methodology

We explored several different impact evaluation methods that would be feasible and appropriate to assess impact of Family Hubs. For each impact evaluation method, we identify a 'treatment group' (i.e., the group of families receiving the intervention), and a 'control group' (i.e., a group not receiving the intervention). The two groups are then compared, and differences are attributed to the impact caused by the Family Hubs. We aim to utilise quasi-experimental designs where possible, to ensure those comparisons are robust and that any potential impact detected can be attributed to the Family Hubs.

An important consideration when selecting an appropriate method was that in some cases (e.g., Essex), all families are eligible to receive support from Family Hubs. This has certain implications for the impact evaluation. In the case of Essex, the treatment group is defined as the whole area where Family Hubs are in place (using population-level outcomes at the LA-level, not only data on those receiving the intervention). There are also challenges to identify a control group within the area of interest (using individual/family-level outcomes and comparing those who received services vs. those who did not). A control group would be another area or an artificial group to be compared with, one that has virtually no Family Hubs in place or other interventions affecting the outcomes of interest.

It is worth noting however, that a QED impact evaluation of other Family Hub areas in the future might consider using family/ individual-level data and limit the treatment group to only those receiving the intervention (as opposed to the whole LA population). Some Family Hubs have already indicated that this might be feasible as they collect such data, are able to establish a baseline, and provide the data for an evaluation (e.g., Bristol). The feasibility and appropriateness of this design will have to be tested further after some of the remaining Family Hubs have matured.

Taking into consideration all the above, we have identified two possible options for a QED-approach to assess impact in Essex and Leeds. The two options are not mutually exclusive, as we will have to explore option 1 first and then decide if option 2 is necessary or more appropriate. We outline the two options in more detail below.

Option 1: Area-based QED

Comparator group is another LA (or "statistical neighbour"). The DfE provided a comprehensive list of statistical neighbours, ranked according to their "closeness" to each of the five Hubs in the evaluation. Table 5 shows, in order of the closest to the least close, the ten LAs considered statistical neighbours for each of the five Hubs in the evaluation.

Table 5 Family Hub Statistical Neighbours

Essex	Bristol	Leeds	Suffolk	Sefton
Kent	Portsmouth	Sheffield	Somerset	Wirral
Worcestershire	Southampton	Darlington	Norfolk	Lancashire
Staffordshire	Reading	Calderdale	Devon	Stockton-on-Tees
West Sussex	Sheffield	Bury	Cornwall	North Tyneside
Warwickshire	Brighton and Hove	Stockton-on-Tees	Dorset	Nottinghamshire
South Gloucestershire	Derby	Bolton	Shropshire	Bury
Central Bedfordshire	Coventry	Derby	Lincolnshire	Wigan
Leicestershire	Plymouth	North Tyneside	East Sussex	Derbyshire
Hampshire	Leeds	Kirklees	Worcestershire	Darlington
North Somerset	Peterborough	Wirral	Gloucestershire	Calderdale

In this option, we will construct a panel dataset, containing the Family Hub and statistical neighbour (SN) data on specific indicators over time. The dataset will also include a variable indicating the status of the Family Hub e.g., “live” for Essex and “not live” for Kent. We will utilise a fixed effects regression analysis (as an approximation to difference-in-difference analysis) to estimate the effect of established Family Hubs on certain outcomes of interest (compared to an area with no or early-stage Family Hubs).

Option 2: Synthetic Control group Method (SCM)

An artificial comparator group will be constructed using a Synthetic Control Group method (SCM). This will allow us to construct a comparator as close as possible to the characteristics of the area and compare against key indicators.

Although some of the statistical neighbours or other LAs we will consider might be quite like Essex or Leeds in many ways, their outcome levels might be very different to Essex before the launch of Essex Child and Family Wellbeing Service (ECFWS) – the single contract to deliver all 0-19 Early Help and Public Health services across the LA. For example, a very high or very low number of referrals might indicate very different things about how services work and perform across LAs. If this proves to be the case with Essex or Leeds, we will explore creating a synthetic control group using data from the statistical neighbours (or other LAs we will consider).

Depending on the information available, another option would be to map all LAs with Family Hubs in place. We can then discard these areas and use data from the remainder of LAs (i.e., the ones we know do not have a (mature) Family Hub in place) to form a synthetic control group.

The synthetic control group will then act as an optimal counterfactual to the Family Hub areas allowing for a much better comparison. The analysis can then be done using a statistical package in R and is an approximation (or generalisation) of a difference-in-differences approach.

Broader considerations and limitations to impact evaluation

In this section we outline some broader considerations for the impact evaluation, as well as some commonly emerging limitation among the five Family Hubs we have explored so far:

- Some key outcomes cannot be assessed fully quantitatively.
- Common data availability challenges:
 - Police-recorded data: the main challenge is that most of this data is available at police force area level, which does not always coincide with the Family Hub LA-level (e.g., Leeds and West Yorkshire Police). Availability proves even more challenging when looking at less common indicators, e.g. domestic violence (DV).
 - Data disaggregated by at-risk groups: less common indicators are more difficult to find for the specific target groups of the Family Hubs (e.g. mental health status of at-risk groups).
 - Recent data (2020-2021) is missing from administrative datasets in some cases, most likely affected by Covid-19: this poses a challenge for Family Hubs at an early stage as there is a need for recent publicly available data to assess impact in the near future.

- Using individual / family-level data: there are challenges in linking individuals across datasets where different partners (service providers) have their own separate monitoring systems and have not already established an integrated multi-agency model. It would not be feasible to establish these data-linkage arrangements in Essex or Leeds solely for evaluation purposes. Moreover, in the case of Essex, Family Hub services are already available authority-wide. This removes the option of a suitable within-authority comparator group. Even if it were possible to undertake data linkage using individual / family-level data within the local authority, therefore, it would be necessary to mirror these arrangements with the selected comparator LAs. This would create a significant burden for LAs that are not directly included in the evaluation.
- Capacity of LAs/ Family Hubs to support with providing data: collecting and collating data can be time-consuming (especially if data is coming from different providers), while LAs/ Family Hubs might have varying levels of capacity to support an evaluation with this task.
- Disentangling various interventions affecting the same outcomes/ difficulty of attribution. It is worth considering that in some LAs or other areas of interest there are similar interventions being implemented. Such interventions might affect family and child outcomes making it challenging to isolate the impact caused only by the Family Hubs in a specific area.
- There are external validation challenges which should be considered. Impact estimates from an impact evaluation on Essex and Leeds are relevant to those areas alone, hence they should not be generalised as overall impact achieved by Family Hubs. However, QED in these two areas will still provide a very useful narrative at the national level for Family Hubs.

Impacts will also be contingent on a range of key implementation factors. Drawing on the literature (Fixsen, et. al., 2005), we anticipate that these will include:

1. reach and engagement of the intended target groups
2. efficacy of the interventions offered
3. adoption of the programme by staff and settings
4. efficiency of service delivery
5. maintenance of intervention effects with individuals and settings over time.

It will be important for the process evaluation to gather information on these dimensions, to help explain and contextualise the impact results.

The scoping research also provided an opportunity to consult with LAs about the value of developing a bespoke implementation benchmarking tool for the evaluation, to provide a

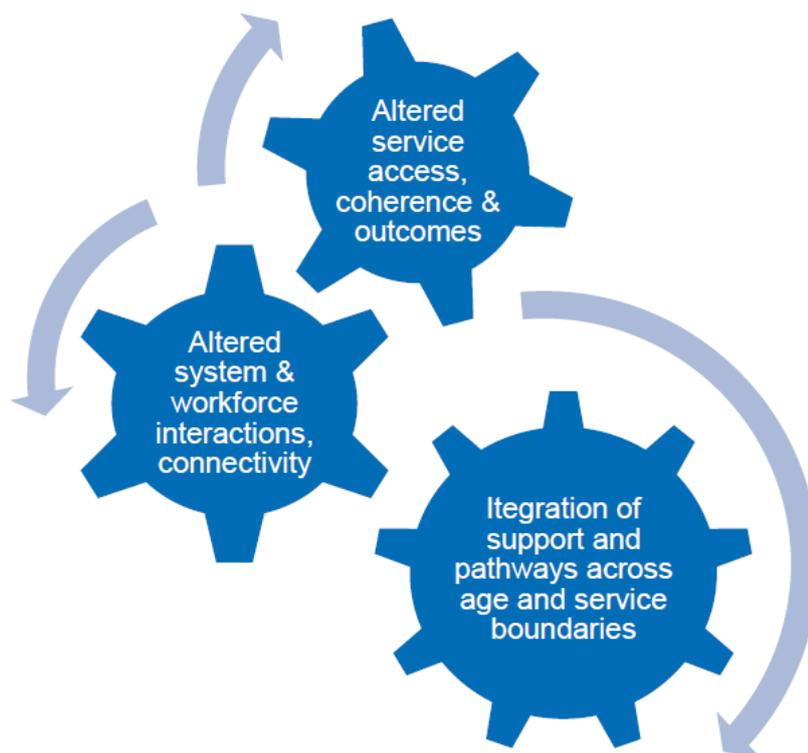
more standardised means of assessing progress with systems transformation for integrated family services, and to facilitate benchmarking. These conversations were superseded by work conducted by the DfE and Early Intervention Foundation (EIF) on a new Maturity Matrix for Family Hubs. At the time of writing, we understand that this is modelled on the Maturity Matrix for Early Years and Maternity Services (Early Intervention Foundation, 2020). At the next stage, we will meet with the DfE to find a proportionate way to utilise this framework and evidence judgements within the local evaluations (e.g., a light touch self-assessment tool, running alongside fieldwork).

Theory-based evaluation

The vision for Family Hubs involves ‘system change’, and the evaluation must address the challenges presented by complex causality (HM Treasury, 2020a). We have twinned quasi-experimental methods with theory-based designs, to provide additional explanatory power for the local evaluations and to identify and model the interdependencies between different aspects of local systems transformation and (intended and unintended) feedback loops.

The concept of ‘systems change’ is multi-dimensional, and inherently difficult to quantify. The Family Hub models each require adjustments to established governance structures, partnerships, and networks, as well as potentially resulting in new forms of joint assessment (e.g., straddling traditional boundaries), joint training and ultimately, the commissioning of new interventions aligned with a 0-19 model of delivery. These elements are inherently inter-related and non-linear, as illustrated below.

Figure 2 Understanding systems change – critical interdependencies



As the diagram shows:

- Each local Family Hub model requires a **common vision, strategy, and governance model** across stakeholders for 0-19 services, aligned with Early Help and early intervention strategic plans.
- These adjustments require **closer integration between agencies** in how services are planned and commissioned, and corresponding alignment of budgets, assessment and data sharing.
- This base provides the momentum for **changes to professional practices** and altered interactions between stakeholders in the system.
- More integrated services and systems enable the **development of new interventions** that are better aligned with the different spheres and phases of children and young people's lives.
- The mutual reinforcement of these elements, and their flexibility to adapt to emerging needs, brings about a **step change in outcomes**, reducing inequalities and empowering families in co-design.

The evidence for these changes will require a combination of:

- *objective* measures - increased connectivity between local services and systems, as evidenced by new links between partners and services, a greater number and frequency of referrals or professional contacts between schools, health, family support, or leverage over resources; and

- *subjective* insights from partners, regarding the quality and effectiveness of joint-professional working and relationships. This will require the collection of data from the workforce within each area, in a common and consistent format, and exploring both positive and unintended negative outcomes.

In the context of the local evaluations, we have tailored the theory-based designs to meet the needs of each of the five local Hub models:

We have tailored the theory-based designs to meet the needs of each of the five local evaluations. All of them incorporate a Theory of Change as a basis for framing and testing the intervention logic for Family Hubs, with some differences in how they will be used. The main principle relates to whether theory-based methods are allied with a QED, as part of a 'hybrid' design to explain and contextualise the impact results; or whether they will provide an alternative means of undertaking counterfactual analyses, in situations where a QED is not feasible during the project.

More specifically, where each LA is concerned:

- In Essex, where a QED is feasible, **realist evaluation** principles will be deployed to provide a framework for exploring the role of contexts and change mechanisms in relation to the outcomes of interest (Pawson, 2013). The evaluation will examine pathways to impact and will consider how impacts can be sustained.
- In Suffolk, where a QED is not feasible as Family Hubs are still under development, **Contribution Analysis** has been selected to secure an active role for key stakeholders in understanding system change (Mayne, 1999).
- In Sefton, where a QED is not feasible, **Contribution Analysis** will form the basis of the impact design; actively engaging families and professionals in theory-building and testing, and understanding how or whether integration has mitigated against the impact of fiscal and political shocks within the LA.
- In Bristol, where a QED is not feasible, a **largely qualitative approach** will be used to examine the issues arising from transformation as the Family Hubs are established, and to understand the interface between virtual and face to face support, while the feasibility of a potential future QED is established.
- In Leeds, where a QED is feasible on selected outcomes, **impact will also be assessed qualitatively**, to ensure the triangulation of data and evidence and create a better understanding of the pathways to impact in the Family Hubs.

We will draw upon the evidence from the individual evaluations to generate learning and insights at an overall project level, making the most of the opportunities to compare and contrast the situation between LAs on shared themes and topics. As there are five

specific local Hub models at different stages of development, it should be noted that the study is case-based, rather than working with a nationally representative sample of LAs. Suitable caveats will be applied when considering the generalisability of the findings.

Qualitative Comparative Analysis (QCA) was considered as a potential method, to help understand the influence of different sets of factors (causal conditions) in achieving Family Hub outcomes. This approach was discarded. The scoping work showed that the five LAs are at very different stages in their local transformation journey, aspirations for outcomes to be achieved during the evaluation period differ considerably. This means that there is limited value in treating individual LAs as ‘cases’ within the QCA model and attempting to aggregate the results. Instead, all five LAs will adopt theory-based designs to explore change with reference to a Theory of Change, factoring in a wider range of locally specific outcome measures.

Economic evaluation

Our approach to economic evaluation is based on government guidance, including the national Audit Office’s Value for Money (VfM) guidance² and HM Treasury’s Green Book (2020b). The National Audit Office uses three criteria to assess the value for money of government spending (the optimal use of resources to achieve the intended outcomes):

- **Economy:** minimising the cost of resources used or required (inputs) – **spending less**
- **Efficiency:** the relationship between the output from goods or services and the resources to produce them – **spending well**
- **Effectiveness:** the relationship between the intended and actual results of public spending (outcomes) – **spending wisely.**

The Family Hubs are at different stages of development and have different aims and objectives. Therefore, we have taken a bespoke approach to economic evaluation with each of the hubs. However, there remains similarities across the hubs and therefore synergies between the evaluation approaches. Broadly speaking:

- Economic evaluation for the **Essex, Suffolk** and **Bristol** Family Hubs will focus on the **economy** and **efficiency** of the costs of hub delivery
- Economic evaluation for the **Leeds** and **Sefton** Family Hubs will focus on the **effectiveness** of achieving the hubs’ desired outcomes. In Leeds, measurement

² <https://www.nao.org.uk/successful-commissioning/general-principles/value-for-money/assessing-value-for-money>

will be undertaken during the evaluation period, while in Sefton efforts will focus on establishing a model to apply when greater maturity is reached.

Findings from the bespoke assessments of economy/efficiency and effectiveness will be brought together in final reporting to highlight areas of synthesis between the analyses and the Family Hubs.

Economy and efficiency

The primary aim of the Essex, Suffolk and Bristol Family Hubs are to make services more efficient and effective. The hubs provide a universal offer to families, with their models emphasising prevention and early intervention. As a result, these hubs do not necessarily expect cashable cost savings to be realised from these outcomes over their lifetime of operation. In practice, this means that many of the relevant outcomes in the Family Hub models are either intermediate or longer term (i.e., lead to other outcomes or cost savings that cannot be measured in the timeframe of the evaluation). While these outcomes can be measured and valued in a Cost Benefit Analysis (CBA), they would be subject to uncertainty and rely to some extent on assumptions and projections beyond the lifetime of the evaluation. This is also likely to be true from a Social Return on Investment (SROI), which is a form of CBA that additionally requires substantial stakeholder engagement.

Consultation with the hubs has identified potential efficiency cost savings to children's services budgets resulting from the evolution of the hubs from an existing 'business as usual' local authority model. Proposed efficiencies may arise from:

- Making better use of buildings; for example, providing services out of hours, or use of venues as community or family support hubs
- Reconfiguring services and reducing duplication
- Families receiving the right support at the right time
- Commissioning of services (for example, outcomes-focused or outcomes-based commissioning)
- Pooling, re-scoping or centralising budgets (for example, nurseries, CAMHS or primary mental health resources)
- Improved integrated working between services (for example, working with health services, or including Public Health)
- Co-location of services
- Use of Information Sharing Agreements
- Better understanding of referral pathways.

Considering this, for each of the hubs we propose undertaking a Cost Efficiency Analysis (CEA): that is, looking at how efficiently cost inputs have been used in securing outcomes or securing greater outcomes and minimal further costs (efficiency), or fewer costs (economy). The analysis would rely on costs and budgetary data provided by the hubs that would show the impact of the efficiencies generated from the move to a Family Hub. The costs assessment requires information on:

- **Direct costs:** Costs connected to the delivery of the Family Hub. These will include staff costs and other expenses associated with delivering services or interventions directly associated with the programme. There are also likely to be one-off costs associated with implementing the programme, such as staff training and other set-up costs. Such costs can be estimated from budgets or from performance data; for example, cost per eligible child/young adult, or the cost per enrolled child/young adult. This will be obtained by dividing overall Family Hubs spending by the number of relevant children/young adults, averaged over the relevant years.
- **Indirect costs:** Costs that feed into the operation of the Family Hub, but for which the hub is not directly responsible. Examples of indirect costs include referrals from other services or use of in-kind resources such as buildings or other facilities. The costs assessment also needs to consider any additional costs to participants (e.g., travel costs) and any costs resulting from the outcomes achieved (e.g., where participants become eligible for new welfare payments or support). In addition to analysing of costs and budgetary information, we will supplement the quantitative analysis with consultations undertaken as part of the process evaluation, to understand the type of costs involved and make a reasonable estimate or, at the very least, understand the narrative of the different types of costs involved should indirect costs data not be available.

Effectiveness

The intention of the Leeds and Sefton Family Hubs is to improve the quality and timeliness of support to families in order to address concerns more effectively and earlier. Interventions for families in need of specialist early help support will prevent needs from escalating, ensure better outcomes in the longer-term for children and families, and will prevent the authority from spending money on more costly, longer-term interventions.

The approach to economic evaluation focuses on valuing the outcomes the service achieves. These equate to cost savings by reducing additional needs of families and in turn the associated costs that would have been met by the public purse (i.e., government or the local authority). The economic evaluation will focus on outcomes likely to yield cashable savings over the lifetime of the programme. In that sense, the analysis

proposed is a streamlined form of Cost Benefit Analysis called a Fiscal Return on Investment.

Outcomes of interest will be measured by the impact evaluation and include:

- Early help reduces the need for statutory and specialist interventions (Local Authority Interactive Tool (LAIT) data)
- Reduction in repeat Missing person(s) reports (MISPERs)
- Reductions in domestic violence callouts
- Reduction in homelessness
- Education, employment and training (EET) outcomes
 - More vulnerable children are engaged in education, training, and employment
 - More children's parents/carers are in employment, education, and training
 - More children have regular attendance at school
 - Fewer children are at risk of exclusion or excluded from school.

The economic evaluation will place a monetary value on each outcome achieved, to calculate the economic 'benefit'. Monetisation will be based on unit cost information³ contained in the New Economy Unit Costs Database⁴, to examine the evidence on the scale of net savings that can be generated for government and wider society. Values will be adjusted to relate to the data in question. An outline values framework is shown in Table 6.

³ Unit cost refers to cost per outcome or per individual (as opposed to the total cost of delivering the family hubs) and can therefore be used to calculate associated cost-savings (or costs avoided) from the outcomes achieved.

⁴ <https://www.greatermanchester-ca.gov.uk/what-we-do/research/research-cost-benefit-analysis>

Table 6 Outline Economic Evaluation Benefits Framework

Outcome	Indicator	Value
Early help reduces the need for statutory and specialist interventions	Child taken into care - average fiscal cost across different types of care setting, England, per year	£58,664
	Child into local authority foster care: overall cost (cost per week)	£685
	Local authority residential care home for children (cost per week)	£4,899
	Children in Need - average total cost of case management processes over a six-month period (standard cost)	£1,701
Reductions in domestic violence callouts	Domestic violence - average cost per incident (fiscal cost only)	£2,968
Reduction in homelessness	Average fiscal cost of a complex eviction	£7,770
	Average fiscal cost of a simple repossession	£803
	Homelessness application - average one-off and on-going costs associated with statutory homelessness	£2,909
	Temporary accommodation - average weekly cost of housing a homeless household in hostel accommodation	£125
	Homelessness advice and support - cost of a homelessness prevention or housing options scheme that leads to successful prevention of homelessness	£747
	Rough sleepers - average annual local authority expenditure per individual	£9,189
	Adults living with severe and multiple disadvantages (SMD) - involvement in homelessness, substance misuse and criminal justice - average annual fiscal cost	£24,541
	Persistent truancy - total fiscal cost of persistent truancy (missing at least five weeks of school per year), per individual per effective year	£1,965
Education, employment and		

Outcome	Indicator	Value
training (EET) outcomes	Permanent exclusion from school - fiscal cost of permanent exclusion from school, per individual per effective year	£12,007
	NVQ Level 2 Qualification - annual fiscal benefits (only)	£83
	NVQ Level 3 Qualification - annual fiscal benefits (only)	£597
	Job Seeker's Allowance - Fiscal and economic benefit from a workless claimant entering work	£13,139

An advantage of using estimates generated through the impact evaluation is that by measuring the difference between treatment and comparison groups, estimates consider important considerations for the evaluation such as:

- Attribution (to what extent outcomes relate to the Family Hub as opposed to other interventions)
- 'Deadweight' (to what extent the outcomes would have happened anyway)
- Substitution (to what extent the intervention prevented other outcomes being realised, if any).

Sensitivity analysis will also be undertaken to vary estimates based on a range of assumptions; for example, optimistic, 'base' and pessimistic scenarios. The estimates will be compared to the costs of the Family Hub, measured by cost and budgetary information made available by the hub, to estimate the Fiscal Return on Investment, presented as a Benefit Cost Ratio. This ratio can be used to benchmark against other services.

Work programme for the main phase

This section presents a high-level overview of the work programme, based on what we now know about the five LAs and their hubs, and the specific local evaluation designs. It also highlights any implications or changes for quality assurance, ethics, risk management and staffing prior to commencing phase 2.

Timetable

The table below presents the high-level key milestones for the project. Variations in the specific designs of the local evaluations mean that there will be some between-LA variations in the timings of fieldwork within these broader parameters. Each local evaluation has been designed to elicit reportable findings at the main interim and final reporting points (June 2022 and March 2023) respectively

Table 7 High-level timetable for the main phase of the evaluation

Ref.	Milestone	Timing
1	Scoping report and evaluation reports signed-off	October 2021
2	Third operational management group meeting held	December 2021
3	Research tools developed for Wave 1 fieldwork	December 2021
4	First partnership board meeting held	Jan / Feb 2022
5	Wave 1 fieldwork completed	May 2022
6	Interim report submitted	June 2022
7	Second partnership board meeting held	June 2022
8	Research tools developed for Wave 2 fieldwork	August 2022
9	Fourth operational management group meeting held	September 2022
10	Wave 2 qualitative fieldwork completed	January 2023
11	Fifth operational management group meeting held	February 2023
12	Submission of the final synthesis report	March 2023

Outputs

The proposed methodology will conform with the outputs that were specified at proposal stage, which are summarised in Table 8 (overleaf).

The main variance in outputs relates to the economic evaluation. As bespoke designs were identified for the LAs (with some better suited to CEA and others to FROI), we are no longer proposing to develop and test a standardised Cost Savings Calculator. Instead, we propose to draw upon the lessons learned from the individual economic evaluations to identify a range of piloted tools and approaches that may be applicable to LAs at different stages of Hub development. The interface between these tools and the Maturity Matrix for Family Hubs will be agreed with the DfE during the next phase.

The evaluation will provide two main reports (interim and final), alongside individual summaries for each LA. The expected scope of these reports is as follows:

- The **interim report** (June 2022) will provide concise reporting on evaluation progress, along with emerging findings from each strand of the evaluation. It will offer a formative view of the evidence, and it will set out proposed next steps for discussion with the DfE. This will include an updated Risk Register and details of any proposed adjustments to the methodology for the subsequent period with a full justification. We will also produce short high-level evaluation summaries for each LA, to validate progress and learning.
- The **final report** (March 2023) will provide a full summative account of the evaluation, including triangulated findings, conclusions and recommendations, and highlighting any data limitations and caveats. We anticipate that the report will be illustrated with case study examples, charts, and anonymised verbatim quotes, drawing on the five local hub models within the partnership to provide a rich set of comparisons. We will also include a technical appendix with full details of the methodological approach and sampling framework.

Table 8 Summary of evaluation outputs

Reporting outputs

- a) Project inception meeting note and evaluation work plan
- b) Scoping report, over-arching evaluation framework and protocol
- c) Feasibility report on the quasi-experimental impact evaluation
- d) Interim evaluation synthesis report and presentation
- e) Interim and final evaluation summaries for each of the 5 local authorities
- f) Final evaluation synthesis report, research brief and presentation
- g) Stand-alone case studies and Infographics for dissemination

Tools, plans and frameworks

- h) Theories of Change and logic models for each of the 5 LAs
- i) Analytical plans, KPIs and bespoke tools for each of the 5 LAs
- j) Monitoring framework with agreed common measures across all authorities
- k) Qualitative research tools and analysis templates for case study research
- l) Coding framework for the overall evaluation, and NVivo codebook
- m) Scripted online questionnaire for local workforce

Events and workshops

- n) Evaluation workshops (webinars) delivered with LAs individually and collectively at scoping phase
- o) Evaluation workshops (webinars) delivered with LAs individually and collectively prior to reporting
- p) Contributions to national peer learning programme (6 meetings and associated content)

Risk assessment

As each local evaluation adopts a specific design with particular data collection and analysis requirements, we have produced individual Risk Registers at a project level (see following sections). This will ensure risk ownership and tracking by the individual lead researcher and LA pairings, as part of the ongoing management of the local evaluations. The Project Manager and Director will request quarterly progress updates to the Risk Register, alongside ongoing reporting of any areas of concern so that these can be raised with the DfE and discussed as part of the regular project management calls.

At an overall project level, the principal risk relates to the relative stage of maturity of Family Hubs, and the correspondence with the evaluation period. While we have purposively selected a number of LAs at an earlier stage in their journey to offer insights for other LAs, this carries a degree of risk in the event of implementation delays. Based on the scoping work, both Bristol and Suffolk have made satisfactory progress to have a high degree of confidence in the feasibility of gathering robust evidence on the set-up and early implementation of their hub models. However, for Bristol the phased approach means that the evaluation will cover 0-11 age group services transformation in the first instance and the extent of coverage of 12+ services will be guided by the pace of local rollout.

The local context in Sefton poses additional challenges, against the backdrop of a Notice to Improve for Children's Social Care Services, following a Focussed Visit from Ofsted. This was followed by leadership changes and repurposing of local resources to service the Improvement Plan. Sefton Council remain committed to the evaluation and keen to maximise the opportunity to use the evaluation to establish effective arrangements for longer-term outcomes measurement and self-evaluation. They are committed to document the lessons learned from integrating family services in challenging conditions for LA Children's Services. This offers potentially rich learning for other LAs in a similar position, and therefore the value of the research.

Research ethics

The range of methods and the ethical implications remain as envisaged in our original plan. We are not proposing any randomised controlled trial (RCT) elements as part of the evaluation and none of the proposed QEDs would involve plans to withhold or to re-prioritise treatment. As we are proposing to carry out area-based QEDs, it will not be necessary to request access to individual-level data involving personal identifiers, or to access LA systems directly.

Individual LA Evaluation Plan (Essex)

Name of local authority	Essex County Council
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Theory of Change

The Theory of Change and logic model (Figure 3) were developed between the lead researcher and key stakeholders involved in the Essex Family Hub. The details of the Theory of Change were discussed at a workshop and then a series of further consultations during July and August 2021, including strategic and operational representation from Essex County Council (CC) and Virgin Care. All fieldwork to inform the Theory of Change was remote and supported by video conferencing software.

Need: Existing issues and rationale

The rationale for Family Hub approach in Essex was based on learning from a series of reviews that suggested that elements of the children and family services commissioning were unsatisfactory and there was variation in the outcomes for children and parents, with poor outcomes in specific areas of the county.

The Early Years Review (2015-2016) found a landscape of fragmented commission and underutilised services in Essex, that concluded that families did not require more services but that existing services were joined up, easier to access and navigate. The findings from the review also raised concerns that the Children's Centers were supporting families that could access them, rather than necessarily all the families that needed support.

A further piece of commissioned ethnographic research by Revealing Reality (in-depth qualitative research with 80 families) confirmed that families were receiving support late or not at all, there were only a few places that parents felt comfortable receiving support, different professionals gave conflicting advice, and parents often found the professional advice was hard to implement at home. This research also reported that parents felt isolated and struggled to form support networks within their communities. The researchers highlighted that this was a particular issue in Essex, even compared to other areas.

In addition, Essex CC learnt through anecdotal feedback from Headteachers across the county, which was supported by local administrative evidence, of a variation in school readiness amongst pre-school aged children. In a few specific areas, the administrative data showed a concerning proportion of children failed to acquire 'the broad range of

knowledge and skills that provide the right foundation for good future progress through school and life' (definition of school readiness, Statutory Framework for the EYFS 2014).

Reflecting on the findings, Essex CC concluded that while the level of provision supporting children and families was acceptable, to improve outcomes with families, services needed to be joined up, easy to access and navigate, and to proactively intervene with families that needed additional support. The solution was to commission the Essex Child and Family Wellbeing Service (ECFWS) a single contract to deliver all 0-19 public health services, Early Help, and in West Essex only, children's community health service. This ECFWS contract replaced 16 children and family providers that previously delivered these services.

Vision: overall goal(s) or long-term impact

There were several key goals for the ECFWS:

- To support long-term generational change amongst the families in Essex. In Essex CC's view, success meant that the next generation of parents (i.e., the children from the families supported through the ECFWS) would make better parenting and life choices and achieve long-term positive outcomes in all areas of life, compared to their parents.
- To establish a self-supporting network amongst parents, drawing on the strengths in the community and promoting independence from professional interventions, where appropriate. The aspiration was that more families would engage with a lower level of support and potential areas of need would be supported earlier than would have been otherwise through professional interventions.
- To introduce service efficiencies through a coherent commissioning arrangement and improve service experience with families no longer needing separate referrals to access different services, experiencing long wait times, or to tell their stories multiple times to professionals.

Inputs

Service design

Essex CCs adopted an outcomes-focused approach to service design and procurement for the ECFWS. Through a collaborative dialogue process, Essex CC involved a range of local providers to share ideas for an integrated service. Specifically, Essex CC wanted advice on which outcomes the integrated service should focus on to achieve the best life chances for children.

Essex CC then used the outcome framework to inform an overall vision and a set of principles as the basis for the procurement process. This was instead of writing a detailed

activity-based service specification, which would have been the case in a standard fee-for-service commission. Taking an outcomes-focused approach to the commission required engaging key strategic stakeholders at the LA to ensure there was good support for investing in earlier intervention and for commissioning a service against specific outcome measures, rather than a service specification or service outputs.

Funding

The ECFWS was funded as a 10-year fixed fee service from April 2017, drawing on funding from the Healthy Child Program Public Health Grant (Essex CC), funding previously reserved for Sure Start and Children's Centres (Essex CC), plus CCG committee money (West Essex NHS CCG). The rationale for the fixed fee (i.e., no yearly increase to reflect inflation) was that Virgin Care and Barnardo's should aim to reduce their costs over time by identifying efficiencies within delivery, supporting the development of community assets, and reducing reliance on professional services.

Key stakeholders

Several key stakeholder groups were involved in the service design, set-up, and implementation of ECFWS: Essex CC as the lead commissioner; West Essex NHS CCG as the co-commissioner; Virgin Care in partnership with Barnardo's as the main provider. Virgin Care and Barnardo's then subcontracted Home Start Essex, Home Start North Essex, Youth Enquiry Service and Community 360 to deliver parts of the ECFWS.

Wider health partners working with ECFWS (but not integrated into the service) included acute trusts, maternity services, immunisation services, as well as children community health services (i.e., children's pediatrics, speech and language therapy, physiotherapy, and occupational therapy) in all quadrants of the county except for West Essex (where they are integrated as part of ECFWS). Even though slightly separate, the wider partners benefited considerably from the joined up dynamic and early intervention work by ECFWS.

In addition to the professional stakeholders, ECFWS prioritised building community assets through paid community engagement workers, who were responsible for facilitating parent led and community groups. The aspiration was that overtime, encouraging the formation of these groups, including providing the space and resources, to encourage parents to access community rather than professional support, when appropriate. ECFWS also supported parents as service champions to promote the service to other parents and families.

Family Hub structure

The ECFWS set-up comprised 12 Family Hubs and 28 Family Hub Delivery Sites across the county in four regional quadrants (Mid, North-, South- and West⁵- Essex). The Family Hubs were the central delivery point for each of the 12 boroughs. The Family Hub Delivery Sites were often based closer to the families who accessed the services. Although there was a physical presence for the hubs, the location varied a lot, and practitioners supporting families were encouraged to work flexibly and conduct outreach work in the environments that best suited the families they were working with (e.g., family homes, schools, General Practitioners (GP), libraries, and village halls). This linked back to Essex CC commissioning the provider to deliver a set of principle, key performance indicators (KPIs), and outcomes, rather than a prescribed service specification

Workforce

Integrating all 0-19, early health and children's community health services (in West Essex) under one contract meant bringing together all professionals to work within the multi-agency *Healthy Family Teams* – comprising health visiting, school nursing, Family Support, the Safeguarding Children Team, the Looked After Children Team, and in West Essex, Children's Community Health provision. The multi-agency Healthy Family Teams were co-located by area, in either a Family Hub or a Family Hub Delivery Site. This supported the multi-agency working and made better use of buildings available in Essex.

The full integration of 0-19 and Early Help services within the Healthy Family Teams meant that families could access support from any professional or area of service without needing a new referral to a separate team. In West Essex, where community children's health services were integrated as well, families could access community pediatrics, Speech and Language Therapy, allergy services, continence services, physiotherapy, occupational therapy, and specialist community nursing, without needing a separate referral from the GP. Healthy Family Team practitioners in West Essex could help the family engage with the relevant drop-in clinic or support service (e.g., allergy, speech and language, continence), and if needed work alongside the specialist health practitioner to engage the family in any accessing the support. Outside of West Essex, ECFWS worked closely with the children's community health services, but families needed a referral through their GP to access support.

⁵ The Clinical Commissioning Group (CCG) is jointly involved in commissioning services in West Essex where the following services are also provided: Children's Community Nursing; Community Paediatrics (including autistic spectrum disorder and Looked After Children Medicals); Community Therapies (speech and language, occupational therapy, physiotherapy); Community Specialist Continence Outreach Service; Specialist School Nursing; Paediatric specialist A&E Liaison; Community Dietetic Service.

Activities

The focus on outcomes at the service procurement stage meant that Virgin Care and Barnardo's developed the scope of service activities, rather than the commissioners (Essex CC and West Essex NHS Clinical Commissioning Group (CCG)). Virgin Care and Barnardo's also had flexibility during the contract to refine and adapt the activities based on local needs and sub-contract other providers if needed.

Service overview

There is a tiered approach to support within ECFWS. At a minimum families receive support through the five mandated health visitor checks and school nursing ('universal offer'). However, for families with specific needs, the universal offer acted as a gateway to more enhanced provision ('universal plus'). The rationale being that families could access targeted support, such as family support interventions, without needing a separate referral. Then when the family's situation improved, they could be stepped down to universal support without needing to be closed. A further level ('universal partnership plus') was offered to families identified to need support involving partner services (e.g., children's social care).

Effectively triaging families to different levels of support within ECFWS meant that the providers could spend time and resources with families that needed it most. A further premise of the tiered offer was to encourage the workforce to know their families and the communities well through the universal provision, build strong relationships, and proactively engage and support at-risk groups with potential vulnerabilities. By proactively engaging families who may need additional support meant that ECFWS could then intervene earlier with issues rather than waiting for a referral because a crisis had happened.

Target groups ('proportional universalism')

All children aged 0-19 (and up to 25 for SEND children) were eligible for support through ECFWS.

In 2021, ECFWS developed and introduced a systematic approach to identify 17 priority groups of families (individual or family vulnerabilities). Including non-working households, traveler families, lone family, drug, and alcohol abuse histories, uncertain immigration groups, other vulnerabilities. At present, ECFWS used this information to profile priority groups across the county and to inform strategic work with other partners (e.g., housing, drug, and alcohol) in an 'evidence informed' way to organise local services to meet specific needs. There were also plans to integrate data on the priority groups within individual case management process and monitoring.

Practice model

Healthy Family Teams received standardised workforce training orientated around shared competences, rather than job roles. Main components of the ECFWS practice model including partnership working with families to set goals, a coaching model of personalised care to encourage behavior change and proactively built relationships families with additional needs to help them access support.

Healthy Family Teams also shared processes in planning and monitoring families, orientated around the outcome areas in the outcome measures framework. For families receiving the universal plus or universal partnership plus, practitioners co-created an outcome care plan. This set out steps to achieve specific outcomes and included social care reviews if relevant. As well as the basis for support, the care plan was used in supervision between the practitioner and manager. This ensured that all elements of the practitioner's role were focused on outcomes and progress towards achieving change with families. Although to note – this outcome focused planning was only implemented as part of the case management process for families receiving the universal plus and universal partnership plus offer – as it would be impractical to develop a detailed care plan for all families engaging with ECFWS at the universal level.

Monitoring

Virgin Care and Barnardo's were contracted to deliver against a series of KPIs and outcome measures, rather than service specification. This contract arrangement included more than 40 locally agreed KPIs, 45 public health metric KPIs, and 27 outcome measures specified in the Outcome Measures Framework (23 outcomes related to the whole service and five related specifically to the integration of children's community health services in West Essex). Outcome areas in the framework included: loneliness, child safety, school readiness, emotional wellbeing, confidence in managing health related conditions. As part of the routine monitoring, Virgin Care and Barnardo's produced monthly reports for the commissioners to scrutinize and manage performance based on this data.

Moving to a single information system (SystmOne) for their monitoring was an early, and key, change that Virgin Care and Barnardo's made when they integrated the 16 contracts and the range of data systems that collected data previously. In the current arrangement, all practitioners recorded data in a systematic way and all areas of the service accessed the same information.

Governance

Each Family Hub has an independent Advisory Board comprised of a multi-agency group of stakeholders and interested members of the local community and who convene between two and four times per year. Advisory Boards reviewed a selection of KPI and

outcome measures, along with feedback from families, and made recommendations about the activities that take place in and around the Family Hubs and Delivery Sites. ECFWS also provided data on the prevalence of priority groups at Advisory Board meetings to strategically plan services (including from partner agencies) to meet the specific areas of need. In addition to these meetings, the commissioners and provider meet regularly for service design meetings as opportunity to adjust delivery to achieve better outcomes or resolve challenges.

Outcomes

In the short-term, the main areas of change related to the Family Hub approach focused on improving how children and families engaged and experienced services. ECFWS aimed for parent and children to feel more confident in managing their own health and care, know where to get help and navigate the services to access the support, and feel well informed and able to make good choices. Following appropriate and effective support parents can then make positive choices for their child, feel less lonely and in position to help one another. In the medium term, the outcomes for children and families related to positive early child development (including improved school readiness, emotional wellbeing, healthy weight, and strong attachment), parental outcomes (improved parental wellbeing and parental lifestyle choices) and improving family resilience.

Amongst the workforce, ECFWS aimed for professionals to be aligned with a shared vision and skill set. Rather than focusing on job titles, the training emphasised being family focused, strength base, trusting relationships, as well effective working with other professionals and wider partner services.

The main system outcome was to introduce a coherent approach to commissioning services across that county that focused on families' needs, proactively engaged with at-risk groups earlier, minimised duplication between different agencies and reduced wait times for families. A further potential benefit was the increased flexibility in the workforce to meet increase in demand or to cover any gaps with practitioners leaving the service (an issue in the West of Essex due to the proximity to London). In West Essex, the aspiration was that integrating health with pre-birth 0-19 and Early Help would support effective multi-disciplinary assessment and planning, which would in turn reduce duplication, improve communication, and improve family experience.

Over time, Essex hope that ECFWS will help to increase capacity within the wider system of service working with families, due to the better integrated and joined up working within the service and with other partner agencies. It was also hoped that there would be a greater availability of community and peer-led support for parents to access, where

appropriate, reducing the need for more costly professional support for lower-level issues.

Moderating factors

Several contextual factors were described as having a positive and potential negative effect on the implementation of the ECFWS.

The main supportive factor was the strong working relationships and collaborative approach between the commissioners and providers involved in ECFWS. This ethos was established early on, when Essex CC engaged local providers to inform the procurement process. It has also noticeably continued through the regular service design meetings between the commissioners and providers, which have proven to be useful opportunities for the stakeholders to 'check and challenge' either other on service decision making, adjusting delivery and planning. In addition, Essex CC stakeholders reflected that there is strong support from strategic stakeholders within the LA, who understand the emphasis on earlier intervention with families and the focus on longer-term generational change, rather than short-term gains. Essex CC stakeholders thought that this support helped them to make the case for procuring a longer-term contract (10 years) in the first place, but also reduced the risk of the service being sidelined due to other competing initiatives.

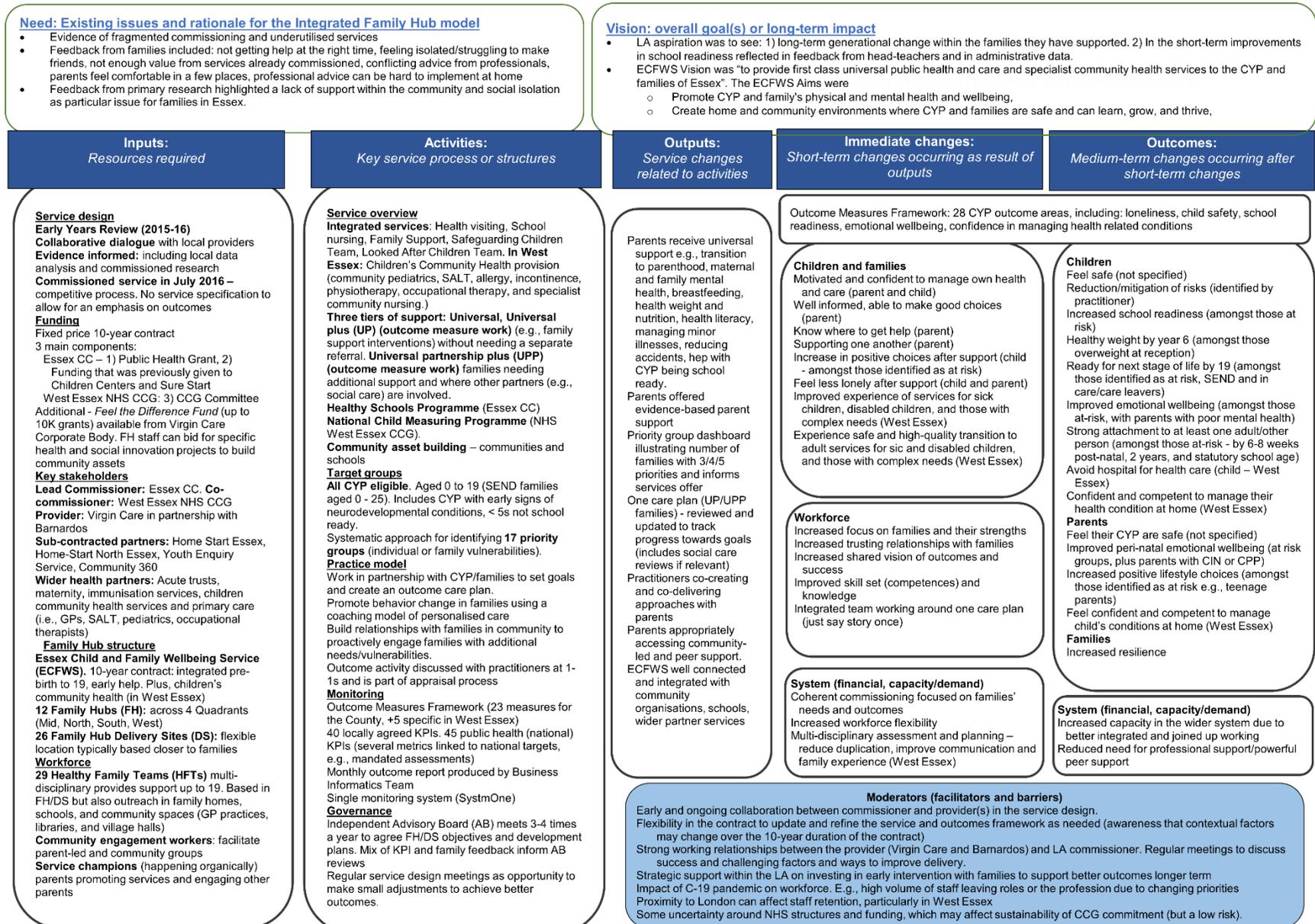
The second supportive factor was the flexibility in delivery within the contract for Virgin Care and Barnardo's to respond to make changes with only consultation with Essex CC, rather than needing any formal contract variation. This had proven especially helpful during the Covid-19 pandemic, where ECFWS needed to adjust their service to respond to a new context in delivery (i.e., with an emphasis on remote support) as well as consider changing needs amongst families during a crisis. Essex CC stakeholders also reflected that managing only one contract during this challenging period, rather than 16 separate providers, was hugely efficient and a key strength of the current integrated arrangement.

Although there were successes during the Covid-19 pandemic, some of the impacts of the crises challenged elements of ECFWS delivery. The main impact was on the workforce, as Virgin Care and Barnardo's reported that higher numbers of practitioners were leaving the service due to changing priorities. This compounded some of the existing issues in the West of the county, which was vulnerable to staff leaving the service for job offers in London.

Another potential challenging factor that may affect implementation related to the role of West Essex CCG within the current arrangement. Although all the funding was confirmed for the 10 years of the contract, longer-term there were some questions around whether the CCG committee funding would continue, particularly following the re-organisation of

CCGs to be aligned with Herefordshire rather than Essex. Although stakeholders from West Essex NHS CCG thought that this was a low risk generally, as many positives were observed from the integrated arrangement during the contract. The stakeholders also expected to continue working with Essex CC even if wider service structure arrangements changed.

Figure 3 Essex Family Hub Logic Model



Overall approach

Aims and objectives

The aims of the Essex Family Hub (henceforth, Essex Child and Family Wellbeing Service, ECFWS) local evaluation are:

- to explore the effects of ECFWS on outcomes for children, parents, and families (impact evaluation)
- to assess the value for money in the re-organising and commissioning services within ECFWS (economic evaluation)
- to understand whether ECFWS was implemented as intended and the extent to which it achieved the service outputs (process evaluation).

Within these aims, the evaluation has the following objectives:

- To determine the added value of the hub approaches over and above pre-existing models, and to understand what works, for whom, how, and why.
- To document the lived experiences of children and families as they interact with services, including families with multiple and complex needs; and to gain a deep understanding of the relationships between participation and co-production, and service effectiveness and outcomes.
- To build local capacity for self-evaluation and develop replicable toolkits and training for wider adoption by hubs country wide.

Evaluation scope

Through a mixed methods design, the ECFWS impact evaluation will assesses all outcomes in the Theory of Change (children and young people, parents, families, workforce, and system), including intermediate, medium term, the evidence for potential longer-term generational change within families.

The process evaluation will assess all components of the ECFWS, including the integration of 0-19 services and Early Help across the whole county and the integration of children's community health services in West Essex only. As well as exploring the implementation and experience of professional services, the evaluation will consider community and peer-support initiatives introduced and supported through ECFWS. The emphasis in the process evaluation will be on learning from implementation and plans to develop the service and sustainability beyond the contract, rather than exploring extensively the ECFWS service design and

development. Learning from this early stage in the Essex context has been included in the Scoping Report (DfE, September 2021).

The economic assessment will primarily focus on assessing the costs involved in ECFWS and the efficiencies from integrated working, rather than including outcome data as part of a cost benefit analysis. The reasons for this are described below and in the economic evaluation section above.

Overall design

The overall local evaluation design comprises a mixed methods research approach based on several key considerations relating to the ECFWS maturity, set-up, and key objectives.

Key considerations

ECFWS is at a mature stage of delivery (four years into a 10-year contract). For the outcome and economic evaluation, this means that it is reasonable to assume that impact could be detected with an outcome assessment if achieved during the evaluation period (October 2021 – December 2022). For the process evaluation, the maturity of the model means that the focus will be on learning from implementation and sustainability, rather than design and initial delivery.

All families in Essex are eligible for support from ECFWS. The tiered structure to support means that all families receive at least the mandated health visitor checks as part of the universal offer, which then acts as a gateway to additional services if needed at the universal plus or universal partnership plus level. This has implications for impact evaluation designs to compare the effects of ECFWS with a counterfactual, as it would likely be challenging to identify a suitable comparison group within Essex. Therefore, the scoping work focused on the potential to conduct an area-based quasi-experimental evaluation – comparing the outcomes for children from Essex with another similar LA.

The emphasis is for services and professionals to intervene earlier with families in a range of areas and prevent issues from escalating and needing specialist support. While ECFWS integrated Early Help within the service offer, the aims of the service are broader than reducing specific high-end issues (e.g., criminal behaviour, alcohol and substance misuse, number of children on CIN/CP/LAC plans). Instead, the ECFWS outcome measurement framework focused on less tangible outcomes, including service experience and engagement, several areas of child development, and parental outcomes. The impact evaluation design needed to reflect this earlier intervention focus and consider the most appropriate way to assess the evidence of outcomes that can be measured with standardised metrics

(e.g., school readiness, parental and child emotional wellbeing, child weight), as well as those that need to be measured subjectively through self-report and qualitative research (e.g., attachment, feeling safe, service experiences). The economic evaluation design also needed to reflect this emphasis and the extent to which the costs could be associated with the measurable outcomes in the Theory of Change.

A key objective is to support longer-term generational change within families.

Therefore, the evaluation design needed to explore the theoretical relationship between the outcomes (short- and medium-term) feasible to measure during the evaluation and the extent to which other longer-term outcomes may be likely within families.

Data availability

Interviews with key stakeholders during the scoping phase confirmed extensive data collection as part of the ECFWS monitoring approach, with a highly specified outcome measures framework relating to child, parent, and family outcomes (introduced with the start of ECFWS), as well documentation on practice models and practice guidance (e.g., competency framework) that could be used to inform research tools. Further scoping work confirmed that several of the metrics in the ECFWS outcome measurement framework were available in publicly available sources making a comparison with other LAs possible in these areas. For the economic assessment, the evaluation team should also be able to access relevant cost and outcome data related the ECFWS with the appropriate data sharing agreement in place. The requirements for these necessary agreements will be explored in autumn 2021.

Research questions and data sources

Table 9 provides a high-level overview of the research questions for the ECFWS evaluation with provisional data sources of evidence used to address them. The impact, economic and process sections in this evaluation plan then include further description of the research methodologies related to the data sources.

Table 9 Essex Family Hub Research Questions

Research questions	Data sources				
	Area Based QED	Cost efficiency analysis	Workforce survey	Stakeholder research	Family Case Studies
RQ1: To what extent did ECFWS achieve better outcomes for children and parents in the short and medium term?	x				x
RQ2: To what extent did ECFWS support the potential for long term generational change within families?					x
RQ3: Were there any unintended outcomes from ECFWS?					x
RQ4: What were the cost efficiencies from recommissioning the 0-19, Early Help and children's community health services as ECFWS?		x			
RQ5: Was there any added value in integrating children's community health in West Essex?		x	x	x	
RQ6: What worked well and less well in ECFWS implementation and why?				x	
RQ7: Which of the ECFWS inputs or service activities were essential and why?				x	
RQ8: What local or contextual factors enabled or challenged ECFWS implementation?				x	
RQ9: What changes were made to the inputs or service activities during the ECFWS contract lifetime and why?				x	
RQ10: What worked to engage children and young people of different ages (0-19 and 0-25 SEND)?				x	x
RQ11: What worked to engage parents?				x	x
RQ12: How was ECFWS experienced by the workforce and wider partners?			x	x	
RQ13: How was ECFWS experienced by children and their parents?					x
RQ14: How did the mechanisms of ECFWS contribute to outcomes for children, parents and families, the workforce and system?			x	x	
RQ:15 What were the plans to sustain ECFWS beyond the 10-year contract?				x	

Impact evaluation

Overview

To assess all the outcome areas in the ECFWS outcome measurement framework, the impact evaluation comprises a mixed methods approach with two components:

- 1) Area Based Quasi-Experimental-Design (QED)
- 2) Theory-based evaluation, testing the Theory of Change (and Theory of Change logic model).

This two-pronged approach will ensure that the local evaluation capitalises on the relative data ‘maturity’ of Essex’s Family Hubs model and the ability to use quasi-experimental methods, while also utilising the full range of evidence from the other strands to explore all outcomes in the Theory of Change, as well as to contextualise the QED results, and to tell the ‘performance story’ for Essex.

Feasibility assessment and data

An impact evaluation to assess the impact of the ECFWS is feasible, based on the following criteria:

- ECFWS has been established for four years; hence impact is more likely to have materialised and be detectable in relevant data.
- Availability of strong and tangible indicators from publicly available sources, where comparisons can be made to other LAs, which do not have a (mature) Family Hub model.
- Multi-disciplinary approach means both higher likelihood of impact and that impact can be assessed from many different angles (i.e., using many different indicators).

Detailed scoping of outcome measures has been conducted to identify the appropriate measures to understand and measure impact. The scoping analysis showed that most of the outcomes outlined in the Theory of Change can be measured using publicly available data sources. Examples of key public data sources include:

- Public Health England/ Fingertips database
- ONS/ Young people Wellbeing survey, Personal Wellbeing (Annual Population Survey)
- NHS Outcomes Framework Indicators
- Local Authority Interactive Tool (LAIT).

Table 10 outlines example indicators which are available and can be used for an impact evaluation of ECFWS. Based on our initial scoping, the list provides a wide range of indicators to test for impacts. Working with ECFWS, the list will be refined, which will include prioritising indicators where there is the strongest theoretical link (and thus attribution) to ECFWS and allowing flexibility to include additional indicators. It is worth noting that since these are publicly available data at the LA-level, all measures can be compared to other LAs as well as national metrics.

Table 10 National indicators for the Essex Family Hub evaluation

Theme	Outcomes	Indicators	Data source
Children	Increased school readiness (amongst those identified as at risk)	School readiness: percentage of children achieving a good level of development at the end of Reception	Fingertips/PHE
	Healthy weight by year 6 (amongst those overweight at reception)	Year 6: Prevalence of obesity (including severe obesity)	Fingertips/PHE
	More ready for next stage of life by 19 (amongst those identified as at risk, SEND and in care/care leavers)	Children in Care	Fingertips/PHE
		16-17 y/o NEET or whose activity is unknown	Fingertips/PHE
		Admission episodes for alcohol-specific conditions - Under 18s	Fingertips/PHE
		First time entrants to the youth justice system	Fingertips/PHE
		Care Leavers - Education, Employment or Training (%)	LAIT
	Improved emotional wellbeing (amongst those identified as at-risk, with parents with poor mental health)	Hospital admissions for mental health conditions (<18 years)	Fingertips/PHE
		Suicide count (rates can also be estimated)	Suicide registrations, ONS
		Emotional and Behavioural Health of Looked After Children (LAC)	LAIT

Theme	Outcomes	Indicators	Data source
	Strong attachment to at least one adult/other person (amongst those identified as at-risk - by 6-8 weeks, 2 years, statutory school age)	No suitable indicator available ⁶	-
Parents	Avoid hospital for health care (child – West Essex)	Emergency admissions for acute conditions that should not usually require hospital admission (Indicators 3a, NHS Outcome Framework)	NHS Outcomes Framework Indicators
	Confident and competent to manage their health condition at home (West Essex)	Proportion of people who feel supported to manage their long-term condition (Indicator 2.1, NHS Outcome Framework)	NHS Outcomes Framework Indicators
	Improved peri-natal emotional wellbeing (at risk groups, plus parents with CIN or CP)	Health-related quality of life for carers (Indicator 2.4, NHS Outcomes Framework)	NHS Outcomes Framework Indicators
		Post-partum psychosis: estimated number of women	Fingertips/PHE
		Chronic SMI in perinatal period: estimated number of women	Fingertips/PHE
		Severe depressive illness in perinatal period: estimated number of women	Fingertips/PHE
		Adjustment disorders and distress in perinatal period (upper and lower estimates): estimated number of women	Fingertips/PHE
	Increased positive lifestyle choices (amongst those	Number of individuals who entered treatment at a specialist drug misuse service who were	Fingertips/PHE

⁶ The only national indicators were related to older age groups (e.g., Care Leavers aged 19/20 - LAIT) and therefore were less directly relevant to the outcome area. This outcome area will be explored as part of other strands in the evaluation (e.g., Family Case Studies)

Theme	Outcomes	Indicators	Data source
	identified as at risk e.g., teenage parents)	engaged in mental health treatment	
Families	Increased resilience	Children in absolute low-income families (<16) (proxy)	Fingertips/PHE

Data limitations/ considerations:

- Some of the data is not available for the most recent dates (2020-2021) - for example some of the more specific indicators around perinatal mental health show data till 2018. While it is entirely possible that these will be available by the time of an impact evaluation, it is worth flagging this as we would need as much data as possible after the launch of the ECFWS. This is particularly important as national statistics are mostly available at the annual level which significantly limits the data points available. We will explore the possibility of acquiring either quarterly/ monthly data if that is available either publicly or by specific request.
- Data collection was cancelled for some of the metrics (e.g., Early Years Foundation Stage) for the 2019/2020 period due to other government priorities related to Covid-19 pandemic. This may again affect the number of data points available for the analysis.
- Some of the outcomes around feelings of safety are not available at the Essex (LA) level, but only at the national level. This type of data is not available as police data, as it is focused more on community perceptions, so it is usually collected through specific surveys (e.g., Crime Survey for England and Wales). It is possible that such data exists and can be requested, thus we will investigate the feasibility of accessing this data further.
- The same challenge exists with self-reported well-being indicators (life satisfaction, happiness, etc., from the Annual Population Survey). These indicators are at the population level, which means that it would be much more difficult to detect and attribute impact using those. The same indicators are tracked through the Young People Wellbeing survey, which is more targeted and relevant to Family Hubs, but data is not available at the LA-level (only at national level). As above, we can explore this further, in case this data can be made available after request.
- Measuring and interpreting more 'abstract' outcomes (e.g., resilience): aiming to use proxy indicators to mitigate this (e.g., using financial indicators such as household income to measure family resilience).
- Disaggregation by key target groups is not always available: e.g., disaggregation of NHS metrics by age is usually available only at the national-level, not at the LA-level.
- Caution in attributing impact to ECFWS when using self-reported and non-tangible outcome indicators (e.g., self-reported levels of 'happiness').

Area-Based QED

The purpose of the QED is to test whether the Family Hub approach achieved better outcomes for children and their parents in Essex than would have been achieved anyway. Given the challenges identifying a comparison group within Essex, the QED will be an area-based design. The area-based design will compare population-level outcomes in Essex to other LAs that are like Essex but not currently delivering a (mature)

Family Hub approach. Ideal comparator areas would be LAs with very similar characteristics and outcomes performance (pre-ECFWS) as Essex, as well as no Family Hubs or other similar interventions in the area during the years we are investigating. This assessment will include only the outcomes from the outcome measurement framework that are available in national datasets.

Two options for comparator groups have been identified for a QED approach. The two options are not mutually exclusive, as we would have to test option 1 first and then proceed to option 2 if it is deemed to be necessary and/ or more robust.

Option 1: Comparator group is another LA (or “statistical neighbour”) - a list of potential candidates for this will be provided by DfE and feasibility will be tested further.

The DfE provided a comprehensive list of statistical neighbours which have also been ranked according to their “closeness” to Essex. In order of the closest to the least close, here are the ten LAs considered as statistical neighbours to Essex:

- 1) Kent
- 2) Worcestershire
- 3) Staffordshire
- 4) West Sussex
- 5) Warwickshire
- 6) South Gloucestershire
- 7) Central Bedfordshire
- 8) Leicestershire
- 9) Hampshire
- 10) North Somerset.

It is worth noting that Kent is the only one with no Family Hubs at all (only Children’s Centres), so it will be a good candidate to test comparisons against Essex. The remaining nine appear to have Family Hubs in place or similar “Early Help hubs”. We will need to explore the stages of development of each to assess if they are suitable comparators. A comparator group would ideally be an LA with no Family Hub in place or at very early stages of development.

Option 2: An artificial comparator group will be constructed using a Synthetic Control Group method (SCM).- This will allow us to construct a comparator as close as possible to the characteristics of Essex and compare against key indicators.

Although some of the statistical neighbours or other LAs we will consider, might be quite like Essex in many ways, their outcome levels might be very different to Essex before the launch of ECFWS. For example a very high or very low number of referrals might indicate very different things about how services work and perform across LAs. If this proves to

be the case with Essex, we will explore creating a synthetic control group using data from the statistical neighbours (or other LAs we will consider).

Depending on the information available, another option would be to map all LAs with Family Hubs in place. We can then discard these areas and use data from the remainder of LAs (i.e., the ones we know surely do not have a (mature) Family Hub in place) to form a synthetic control group.

The synthetic control group will then act as an optimal counterfactual to the ECFWS allowing for a much better comparison. The analysis can then be done using a statistical package in R and is an approximation (or generalisation) of a difference-in-differences approach.

Theory-based evaluation

The second part of the impact evaluation comprises a theory-based approach, using realist evaluation principles (Pawson, 2013). The purpose of this type of assessment is to triangulate the evidence with the other evaluation strands to explain the QED results. This includes exploring the context of the impact, in terms of the service delivery, to appraise and explain what works (or does not work), in what contexts, and under what circumstances.

The triangulation of the different data strands will help to create a better understanding of the pathways to impact in the ECFWS and how impact can be sustained. The process evaluation evidence will help to assess how effectively ECFWS has been implemented so far, what works and best practices. It will also capture views from parents and young people on their motivations for engagement and other contextual factors to help understand how impact can/ will be achieved in Essex.

At the interim stage of the evaluation, the research team will update the local Theory of Change and logic model to reflect the learning related to service implementation and outcome performance. This will be a visual way to illustrate progress as well as highlighting where early assumptions were correct, and where others were discarded. At final reporting stage, we will incorporate the QED results to draw summative conclusions about the impacts of the local programme.

Economic evaluation

The main considerations for the economic evaluation related to whether the immediate and medium-term outcomes in the Theory of Change were appropriate to include in an economic evaluation. The scoping work confirmed that the emphasis on prevention and earlier intervention with families meant that the many of the relevant outcomes in the ECFWS outcome measurement framework were either intermediate (i.e., lead to other

outcomes) or longer-term (i.e., cost savings that cannot be measured in the timeframe of the evaluation). While these outcomes can be measured and valued in a Cost Benefit Analysis (CBA), they would be subject to uncertainty and rely to some extent on assumptions and projections beyond the lifetime of the evaluation. This is also likely to be true from a Social Return on Investment (SROI), which is a form of CBA that additionally requires substantial stakeholder engagement.

Consultation during the scoping phase also identified several potential cost savings resulting from the efficiencies from recommissioning a wide range of services into an integrated and streamlined model. These include key focal areas described in the Process Evaluation section, including:

- The benefits of integrated working
- The added value of integrating health services in West Essex (possibly compared to other quadrants)
- The outcomes focus in the commissioning process (which now underpins service monitoring, i.e., Virgin Care and Barnardo's are judged based on outcome performance rather than delivery against a service spec)
- Implementation of the competency framework in the multiagency Healthy Family Teams.

As well improving system dynamics and improving experience and engagement in services, Essex wants to grow their community assets (i.e., more community and peer-led interventions). Over the period of the ten-year contract Essex CC want the emphasis to shift from professional support to community alternatives where appropriate. This is likely to lead to cost savings.

With this information, we propose undertaking a Cost Efficiency Analysis (CEA): that is, looking at how efficiently cost inputs have been used in securing outcomes or securing greater outcomes and minimal further costs. The analysis would rely on costs data provided by ECFWS that would show the impact of recommissioning: for example, in reduced cost lines, and/or more efficient use of staff time. This costs analysis would be supplemented with qualitative research to understand the narrative of any changes. In addition, transfer of approaches to community and peer-led interventions would be seen in budgetary information where any prior service has been decommissioned or altered.

Cost efficiency analysis

The cost efficiency analysis requires information from two main data sources:

Direct costs: These are costs connected to the delivery of ECFWS. These will include staff costs and other expenses associated with delivering services or interventions directly associated with the programme. There are also likely to be one-off costs

associated with implementing the service, such as staff training and other set-up costs. Such costs can be estimated from budgets or from performance data; for example, cost per eligible child/young adult, or the cost per enrolled child/young adult. This could be obtained by dividing overall Family Hubs spending by the number of relevant children/young adults, averaged over the relevant years.

Indirect costs: Costs that feed into the operation of ECFWS, but for which ECFWS is not directly responsible. Examples of indirect costs include referrals from other services or use of in-kind resources such as buildings or other facilities. The costs assessment also needs to consider any additional costs to participants (e.g., travel costs) and any costs resulting from the outcomes achieved (e.g., where participants become eligible for new welfare payments or support).

In addition to analysing of costs and budgetary information, we will supplement the quantitative analysis with consultations undertaken as part of the process evaluation, to understand the type of costs involved and make a reasonable estimate or, at the very least, understand the narrative of the different types of costs involved if indirect costs data are not available.

The options for the cost the efficiency analysis may include:

- Comparing total costs of ECFWS (direct and indirect) with previous Essex CC commissioning arrangements to explore whether the single contract arrangement is more efficient than Essex CC commissioning multiple contracts to deliver 0-19, early and children's community health services.
- Comparing line by line costs within ECFWS service delivery (e.g., governance, building, monitoring, staff costs) to comparable line by line costs in previous Essex CC commissioning arrangements to explore the extent of the efficiencies in the single contract arrangement.
- Comparing total costs of ECFWS year on year with delivery and outcome performance data to explore whether processes within ECFWS became more efficient over time whilst maintaining the same level of performance.

The decision on the cost efficiency approach depends on the level of accessibility to data on costs and performance data from Essex CC and/or Virgin Care and Barnardo's during the evaluation period. Agreeing a data sharing agreement is a priority for autumn 2021.

Process evaluation

Overview

The overall aim of the process evaluation is to understand the extent to which the ECFWS was implemented as intended and the extent to which it achieved the service outputs. The maturity of the ECFWS implementation meant that process evaluation focuses on from delivery rather process learning from service design or initial implementation. The scope of the process evaluation includes all the relevant aspects of ECFWS inputs and activities, as well understanding the key contextual factors that moderate implementation (either as a facilitator or barrier).

Key aspects of hub delivery

Based on inputs and activities outlined in the Theory of Change, the following areas are key focal points to explore through the process evaluation activities:

- **Integration of 0-19 and Early Help:** Views on what worked well and less well in the full integration of these services. Including co-location of multi-agency Healthy Family Teams in the Family Hubs/Family Hub Delivery sites, using a single shared monitoring system, families accessing support through the tiered offer (universal, universal plus, universal partnership plus). Views on changes made to the integration arrangements during delivery and why. Key factors facilitating and challenging implementation in this area and families engaging with ECFWS.
- **Integration of health services:** Views on what worked well and less well in the integration of children's community within the Family Hubs in West Essex. Views on the added value of integrating these services compared to the partnership working with health in the other areas of Essex. Key factors facilitating and challenging implementation in this area and families engaging with health services.
- **Focus on outcomes:** The different ways and the extent to which the original commissioning process (based on a vision, set of principles and outcome measurement framework) influenced service monitoring, case management and planning and practitioner supervision. Views from commissioners and the providers on the successes, challenges and lessons learnt of commissioning and delivering a service in this way. Views on the contextual factors that enabled or challenged this way of working.
- **Shared practice model:** Views on the importance of the introducing a shared vision and competency framework for all professionals working within the multi-agency Healthy Family Teams. The effectiveness of the practice model in changing behaviours (e.g., focus on family strengths and building trusting

relationships, proactive engagement with families at risk, fully integrated working with other practitioners within Healthy Family Teams). Any changes to the practice model during delivery and why.

- **Governance and monitoring arrangements:** Views on the commissioner, provider, and partner overall dynamics. Views on the effectiveness of the oversight of the multi-agency Independent Advisory Board and the regular service monitoring meetings between the commissioners (Essex CC and West Essex CCG) and the providers (Virgin Care and Barnardo's). Any wider contextual factors that enabled or challenged the governance and monitoring arrangements.
- **Community asset building:** The extent to which ECFWS has supported the development of community and peer-led interventions during the ECFWS contract. The extent to which parent lead or engage with this type of support. Views on the effectiveness of the community engagement officer and service champion roles. The successes, challenges and lessons learnt from implementing specific initiatives funded and implemented with support from ECFWS (e.g., peer-led breastfeeding sessions).
- **Wider partnership working:** This includes the direct work involving partners working with ECFWS (health partners include - acute trusts, maternity, immunisation services, and primary care), as well strategic planning work through the independent advisory board involving other services supporting families. Views successes, challenges and lessons learnt from working with partners. Potential areas or plans to expand or develop joint or fully integrated working either during or beyond the contract lifetime.
- **Future and sustainability:** Plans for the service for the remainder of the current contract and beyond, including refinements to the service offer, further integration of children's community health services, or increasing the level of joint working with other partner services. The sustainability of the funding for the service from Essex CC and West Essex NHS CCG. Any potential factors that are enable or challenge service delivery, funding, or engagement of key stakeholders in the future.

In addition to the key focal points, the process evaluation will cover overall stakeholder reflections on the successes, challenges and lessons learnt from ECFWS implementation, views on the main mechanisms contributing to change with families, the workforce, and the system, and views on wider contextual factors relevant to delivery.

Research activity

There are two waves of research activity proposed for the process evaluation: October – December 2021 (wave 1) and October – December (wave 2). The main component of the process evaluation comprises in-depth qualitative research with stakeholders to

explore their views and experiences of changes to practice models and service structures related to ECFWS and the extent this made a difference to families, the workforce and overall system. Additional components include an online workforce survey and family case studies involving interviews and participatory research with children, young people, and parents.

Workforce survey

The purpose of the workforce survey is to include a representative sample of the effectiveness of the Family Hubs in achieving the intended aims in delivery and its contribution towards achieving the intended workforce outcomes in the Theory of Change. Including repeat questions related to practitioners' knowledge, attitudes, and skills at both time points (wave 1 and wave 2) will enable us to assess change over time related to the workforce outcomes. This before – after comparison will be based on Likert scales to explore awareness of the shared practice model and its principles, typical working practices within the team and views on the main mechanisms making a difference to families through their work. In addition, the surveys will include a small number of open-ended questions for reflections on challenges, lessons learned, and to highlight potential good practices for follow-up through the qualitative case study research.

Stakeholder research

The purpose of the stakeholder research is to explore in-depth views and experiences of ECFWS implementation as well as key service mechanisms and wider contextual factors influencing change. This element comprises 15 'units of data' (either in-depth interviews, paired interviews or focus groups).

The proposed sample (Table 11) illustrates the type of stakeholders to include in the research, representing the breadth of knowledge and involvement in the key focal features of ECFWS, as well as ensuring coverage of strategic, operational, and frontline perspective. Given the scale of delivery (12 Family Hubs and 28 Delivery Sites) plus the difference between delivery in West Essex compared with the other areas, the challenge will be ensuring the 15 interviews covers the range of delivery as well as the learning from implementation in depth. The proposed sample is indicative and will be agreed with ECFWS and DfE prior to developing the main research tools. One data unit has not been specified to allow for a degree in flexibility to include another key stakeholder or stakeholder group not mentioned below.

Table 11 Stakeholder Sampling Framework

Stakeholder type: Up to 28 stakeholders (15 interview/paired interviews/focus groups)		Process evaluation topics							
		Integration of 0 -19 and Early Help	Integration of health	Focus on outcomes	Shared competency framework	Governance and monitoring	Community Asset Building	Wider partnership working	Future and sustainability
Commissioner Essex CC	X1 Int Strategic	✓		✓		✓	✓		✓
Co-Commissioner West Essex CCG	X1 Int Strategic		✓	✓		✓			✓
Provider Virgin Care	X1 Int Strategic	✓	✓	✓	✓	✓	✓		✓
Provider Barnardos	X1 Int Strategic	✓	✓	✓	✓	✓	✓		✓
Provider Virgin Care	X1 Int Operational	✓	✓	✓	✓		✓		
Sub-contractors Home Start, Youth Enquiry Service, Community 360	X3 Int	✓							
Wider partners	X2 FGs (6- 8). (x1 Health)	✓	✓					✓	
Practitioners Healthy Family Teams	X2 FGs (6- 8). (x1 West Essex)	✓	✓	✓	✓			✓	
Community engagement workers	X2 Int/paired	✓					✓		
Other	X1 Int/paired								

Notes: Int = interview (could be conducted as a single or paired interview) FG = Focus Group,

Family case studies

The purpose of the family case studies is to use qualitative and participatory methods to explore the views of children, young people, and parents on service experiences, family outcomes and what would have likely happened without the support. Specifically, the case studies will cover the following areas:

- motivations to engage with services and access support
- wider contextual factors related to engagement
- overall service experiences (what went well and what could be improved)
- comparisons with experiences of other types of support
- perceptions of individual and family changes following support from ECFWS
- views on the future and any longer-term change anticipated for the family
- any unintended impacts from support.

The evaluation will sample ten families to include as longitudinal and snapshot case studies. Four families will be sampled in the first wave of fieldwork (autumn 2021) and then followed up in the second wave of fieldwork (autumn 2022). Six additional families (three in wave 1, and three in wave 2) will then be sampled for the snapshot case studies. If any of the families from the longitudinal case studies drop out of the research, additional families will be sampled as part of the snapshot research. The sampling will likely be based on quadrant and/or level of support (universal plus or universal partnership plus) rather than family characteristics. It will be a priority to include representation from West Essex as a case study.

All case studies will aim to triangulate the perspectives of child, parent, and practitioners, as well as drawing on monitoring information from case records, where available and accessible. Each case study will include:

- **Two in-depth interviews with family members.** These will last around one hour and will focus on the parent's views and experiences of the service and the main areas of change following support.
- **A conversation with a lead practitioner working with the family.** These will last around 30 minutes and will focus on key background information for the family, areas of potential sensitivity in the interview, and a professional perspective on main areas of changes for the family or challenges related to the support.
- **Participatory research or short interviews with children and young people.** This will only be conducted where appropriate in the family, and with appropriate consents. The research with children and young people will be participatory in nature, using approaches that may include pictorial, audio, or mapping to explore issues affecting them or their family, as well as exercises to annotate different aspects of their engagement with support.

All participants will receive detailed information sheets and consent forms ahead of taking part in the research. This will outline the aims of the study, their rights as participants, and how the information will be used and stored during the evaluation. All information given to children and young people will be age appropriate and use simple language. There will be several opportunities to ask questions from either the lead practitioner or the research team. Depending on the available project budget, the evaluation team will review the need to offer Love2Shop vouchers as thank you to participants for taking part in the family research.

Risk register

Figure 4 Essex Risk Register

Risk	Likelihood and impact	Proposed contingency measures
<p>1. Drastic changes to ECFWS set-up (e.g., changes in co-commissioners or providers) meaning that the implementation is no longer viewed a 'mature' or there is little continuation from the service arrangement described in this evaluation plan</p>	<p>Likelihood: L; Impact: H</p> <p>Re-design of evaluation strands (e.g., economic and impact) with some elements being less feasible within the evaluation timescales. Generally, though, few large-scale changes are expected as the provider contract is until 2027</p>	<ul style="list-style-type: none"> • Regular catch-up with lead contacts at Essex CC and Virgin Care to stay abreast of any internal changes or planned developments during the evaluation lifetime. • Any relevant changes will be discussed with DfE at regular catchups. Any changes to the evaluation design will be agreed in a timely manner to maximise opportunity for different types of data collection or research approaches.
<p>2. Large data gaps for several of the proposed metrics in the national datasets due to unforeseen factors</p>	<p>Likelihood: M; Impact: H</p> <p>Data gaps limit the range of outcomes included as part of the impact evaluation</p>	<ul style="list-style-type: none"> • Ecorys researchers will monitor updates of national datasets and review any information related to missing information and reasons for it. • Alternative designs or data sources will be explored in a timely way to ensure a breadth of outcome areas are included in the evaluation, as far as possible.
<p>3. Challenges accessing cost information due to commercial sensitivity on</p>	<p>Likelihood: L; Impact: H</p>	<ul style="list-style-type: none"> • Agreeing a data-sharing agreement between Ecorys and ECFWS will be a priority in autumn 2021. Proxy variables will

Risk	Likelihood and impact	Proposed contingency measures
behalf of Virgin Care and Barnardo's	Lack of access limits the inclusion of cost efficiency analysis within the economic evaluation	<p>be explored as alternatives to highly sensitive data (e.g., related to wages)</p> <ul style="list-style-type: none"> • Ecorys to provide detailed assurances on the methodology and analysis to ensure confidence in the robustness of the approach and reliability of the findings.
4. Poor practitioner engagement and low response rate to the workforce survey due to lack of interest or awareness of the evaluation within frontline teams	<p>Likelihood: L; Impact: M</p> <p>An unrepresentative sample (e.g., from only one quadrant) would limit the generalisability of findings. Small sample size would limit survey analysis (e.g., unable to compare pre-post changes).</p>	<ul style="list-style-type: none"> • Ecorys share information about the evaluation and survey early in the fieldwork phase to ensure there is good awareness of the survey and its purpose amongst potential survey respondents. • Survey designed to encourage a good response rate (e.g., short, easy to follow questions) plus two e-reminders to prompt responses.
5. Challenges engaging stakeholders in research due to other competing priorities (e.g., local responses to Covid-19 pandemic during winter)	<p>Likelihood: L; Impact: M</p> <p>Lack of representation from key groups (e.g., West Essex health stakeholders) skewing or partial view of findings within the process evaluation</p>	<ul style="list-style-type: none"> • Emphasis on remote fieldwork with stakeholders (i.e. Microsoft Teams/video conferencing software) with several options offered to encourage and support flexible participation (e.g., availability offered 8am – 6pm, interviews arranged over two timeslots if helps to accommodate, proactive engagement to encourage stakeholder responses to research interviews) • If challenges continue, then the underlying factor will be explored as a wider theme within the process evaluation as it

Risk	Likelihood and impact	Proposed contingency measures
		<p>may be relevant to the implementation of ECFWS during this period as well.</p>
<p>6. Challenges identifying suitable families / lack of interest to participate in the family case study research</p>	<p>Likelihood: M; Impact: M</p> <p>Could incur delays or short-fall in the planned number of interviews. Plus, lack of insight from family perspective would reduce richness in overall evaluation as well as limit understanding of wider outcomes to triangulate with the impact evaluation strand</p>	<ul style="list-style-type: none"> • Ecorys will share appropriately tailored research information sheets, which emphasises how their involvement will help to improve services in the future for others. Parents and young people may also be offered vouchers as a thank you for taking part. • All information shared early in the fieldwork phase • Research teams offer phone calls with lead managers and/or practitioners tasked with engaging families.
<p>7. Policy changes influence the direction of ECFWS or affect the evaluation design (e.g., suitability of comparison areas)</p>	<p>Likelihood: L; Impact: M</p> <p>-</p>	<ul style="list-style-type: none"> • Close contact with DfE to stay aware of any key policy changes and to update ECFWS stakeholders as needed • Ecorys can support a range of evaluation designs in-house and can therefore offer a degree of flexibility to the current proposals to accommodate any policy or strategic changes.

Individual LA Evaluation Plan (Bristol)

Name of local authority	Bristol
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Theory of Change

The Theory of Change and logic model (Figure 5) has been developed with the two leads in Bristol. It is due to be discussed fully at a workshop on October 20th 2021.

Need: existing issues and rationale

Over the last two years children's centres in Bristol have been undergoing a gradual period of transition and integration as they moved from the Education Department to Children and Family Services as part of the Early Help Offer. Despite their integrated approach families can still receive an inconsistent Early Help offer across the city. Plans to address any 'silo working' and develop a core offer for all families has coincided with national policy recommendations for developing Family Hubs. In response to the national commitment to Family Hubs local politicians committed to moving towards a Family Hub model. Bristol convened a project team to develop their Family Hub vision.

Current Early Help provision in Bristol:

- The current 0-11 Early Help offer combines family support services, health services and education. Early Help services for families are organised in four localities - North, South, East and Central. There are eight children's centres in the North locality, ten across the East/Central locality and six in the South.
- Each locality works closely together to provide a seamless service to children and young people, providing timely and proportionate support depending on the child and family's needs. A common systemic approach builds on the strengths of people and communities and recognises the impact of Adverse Childhood Experiences (ACEs).
- Children and families access a range of universal services including: health services such as GP's, Midwifery, Health Visiting, School Nursing and substance misuse services; children's centres, nurseries and playgroups; schools and colleges; community, sport and leisure facilities; housing and youth services.
- Children's Centres offer a range of services including: day care and early education; family health services including ante-natal and post-natal care; parenting and family support services; support for children with additional or special educational needs; outreach services such as, home visits and community support benefits advice

The rationale for Family Hubs is underpinned by a need for a wider range of services for families that are:

- Consistent - they address the fragmentation of services and provide a core offer across Bristol but can also tailor to local context and need.
- Efficient – they maximise the use of buildings by encouraging voluntary sector and other partners to use them.
- Responsive and accessible – they ensure vulnerable families will be able to easily access services locally.
- Integrated - they encourage services to work closely together sharing information.

Vision: overall goals and long-term impact

Bristol's Family Hub approach is aiming to develop a virtual collaboration aligning Early Years, Early Help, Education, Youth Services, the Police Force, Voluntary and Community Sector (VCS) and Public Health services to provide a core offer to families across Bristol. Families of children aged 0-11 will be able to access a wide range of universal and targeted services covering health, education, parenting and wellbeing support locally 'at the right time' to improve outcomes and prevent problems escalating. Digital information advice and guidance will also be available for those who are unable to access a Family Hub, or unable to access services during normal working hours.

The transformation to a Family Hub model will take place gradually and initially provide more of a virtual offer to children over 11 years (as buildings need to be made more appropriate for this age group).

Activities and outputs

An overview of the key activities, outputs and outcomes has been described in Figure 5 below. Their goal is to create a three-hub model (North, South and a combined East and Central locality), building on the larger children's centres and a number of smaller children's centre hubs or affiliated sites. This will be a virtual collaboration because there are multiple buildings in each locality, and services are not all operating out of the same location. There is some colocation of the workforce in buildings and some services are delivered in different buildings to where the staff are based.

Across the city, they will develop a core health, early years, education and family support offer for all families of children, aged 0 to 11 initially, across all hubs. Their core offer will build on their current range of programmes provided and will be designed to reflect local needs and ensure consistency of approach across the city. Children's Centre family support staff and partners will deliver the same programmes of work, adopting Signs of Safety, trauma informed work, focusing on the whole family, offering core integrated health offers which could include two-year-old checks, speech and language support,

optician services, immunisations, and vaccinations. In addition, there will be a more tailored and specialist offer available in area hubs and larger settings reflecting the needs of the community and the local VCS in each locality.

Bristol is also developing a digital advice and guidance offer and exploring options for providing information packs to families remotely.

The key activities will revolve around:

- Engaging key stakeholders and families in the development and implementation of the Bristol Family Hub model.
- Bringing core services operating with family support, education and public health into their Family Hub model which will provide services through local venues that are accessible, affordable, and provide support close to where families live.
- Developing a digital advice and guidance offer.
- Training the workforce.
- Developing an outcomes and performance framework to reflect the difference the hub services are making to families.
- Strengthening the use of electronic case recording to collect and analyse performance data including outcomes.
- Improving information-sharing flows between the organisations that make up the Family Hub model.
- Establishing a governance structure (strategic leaders, city wide service managers and locality leads) to oversee and support the implementation and business as usual going forward.

Bristol is taking a gradual phased transition to their Family Hub model for families of children aged 0 to 11 with a planned launch sometime in the spring of 2022. They are actively developing the infrastructure with partners through eight work streams which have started work at different stages:

- Vision, Branding and Communication - to develop a clear, succinct and agreed vision for Family Hubs in Bristol.
- Integrated Governance, leadership and management arrangements for staff delivering family support services within family hubs.
- Partnerships: all staff have a clear understanding of respective roles
- Area partnerships and the community.
- Integrated Community Health Offer – to ensure hub buildings are fully occupied as much as possible throughout the year.
- Practice – Integrated services provide whole family working using Signs of Safety.
- Identifying need, pathways, processes and systems.
- Outcomes and performance.

Outcomes

At this early stage of the hub development in Bristol, provisional outcomes have been specified in Figure 5 below. These will be reviewed before the Family Hub model goes live in spring 2022. These are focused around the main evaluation questions – see below – which are concerned with families take up and use of Family Hub services and their accessibility; the use of buildings and the range of services supporting the 0 to 11 age groups and improving the way they work together in a more integrated and efficient way. For example, Bristol plan to bring their Family Hub work into their Early Help case management system where they have a range of family outcomes that they are working towards and report on. They are aiming to create a performance outcome dashboard developing a common reporting mechanism with shared outcomes across the different services that are being offered through the Family Hub.

In addition to the Bristol Family Outcomes Plan other indicators of success for their family hub will track the:

- Quality of their information sharing
- Optimal utilisation of buildings
- Provision of a consistent truly integrated offer delivering a range of services including events outside of 9 to 5
- Accessibility of services for families.

As the new outcomes and performance framework is still under development, there will be limited scope to use the new measures to track outcomes for families during the lifetime of the evaluation. However, there is potential to explore changes to how local services are perceived and understood, as integration gets underway, buildings are repurposed, and aspects of support move online. We will use the process evaluation to explore early changes to system navigability and the timeliness and accessibility of support.

Implementation barriers

Several factors were identified as real and potential future barriers to the implementation and resulting success of the Family Hub model in Bristol. These are:

- Financial pressures facing individual partners and their capacity to engage in the implementation and delivery of the Family Hub model.
- Lack of funding to run and support the Family Hub model in the longer term.
- The ongoing and future impact of Covid-19 on the programme and timescale.
- Agreement to integrate Children's Centres with Family Support.
- Branding changes and whether to retain Children's Centre identity or move to 'Family Hub' spaces.
- Challenge selecting a small cohort of outcomes that represent the full menu of services being provided.

Figure 5 Bristol Family Hub Logic Model

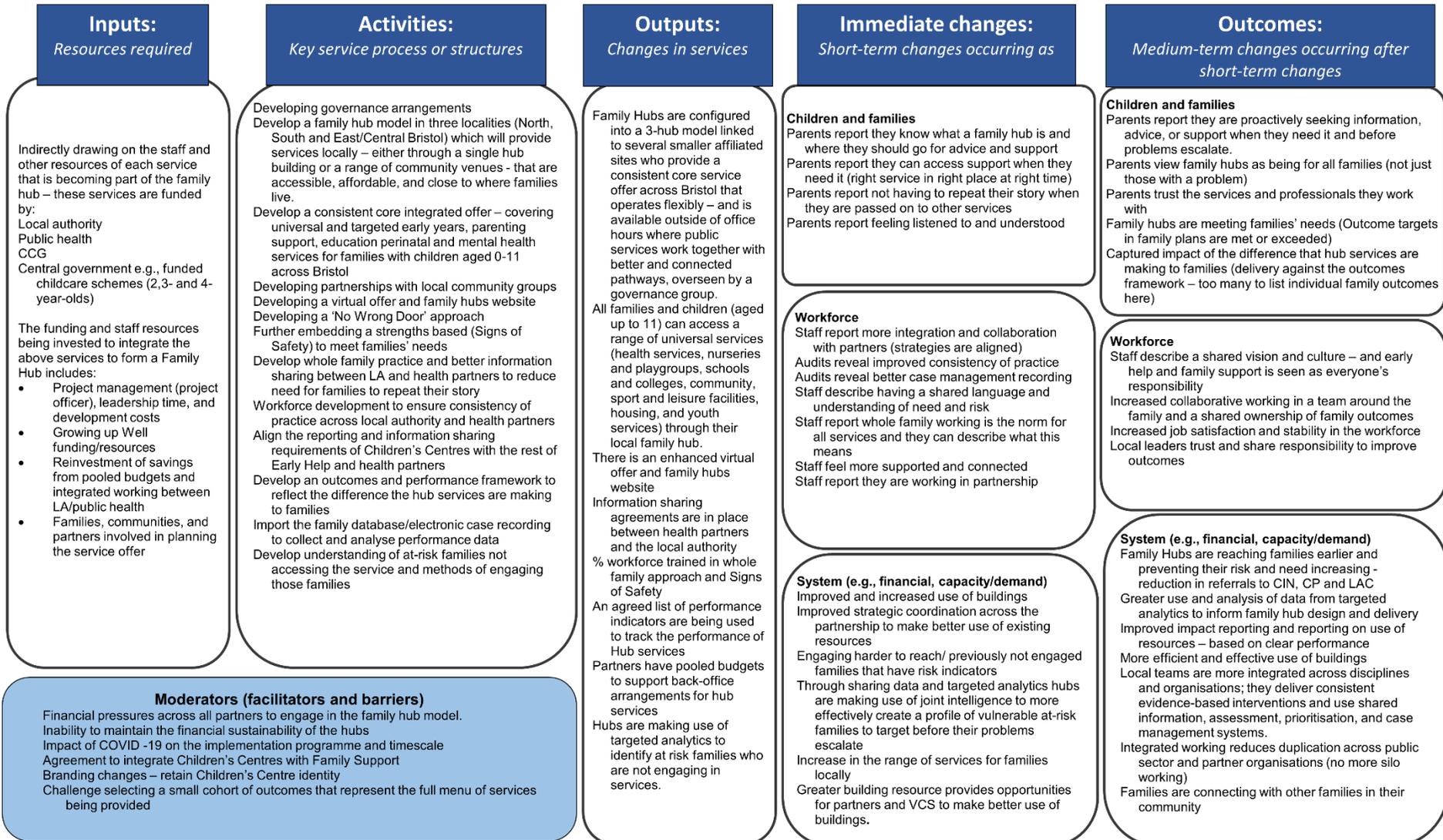
Need: Existing issues and rationale for the family hubs model

The rationale for Family Hubs is underpinned by a need for a wider range of services for families that are:

- 1) Consistent: so they address the fragmentation of services and provide a core offer/ 'one city plan' across Bristol but can also tailor to local context and need
- 2) Efficient: Maximise the use of buildings by encouraging voluntary sector and other partners to use them.
- 3) Responsive and accessible – to ensure vulnerable families will be able to easily access services locally
- 4) Integrated: to encourage services to work closely together sharing information.

Vision: overall goal(s) or long-term impact

Bristol's Family Hub approach is aiming to develop a virtual collaboration aligning Early Years, Early Help, Voluntary and Community Sector and Public Health services to provide a core offer to families across Bristol. Families of children aged 0 -11 will be able to access a wide range of universal and targeted services covering health, education, parenting and wellbeing support locally at the right time to improve outcomes and prevent problems escalating. Digital information advice and guidance will also be available for those who are unable to access a Family Hub or unable to access services during normal working hours. The transformation to a family hub model will take place gradually and initially provide more of a virtual offer to children over 11 years (as buildings need to be made more appropriate for this age group).



Overall approach

Aims and objectives

Bristol's local evaluation will focus on the development and implementation of their Family Hub model exploring the added value of their approach and the difference it makes to the way services are delivered to families. There are three key areas it will focus on:

- 1) It will profile how services are reconfigured as they make the transition to a Family Hub model, identifying which services and interventions are critical to their 'core offer' for all families and the key stages involved in making the transition to family hubs.
- 2) It will specifically focus on understanding the changes to systems and services that are required for integrated Family Hub working; and what this means in practice from the perspective of those who provide and deliver the services and the families who are engaging with them. It will consider governance, planning, commissioning, workforce development, culture change and practice, service delivery, information sharing, monitoring and evaluation.
- 3) It will focus on families and explore how parents and children view Family Hubs and their experience of accessing Family Hub services.

As the primary focus is on the transition to a Family Hub approach that will be launched in spring 2022 there will be a finite opportunity to track changes in outcomes for families and children. The primary focus for Bristol will therefore be to carry out a process evaluation employing a mixed method approach comprising both qualitative research with professionals and families and surveys with the different elements of the workforce, coupled with exploratory work to understand families' experiences and outcomes.

Research questions

The key research questions the evaluation will address are:

Service and systems transformation

- 1) What are the key features of Bristol's Family Hub model; and how does it differ from current service provision (reconfiguration vs. changing the offer and the way services are delivered)?
- 2) How feasible is the idea of a core offer across different partners and hubs; and which services and interventions are critical to developing a core offer?
- 3) What are the key stages to making the transition to a Family Hub model?

- 4) How to create effective partnerships – winning their hearts and minds - between all the key partners and stakeholders (in particular between the LA, education partners, health partners and the voluntary and community sector)?

Targeting, reach and access

- 5) Does the Family Hub model reach the 'right people'; who are they?
- 6) How are Family Hubs helping to understand risk and vulnerability and engaging families in a non-stigmatising way?
- 7) How well is a family hub helping to create better and connected pathways and gateways to services?
- 8) How do Family Hubs make better use of buildings and provide services out of hours and virtually?

Service effectiveness and outcomes

- 9) What are the strengths and weaknesses of Bristol's Family Hub model; and what are the critical components of a successful Family Hub model?
- 10) What is critical to effective integrated working (governance models, organisation of teams; workforce development; developing a shared vision and culture; sharing information and data; developing a common language, integrated systems and practice)?
- 11) What difference is the Family Hub model making to the way services are delivered?
- 12) How do parents and children view Family Hubs; what difference do Family Hubs make to how they access and experience services?
- 13) Which of their intended earlier outcomes are they achieving?
- 14) Which elements of the Family Hub model have generated the most benefits and outcomes; and which have generated the least and why?

Future development

- 15) What are the next development steps for the model based on local context and national best practice?

Impact evaluation

Overview

As mentioned above, the Bristol Family Hub model is still in development and is expected to fully launch in spring 2022. The focus at the moment is to re-organise services, improve efficiencies, making better use of buildings, and emphasis is being put to start

offering services at the right time, locally, and using a multi-disciplinary approach. The Bristol model is at a similar stage of development as the Suffolk Family Hub model. This is worth considering when assessing the feasibility for an impact evaluation in the future, as the comparisons between the two might be possible and comparing a unitary and two tier authority would provide important learning.

Outcomes and data

Family Hubs in Bristol will be focused on outcomes around Early Years, Early Help, Voluntary and Community Sector and Public Health services, offering a range of universal services to families and children aged 0-11. Currently, Bristol collect data on around 300 outcomes, covering all their services, although not all will be relevant or attributable to Family Hub impact. The specific outcomes of interest are likely to include early childhood development, education, social and emotional development, family functioning, physical and mental health, housing, community participation, poverty reduction, employment, and demand for statutory services.

As mentioned above, Bristol is developing an outcomes and performance framework (workstream 8) which will aim to track and assess how families are faring since from the launch of the Family Hubs in spring 2022. They are planning to bring Family Hub reporting into the Early Help case management system, creating a performance outcome dashboard, developing a common reporting mechanism with shared outcomes across the different services (e.g., health, nurseries, family support, etc.). Families and children's outcomes are currently tracked, but there are challenges around those receiving universal services as the consistency, quality and detail of the data is dependent on individual partners and their specific interventions.

The first stage of this process is to move Children's Centre staff from using paper-based recording systems to electronic reporting which will link them into the Bristol City network. Once this has been achieved, they are hoping to be able to collect and analyse their performance data to develop understanding of at-risk families not accessing the service. They are hoping to be able to segment families into four different cohorts to inform their approach to engaging at risk families who are not accessing any provision:

- Families who are registered and are not accessing the CC and do not have a need
- Families who are registered and are not accessing the CC and do have a need and would benefit from accessing services
- Families who are registered and are accessing services and do have a low level of need
- Families who are registered and are accessing services and have a high level of need.

This information would be very beneficial for any impact evaluation in the future, as it will facilitate the identification of the “treated” population, as well as any potential gaps in the provision of services that Family Hubs would be able to improve.

Lastly, consultations with the Bristol Family Hub team suggested that family-level data could be made available through their Think Family Database. It was confirmed that data could be “depersonalised” to ensure data protection and confidentiality, and that the whole process would take around 8-weeks. It was also suggested that we can use this data to establish a baseline on specific outcomes, ideally before or at the time of the Family Hub launch in spring of 2022. Establishing a baseline will be particularly beneficial, as we can then draw comparisons after the Family Hub is launched to assess any potential differences experienced by the families.

Feasibility assessment and future impact assessment

Considering all the above, a QED-type impact evaluation is not feasible at this stage as Bristol is still in development, but it is likely that it will be feasible in the future. An impact evaluation on family outcomes would also be less relevant and appropriate at this early stage, as families are less likely to experience improvements this early.

Although an impact evaluation using a QED approach might be feasible in the future, there are certain considerations to take into account:

- Services are offered to all families and children (aged 0-11) in Bristol, which means that identifying an appropriate comparator group within Bristol would be challenging. A comparator group would need to be either:
 - another LA with no Family Hub intervention (or at early stages of development) to compare Bristol at LA-level (i.e., using the entirety of Bristol as a treatment group); or
 - a smaller group within Bristol which does not have access to a Family Hub yet due to gradual rollout (see details about this option below).
- Buildings will be used gradually, as and when they become available; this means that the intervention is rolled out at different times and different places so appropriate impact assessment methods need to be considered. An impact evaluation might need to compare a number of smaller sites (or more simply two hubs in different stages) within Bristol to identify potential differences in family outcomes among those who have access to a nearby hub as opposed to those who do not. Another issue to consider is the availability of family-level data to do so, especially of those who do not access services (i.e., the comparator group). We will explore the feasibility of a future impact evaluation as we collect more

information from the LA, and as the Family Hub in Bristol are starting to be implemented.

- Bristol is also aiming to provide an enhanced virtual offer for families. This is particularly relevant during the Covid-19 pandemic, as many families might prefer to seek help virtually rather than visiting a Children's Centre. This should be taken into consideration if an impact evaluation looks at comparing groups based on the rollout of buildings, as impact will need to be disaggregated since families which do not have access to a physical hub yet might be getting support from online resources. It is not clear yet if it will be possible to track if a family is getting support only virtually or through a physical hub, in order to disaggregate impact accordingly.
- An impact evaluation at the family-level will be heavily dependent on the progress made on capturing and tracking outcomes through the outcomes framework and dashboard that is currently being developed.

It is worth noting that consultations with Bristol suggested that identifying individuals and or families accessing support, as well as treating all individuals and or families in the LA who meet the criteria as the treatment group are both feasible and potentially the most appropriate options for an impact evaluation in Bristol in the future. Additionally, and as mentioned above, the availability of depersonalised data at the family level after request, the availability of a vast range of indicators across partners, and the feasibility of establishing a baseline, all indicate towards a feasible impact evaluation in the future.

Although an impact evaluation on family outcomes is less relevant/ appropriate at this early stage of development, system transformation can be explored, to better understand the pathways to impact and how Bristol can achieve its aims and objectives in the future. This will be achieved through the process evaluation, as shown in the relevant section below.

Economic evaluation

As previously outlined, Bristol's Family Hub model emphasises prevention and early intervention and is in an early stage of development, going live in spring 2022. As a result, there will be limited opportunity to track changes in outcomes for families and children, and the Family Hub does not necessarily expect cashable cost savings to be realised from these outcomes over its lifetime of operation. In practice, this means that many of the relevant outcomes to be realised from the Family Hub are either intermediate or longer term (i.e., lead to other outcomes or cost savings that cannot be measured in the timeframe of the evaluation). While these outcomes can be measured and valued in a Cost Benefit Analysis (CBA), they would be subject to uncertainty and rely to some extent on assumptions and projections beyond the lifetime of the evaluation. This is also

likely to be true from a Social Return on Investment (SROI), which is a form of CBA that additionally requires substantial stakeholder engagement.

The primary aim of the Bristol Family Hub is to make services more efficient and effective. Consultation with Bristol has identified potential efficiency cost savings to the children services budget resulting from the evolution of the Family Hub from the existing 'business as usual' local authority model. Proposed efficiencies may arise from:

- The impact of the transition to a Family Hub model and the re-scoping of budgets away from locality-based Children's Centre budgets to centralised Children's Centre budgets aligned with the early intervention budget
- Improved integrated working between services
- Co-location of services where this is feasible
- Impact of an Information Sharing Agreement with community nursing provider, leading to more efficient use of staff time
- Better understanding of referral pathways
- Making better use of buildings; for example, providing services out of hours or use of venues as family support hubs
- Reinvestment of savings from pooled budgets if approved (e.g. nurseries, Children and Adolescent Mental Health Services (CAMHS) and primary mental health resources) and integrated working between the local authority and public health.

Considering this, we propose undertaking a Cost Efficiency Analysis (CEA): that is, looking at how efficiently cost inputs have been used in securing outcomes or securing greater outcomes and minimal further costs. The analysis would rely on costs and budgetary data provided by the Family Hub that would show the impact of the efficiencies generated from the move to a Family Hub.

This will include, but not be limited to:

- Setup costs to help develop the partnership and systems: for example, providing laptops for Children's Centres so they are able to move on to the Bristol City case management system
- Project costs, including staffing
- Project management, including partnership development work and funding for the branding changes
- Leadership time required to develop the new model
- Consulting and engaging with families.

Though the hub considers themselves to be reasonably data mature, the hub has identified three challenges to this approach, which will be explored once further information is available:

- That the costs information is sufficiently granular to show any efficiencies.

- That the costs information can define what relates to the Family Hub as opposed to business as usual and previous approaches. The existing funding is complicated as it involves up to 20 different services that are contributing to the Family Hub.
- Working with a range of stakeholders that hold cost information, including the local authority, public health, CCG and nurseries (nurseries hold the budgets for Children’s Centres).

Process evaluation

To fully understand the Bristol Family Hub model, we propose to carry out a programme of qualitative research at two points in time (Table 12). This will aim to capture the experiences of a cross-section of professionals involved in Family Hub development and implementation, at strategic and operational levels, and parents who have engaged with interventions or support planned and delivered through Family Hubs.

We will target the resource flexibly once the Family Hub model has been specified and will review the design at this point. It is likely to include a combination of longitudinal research (where we interview the same professional at two points to review their longer-term reflections) and 'snapshot' (interviews or group discussions held at a single point with professionals and families).

Table 12 Bristol Family Hub process evaluation research tasks

	Wave 1 (spring 2022)	Wave 2 (summer 2022)	Wave 3 (autumn 2022 / early spring 2023)
Professionals	<ul style="list-style-type: none"> • A total of 15 interviews/groups with Family Hub teams and partners (strategic and operational). 	<ul style="list-style-type: none"> • Interim workshop to share emerging (top-level) findings and to revisit the Theory of Change. 	<ul style="list-style-type: none"> • A total of 15 interviews/groups with Family Hub teams and partners. • To mirror Wave 1 as far as possible, to explore change.

Families	<ul style="list-style-type: none"> • Participatory Action Research (PAR) – engagement and training for a panel of 12-15 parents and carers (4-5 families from each cluster). • PAR toolkit – diaries and pictorial tools shared more widely. 	<ul style="list-style-type: none"> • PAR panel debrief, analysis and sharing of emerging findings. • Supplementary online focus groups or individual interviews with families (2-3) 	<ul style="list-style-type: none"> • PAR panel debrief, analysis and sharing of final conclusions and recommendations for Family Hub development. • Supplementary online focus groups or individual interviews with families (2-3)
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Qualitative research with professionals

Professionals will be selected to reflect the range of different partners who are part of the hub model and will ensure coverage of the main strategic and operational partners; developmental stages: early years (0-4) and middle childhood (5-11) in the first wave. It may also include adolescent services (12-19+) in the second wave.

Our costs assume that we will carry out fieldwork with professionals over the equivalent of three working days at each wave. Within the allotted time, we have costed on the basis of five 'units' of data collection per day. The precise composition will need to be tailored to the specific delivery model for Bristol's Family Hub. For this reason, we will need to be flexible about the relative merits of conducting interviews (individual / paired), mini-groups or focus groups. This may include both face to face and remote interviewing, depending on the Covid-19 context.

The interviews will be tailored to the specific role of the individual and will last around 1 hour. They will cover, but not be restricted to, the following topic areas:

- a) awareness of the aims, origins and stage of implementation of the Family Hubs
- b) development of their family hub vision/model and rationale for this
- c) profiling service reconfiguration under their family hub model
- d) views on effectiveness of governance and leadership arrangements and how this has developed
- e) views on the effectiveness of multi-agency partnership working, and the challenges and benefits of working across sectors, settings and age groups (0-19)
- f) experiences of joint training, supervision and how or whether professional practice has changed or been challenged by the transition to hub models, and if so how
- g) extent to which consensus has been achieved between professionals, families, and other residents, around community needs and priorities, and any residual

tension points

- h) extent to which pathways and local pipelines of support are understood and utilised
- i) outcomes observed and recorded – at individual, family, and community (population) levels, including evidence for extended reach, services and systems transformation
- j) any identifiable areas of actual or potential cost savings
- k) views on sustainability, and priorities for extending the model in the longer-term.

The coverage of the interviews/group discussion topic guides will be developed with the local authority leads in Bristol.

Qualitative research with parents/families

Families accessing the hub services are uniquely placed to observe and report on how the transition to the new integrated 0-11 model is experienced, and the challenges and opportunities it presents at each stage. We therefore propose to recruit and support a panel of parents and carers from Bristol, whom we will engage at key points to capture the learning and outcomes at each stage. We will use Participatory Action Research (PAR) methods for this purpose. PAR involves cycles of inquiry and reflection, starting from the basis that families in receipt of services are '*experts in their own lives*', and with a focus on translating research into action (Reason and Bradbury, 2001).

In practical terms, we propose to work with Bristol City Council and partner organisations to identify and engage approximately four (4 to 5) parents and carers from each of the Family Hubs localities (i.e., a group of 12 to 15 in total, with representation from the North, South and East/Central combined locality). The panel will be recruited to ensure diversity in terms of family characteristics (including Black, Asian and minority ethnic (BAME) families and parents of children with SEND or complex needs), and types and contexts for service use, reflecting the richness of the Family Hubs offer. Ideally, we will seek to engage family members who know the community and who are longstanding users of family services and who are therefore well positioned to observe and reflect on changes to business as usual.

The evaluation team will provide support and training in PAR methods, providing a briefing, co-producing research tools, and offering virtual support, which will be facilitated using Microsoft Teams, in close communication with professionals / key workers with whom families have contact.

The PAR will operate at two levels:

- participants will document their personal experiences of service use, and their changing interactions with professionals, places and spaces

- they will also carry out community research at fixed time points: gathering feedback, and interviewing staff who are involved in Family Hub development.

The participants will be supported to:

- a) select and formulate research questions
- b) choose how and from whom to go about gathering and analysing the data, within appropriate ethical and safeguarding boundaries (e.g., research diaries, peer or staff interviews, observation, and / or the use of pictorial and creative methods)
- c) produce a final set of recommendations
- d) present and discuss their findings with the Family Hubs steering group.

The group will meet three times: an initial workshop in spring 2022 to provide training and orientation; a second workshop in summer 2022 to share and reflect on emerging findings, and a final session in early spring 2023, to draw together and conclude upon this work package. We anticipate that the panel will meet virtually, following an established model of online PAR carried out by Ecorys with young people and families during the Covid-19 lockdowns (Monchuk, et. al., 2020) This approach will aim to amplify family voices and provide meaningful opportunities for family participation in the evaluation. The outputs will be coded and analysed thematically alongside other sources, providing a rich source of data for the evaluation report (see below).

Alongside the PAR, we have also ring-fenced a smaller number of days to carry out additional online focus groups or individual interviews with families, which will be used flexibly to understand family experiences of more specific aspects of Hub delivery. This will include age-appropriate data collection with children and young people, using pictorial tools and templates developed centrally by the evaluation team.

All interviews, workshops and groups will be digitally recorded with the respondents' permission. This is essential for the generation of data of sufficient quality for detailed and rigorous analysis; to elicit verbatim quotes, and to prevent selective reporting. All of the fieldwork will be conducted under conditions of informed consent and confidentiality, with respondents notified in advance of the duty to report any safeguarding concerns.

Workforce survey

While the qualitative fieldwork will allow for an in-depth exploration of the development and implementation of the Family Hub model, we will also administer two short pulse surveys as a cost-effective and low burden way to explore the views and experience of family hub staff. The surveys will provide timely feedback across a range of topics and will helpfully explore aspects of integrated working. The surveys will be carried out with

Family Hub staff at two time points: likely to be an initial survey in the spring of 2022 and a follow-up survey early in 2023.

The surveys will be administered online and take around ten minutes to complete. We anticipate they will include:

- attitude statements, using Likert scales to assess the quality of the support, explore staff and family engagement in Family Hubs and successes/challenges around implementation, and
- a small number of open-ended questions to provide reflections on challenges, lessons learned, and to highlight potential good practices for follow-up through the qualitative case study research.

Risk register

Figure 6 Bristol Risk Register

Risk	Likelihood and impact (H/M/L)	Proposed contingency measures
<p>1. External factors delay the development of the Family Hub model and/or the progress of the evaluation (e.g., another lockdown related to Covid-19 pandemic)</p>	<p>Likelihood: M; Impact: M</p> <p>Limited sample of stakeholders may skew or partial view of findings within the process evaluation.</p>	<ul style="list-style-type: none"> • Emphasis on remote fieldwork with stakeholders (i.e., Microsoft Teams/video conferencing software) with several options offered to encourage and support flexible participation (e.g., availability offered 8am – 6pm, interviews arranged over two timeslots if helps to accommodate, proactive engagement to encourage stakeholder responses to research interviews) • If challenges affect the evaluation progress significantly, Ecorys will review the timescales for delivery with DfE and possible alternatives. Any changes to the evaluation design will be agreed in a timely manner to maximise opportunity for different types of data collection or research approaches.
<p>2. Challenges identifying and sustaining engagement of families for the PAR</p>	<p>Likelihood: L; Impact: H</p> <p>Could incur delays to the timescales. Plus, lack of insight from family perspective would reduce richness in overall evaluation</p>	<ul style="list-style-type: none"> • Early and proactive work with Bristol to recruit parents from their parent forums, including sharing tailored information sheets about the evaluation and the research activities • Promote the role and value of their engagement in helping to shape and inform the design and provision of Family Hub services and provide remuneration for their time

Risk	Likelihood and impact (H/M/L)	Proposed contingency measures
		<ul style="list-style-type: none"> • Explore with Bristol appropriate and creative ways to keep in touch with parents
<p>3. Issues engaging partners in the evaluation and sustaining their engagement</p>	<p>Likelihood: L ; Impact: H</p> <p>Missing a key group of stakeholders from the process evaluation may skew or partial view of findings.</p>	<ul style="list-style-type: none"> • Early partner engagement in the evaluation process (e.g., the development of the vision and ToC logic model) plus emphasizing opportunities throughout the evaluation to engage with the ideas again and shape evaluation findings • Promoting the value of their engagement in the evaluation and the opportunity to inform the national evidence base relating to Family Hubs • Providing bulletin feedback during the evaluation to share the learning about integrated working and more efficient ways of reaching and working with families
<p>4. Maturing of Family Hub model does not progress at sufficient pace to allow for assessment of distance travelled</p>	<p>Likelihood: L/M; Impact: L</p> <p>May affect the feasibility of some of the quantitative analysis during the evaluation. However, the likelihood is low as evidence during scoping phase suggests that Bristol are building on a strong infrastructure and</p>	<ul style="list-style-type: none"> • Regular engagement with Bristol to understand progress and discuss any delays to plans. • The development and implementation of the family hub approach, including tracking systems, is included as a key focus area for the process evaluation. Challenges affecting

Risk	Likelihood and impact (H/M/L)	Proposed contingency measures
	integrated Children’s Centres and Healthy Child Programme offer.	<p>progress will be explored as part of that to ensure that learning is documented.</p> <ul style="list-style-type: none"> • The evaluation team will explore the options for tracking impacts in the future and help to build capacity within Bristol to do this. Therefore, even if not feasible during the evaluation timescales, the LA will have the resources to do it going forwards.
5. Policy changes influence the direction of Family Hubs generally and affect the evaluation design	Likelihood: L; Impact: M -	<ul style="list-style-type: none"> • Close contact with DfE to stay aware of any key policy changes and to update Bristol stakeholders as needed • Ecorys can support a range of evaluation designs in-house and therefore able to offer a degree of flexibility to the current evaluation proposals to accommodate any policy or strategic developments.

Individual LA Evaluation Plan (Leeds)

Name of local authority	Leeds
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Theory of Change

Face-to-face meetings were held with each of the three Family Hubs operating across Leeds to ensure the research engaged sufficiently with all hub managers and delivery partners. Group discussions were held in two of the hubs with Police, Family Support Workers, Mental Health Workers and Domestic Abuse Support Workers, as well as the hub managers. This helped to get a good understanding of the aims, inputs, activities, and outcomes expected to be achieved, as well as some of the challenges in the model.

The Theory of Change and logic model (Figure 7) has been agreed with the hub managers and Service Delivery Manager for Early Help in Leeds.

Needs: existing issues and rationale

The rationale for the hubs is to improve the quality and timeliness of support to families across Leeds to address concerns more effectively earlier. This will prevent needs from escalating, ensure better outcomes in the longer term for children, and will prevent the authority from spending money on more costly, longer-term interventions.

Many families do not receive appropriate support when they are first referred to the Duty and Advice Team; many do not meet social care thresholds and in many cases, they are closed with no further action and without any support or referral to Early Help services. However, many of these families do have needs, and often, within a few weeks or months, the family is re-referred into children's services. This process in itself is an inefficient use of Early Help practitioner and social worker time.

Requests for early help support can come from Clusters, or schools, adult mental health, housing, adult social work, children centres, and the voluntary and community sector into the hubs as well as from the front door. There is an awareness that, because the Leeds Early Help model is based around identification of need via schools and Clusters, this can result in uneven access to support for many children and families. The quality of support and capacity to work with families within Clusters is very variable. For example, many requests for early help support are made without an Early Help Plan, and if there is an Early Help Plan, the quality of information and formulation of needs can be poor.

Vision and aims of the hub model in Leeds

The Leeds hub model of support was designed as a way of improving the quality of support and ultimately outcomes for families experiencing the negative effects of historic or current stressors (e.g., financial or housing worries, family conflict or breakdown). The hubs have been implemented to provide a single point of contact for Early Help across the partnership and to support timely support and early intervention.

Hubs are also supporting service transformation through a multi-agency approach that embraces whole family working and supports improved practice. The hubs provide three key functions:

- high-quality advice, challenge and support to professionals supporting families when a gap in their skills/knowledge/experience has emerged, or who are 'stuck' or where it is not clear which service will respond
- direct interventions for families in need of specialist early help support in the areas of mental health, domestic abuse, and drug and alcohol addiction, and community safety
- upskilling the workforce by providing coaching, consultations and training to Early Help practitioners and social workers.

Overall goals and outcomes

The overall goal for the hubs is to improve outcomes for families by ensuring timely, high quality, responsive support from across all Early Help services. Supporting whole systems change through embedding whole family practice and multi-agency approaches. Building on local community strengths and building capacity within the workforce and with communities.

The Theory of Change shows a range of short-term and longer-term outcomes the hubs are aiming to achieve. These include:

- **for children and families:** improved coordination of support and quicker access to interventions. This will lead to improved outcomes on the key issues (mental health, domestic abuse, substance misuse and engagement in criminal activity); increased resilience due to additional family practitioner support, and a reduction in the need for statutory support (CIN, CP, LAC)
- **for the Workforce (frontline, managers, partners):** more qualified workforce; improved understanding and improved practice; increased confidence to work with some more challenging families

- **improved services and systems:** improved interface with the front door and Early Help services; additional capacity for Clusters; reductions in re-referrals to the front door; improved efficiencies and reduced costs.

Moderators/influencing factors

The hub model has been in operation since 2019 as part of the authorities' earned autonomy status. As such, the hubs have gone through the initial difficulties and challenges in setting up the model of support.

Multi-disciplinary teams are working well together and have already provided evidence of the value of their joint working: co-location is aiding joint decision making and responsiveness; co-location is helping to build a shared understanding of roles, trust-building and professional relationships. This is important when considering the different professional cultures of police, mental health workers and family support workers, with regards to their engagement with clients.

Crucial elements of the hubs' operational effectiveness include:

Information exchange – between all services including schools, adult mental health, adult social work, housing, third sector, children centres, cluster teams, schools, private nurseries, children mental health, 0-19 health teams, Further Education (FE) colleges, children social work, police, youth services.

Personnel /staff management agreements – with a multi-disciplinary team it is important that these aspects of employment and secondments of staff are agreed, and lines of accountability and continual professional development (CPD) of staff are clear.

Weekly case reviews – to understand how to determine the right support for families who are referred to the hubs through multiple channels. Professionals in multi-disciplinary teams are not case holders so need to work closely with lead professionals and support and challenge Clusters and other early help organisations to better support families.

Clear referral criteria/requests for support – this is still a work in progress but there is an understanding that the hubs need to have a clear offer so agencies requesting support can make appropriate requests/referrals.

The main challenges to date related to how the hubs integrate with current access points for Early Help, namely the Clusters and the Duty and Advice Team. They have been working to build relationships with the Clusters, but this has been challenging and some Clusters still do not work very closely with the hubs. Lack of communication regarding hub activity (its 'offer') has been a cause of underutilisation. The importance of clarity regarding purpose, role and place within the local context is crucial for the success of the hubs.

The other significant challenge for the Leeds hub model is the interface with health services: understanding the level of awareness of the Leeds hub model among health providers. This has not been a factor in the scoping of the model to date.

With regards to influencing factors, Leeds has a strong practice model which is well communicated, and training is delivered in-house through their Rethink Team. This covers all the key areas of effective practice including:

- Relationship-based and strengths-based practice
- Whole family working and drawing on the assets of the family members
- One family, one worker, one plan
- Accountability, evaluation, and sustainability.

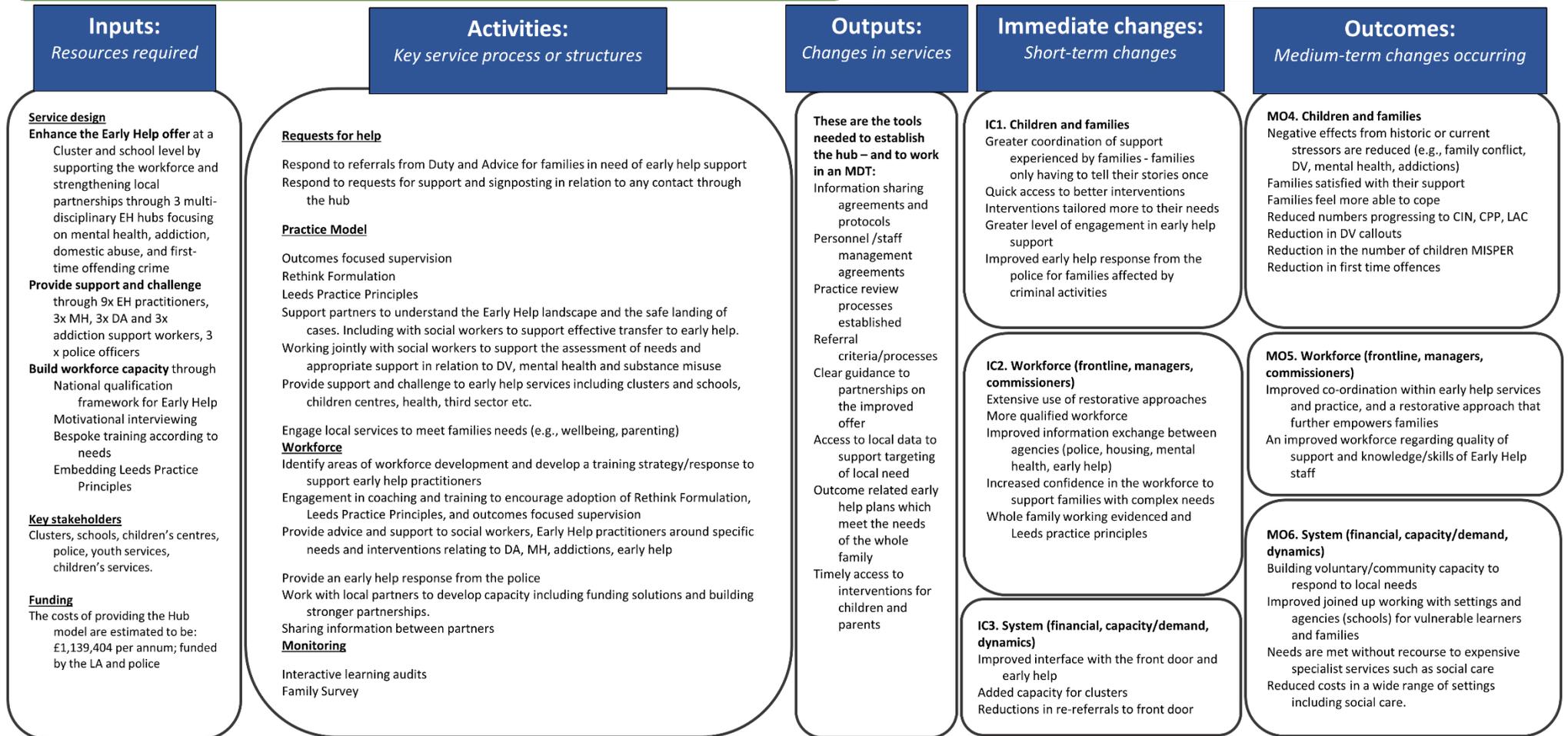
Figure 7 Leeds Family Hub Logic Model

Need: Ambition and rationale for the family hubs model

The three hubs across Leeds have been implemented to provide a single point of contact for Early Help across the partnership and to provide timely support and early intervention, in addition to adding value to existing cluster provision, third sector, health and children centres. They are supporting service transformation through a multi agency approach that embraces whole family working and supports improved practice.

Vision: overall goal(s) or long-term impact

Aiming to improve outcomes for families by ensuring timely, quality responsive support. Supporting whole system change through embedding whole family practice and multi agency approaches. Building on local community strengths and building capacity within the workforce and with communities.



Moderators (facilitators and barriers)

- Training on the Leeds Practice Model
- Take-up of the Early Help Qualification
- Effective working with all Clusters across Leeds
- Effective working with the Duty and Advice Team
- Early Intervention Foundation work with West Yorkshire Police
- Hub capacity

Overall approach

Aims and objectives of the local evaluation

Leeds is very much focussed on improving practice and improving support for families; this is their key theme for Early Help. It is anticipated that by improving practice and ultimately the quality of the support, all other outcomes will be achieved. Therefore, the key focus of the evaluation is to determine to what extent the hubs are delivering this improvement in practice.

Leeds has identified key questions for the evaluation:

- To what extent has the hubs added value to the quality of support to families?
- Has access to early help increased?
- How effectively has the hub model interacted with partners (clusters, schools, children's centres, voluntary and community sector, youth services, police and health) to improve the quality of support to families?
- What cost-saving have the hubs made concerning reducing re-referrals and preventing needs from escalating to statutory services?

Scope

The Leeds hub model includes three multi-disciplinary teams focussing on mental health, domestic abuse, addiction, and first offending among young people. These are the key foci for the evaluation and measures will be included to capture the impact across Leeds. It is not anticipated that the Leeds model will have an impact on early years measures or health specifically. However, family support workers in the hubs will work with Early Help practitioners in the community on a range of issues and concerns relating to child development, children's health, and the wellbeing of the family. Therefore, all measures should be relevant to the evaluation. The challenge is understanding to what extent family support workers have supported practitioners across the full range of child/family concerns.

Method

The method being deployed is a mix-modal approach using qualitative and quantitative measures. As the model has been in existence since 2019, the multi-disciplinary teams are continuing to develop relationships with Early Help practitioners and families, and are in a position to evaluate the impact of their collaborative work with practitioners and families. The voice of the child and family are key to the evaluation, as are the experiences of Early Help practitioners working with the hubs.

Table 13 provides an overview of the main sources of data and responsibilities for collection and analysis. It denotes where the data will be collected and shared by the LA, and where the Independent Evaluators will take the lead.

Table 13 Leeds Family Hub overview of research methods and data sources

Qualitative methods	LA lead	Evaluator lead
a) Tracking of families supported by hubs to understand the duration of support; interventions delivered; needs on entry, goals and outcomes achieved.	Hub Managers	Louise Starks
b) Analysis of case data, based on redacted information from interactive learning audits, to be shared with the evaluators.	Lesley Wilkinson	Louise Starks
c) Family case studies comprising interviews with practitioners, parents and where possible young people.	Hub Managers	Louise Starks
d) Practitioner focus groups covering hubs, Clusters, schools, children’s centres, etc.	Hub Managers	Louise Starks
Quantitative methods		
Analysis of administrative data, including measures such as CIN, CP, LAC, re-referrals to Duty and Advice; reduction in first time offences, reduction in repeat offences; reduction in DV incidents; reduction in MISPERs. These measures are relevant for the city of Leeds as the three hubs support all areas of Leeds.	Business Intelligence Manager	Louise Starks
Surveys of practitioners within the Hubs, and of partners (e.g., VCO, police, health, schools) to explore their views of service effectiveness and outcomes	Hub Managers	Louise Starks
Family survey; Leeds already has a family survey which can be used or adapted for the purposes of the evaluation. This provides feedback on the quality of support received.	Hub Managers	Louise Starks

Key Research Questions

Key research questions have been discussed with Leeds LA and are shown in Figure 8.

Figure 8 Leeds Family Hub Research Questions

1. What impact has the hubs had on the quality and consistency of professional practice?
2. How has working as part of a multi-disciplinary team, added value to working with professionals and with families?
3. Have the hubs increased awareness about what Early Help support is available?
4. Has access to Early Help support increased?
5. What impact have the hubs made on children and families?
6. Have re-referrals to Duty and Advice been reduced?
7. What has the hub model brought by way of added value to the work of Early Help services?
8. Do early help services have a wider understanding of the pathways for mental health, DV, and substance misuse?
9. Has the hub model been effective in building community capacity to better support families?
10. Does the hub model represent value for money?
11. What have been the key challenges in working with a hub model to improve support for families?

Impact evaluation

Outcomes of interest and quantitative measures

The Leeds Hub model developed from the Earned Autonomy Status⁷ and as such, their support model has been modelled around the key variables known to negatively impact families lives adult mental health, adult alcohol and substance misuse, domestic abuse, and children and young people's involvement in criminal activities.

⁷ In place of Payment by Results (PbR), these areas receive up front funding from the Troubled Families Programme in line with an agreed payment schedule and with the aim of supporting accelerated service transformation for Early Help.

Leeds has monitored the performance of their Early Help offer through a comprehensive outcomes framework, and consequently, a full range of measures are available at the local authority level to understand the impact of the hubs.

As a minimum, data will be made available to evidence:

- Negative effects from historic or current stressors are reduced (e.g., family conflict, DV, mental health, addictions)
- Families satisfied with their support
- Greater levels of resilience among family members
- Reduced numbers progressing to CIN, CP, LAC.
- Reductions in domestic violence callouts.
- Reduction in repeat MISPERs
- Reductions in first-time and/ or repeat offences
- Percentage of families with an anti-social-behaviour incident in the last 6 months.

Detailed scoping of outcome measures has been conducted to identify the appropriate measures to understand and measure impact. The scoping analysis showed that most of the above can be measured using publicly available data sources. Examples of key public data sources include:

- Public Health England/ Fingertips database
- ONS/ Young people Wellbeing survey, Personal Wellbeing (Annual Population Survey), Crime Survey for England and Wales
- Local Authority Interactive Tool (LAIT).

Table 14 outlines a few examples of indicators that are available and can be used for an impact evaluation of the Leeds hub. The list is by no means exhaustive at this stage, and we will explore the possibility of adding more indicators while ensuring that they are appropriate for this purpose.

Table 14 National metrics for the Leeds Family Hub local evaluation

Outcomes	Indicators	Data source
Reduced numbers progressing to CIN, CP, LAC	Number/ percentage of referrals to Children's social services	LAIT
	Repeat referrals to Children's Services	LAIT
	Rate of CIN/ LAC/ CPPs per 1,000	LAIT

Outcomes	Indicators	Data source
	Number/ percentage of children who became subject to a CP	LAIT
Reduction in repeat MISPERs	Percentage of MISPERs reported in Leeds	LAIT
	Percentage of Children in Need with a Child Protection Plan who are persistent absentees	LAIT
Reductions in first-time or repeat offences	First-time entrants to the youth justice system	LAIT

It is worth noting that since these are publicly available data at the LA-level, all measures can be compared to other LAs as well as national metrics.

As the model has been operating for two years, it is anticipated to see an impact on these measures. However, the impact of the Covid-19 epidemic restricted the extent to which the model operated with the full benefits of a multi-disciplinary team as staff were not co-located.

The evaluation will include a retrospective look at the key performance indicators for three years before the introduction of the hubs (2016-2019). This will help to determine whether there is any reduction on CIN, CP and LAC rates per 100,000, MISPERs and first-time offences.

Data limitations/ considerations:

During the scoping analysis stage, we identified several limitations and considerations regarding the data that is available to use:

Some of the data is not currently available for 2020 and 2021. While these may be available by the time of an impact evaluation, it is worth considering that Leeds launched in 2019 thus we would need as much data as possible after this date. Most of the nationally available metrics are usually available only at annual levels which means that in some cases we might have only 1-2 data entries after 2019. We will explore further whether some of the indicators can also be made available at quarterly or monthly levels from the local authority to ensure we have enough data for our analysis.

Some of the police-related and police-recorded data are not available for Leeds. Police data is usually reported at the police force area level, in this case, West Yorkshire

Police which covers a much bigger area than Leeds. Most of the basic crime and violence indicators are also reported publicly at the Lower Layer Super Output Areas (LSOA) level (hence can be used at the Leeds-level), however, domestic violence metrics are not available. We aim to investigate further data availability around domestic violence and identify whether this data can be made available to us after request.

Tracking and evaluating performance on outcomes at the family level is feasible for a small sample of families. Leeds is developing a tracking system that identifies families that have had direct support from the hubs. There are very detailed case records (held on Mosaic) for the families supported through the hubs, although these are in written format). Quantifying these records will be a challenge, and challenges are finding a similar level of detail for a comparison group.

Family survey data cannot be used in a robust impact evaluation, although it can be useful to understand impact pathways. Leeds conducts a family survey every year and they are looking to redesign the survey to reflect the support from the hubs in this evaluation. This might be useful data to report on and triangulate, the number of observations would not be sufficient to conduct a QED.

Considering all the above considerations, we suggest that an impact evaluation would focus on **Leeds (population) level data** (i.e., not individual or family-level), and will most likely be limited to a **specific set of outcomes** based on availability (as opposed to all outcomes of interest as specified in the Theory of Change).

Impact feasibility

An impact evaluation to assess the impact of the Leeds Family Hubs is feasible, however, it will have to focus on a specific set of outcomes. Our feasibility approach was based on the following criteria:

- Leeds hub model is already established as it was launched in 2019 and is considered mature, hence impact could be detected if achieved
- The likelihood of detecting impact might be higher compared to other LAs/ Family Hubs due to the maturity of the Early Help infrastructure
- Availability of strong and tangible indicators from publicly available sources, where comparisons can be made to other LAs
- Multi-disciplinary approach means both higher likelihood of impact and that impact can be assessed from many different angles (i.e., using many different indicators).

Impact evaluation approach

For a quasi-experimental design approach, we need to define a ‘treatment group’ (the people receiving Family Hubs support) and a ‘control group’ (people not receiving support) to compare with. Impact estimates will represent the differences between the two groups (if there are any).

The Leeds hub model entails that all families are eligible to receive support, hence an area-based approach should be considered. In this case, the entirety of Leeds will be considered as the treatment group. Comparisons within Leeds would not be possible or appropriate, as all families are eligible. An ideal comparator area would be a local authority with very similar characteristics and outcomes performance as Leeds, as well as no Family Hubs or other similar interventions in the area during the years we are investigating.

Two options for comparator groups have been identified for a **quasi-experimental design (QED) approach**:

Option 1: Comparator group is another LA/area (“statistical neighbour”). A list of potential candidates for this has been provided by DfE:

1. Sheffield
2. Darlington
3. Calderdale
4. Bury
5. Stockton-on-Tees
6. Bolton
7. Derby
8. North Tyneside
9. Kirklees
10. Wirral

The feasibility of comparing across and with each will be tested further, as we will collect further information about the existence of a current/ developing Family Hub in each of the LAs in the list, as well as other similar interventions.

Treatment and comparator groups will then be compared to identify any potential significant differences across a set of key outcomes and over time. For this analysis, we will first construct a panel dataset that includes all outcome indicators of interest, across a selection of LAs and over time. The dataset will also include a variable indicating the treated area (Leeds), as well as the untreated areas (a selection of statistical neighbour LAs). We can then use this dataset to conduct a fixed-effects regression analysis to assess these differences (as a differences-in-differences approximation over more than two time periods).

Option 2: An artificial comparator group will be constructed using a Synthetic Control Group method (SCM). This will allow us to construct a comparator as close as possible to the characteristics/ outcomes of Leeds and compare against key indicators.

Although the statistical neighbours mentioned in option 1 might be quite like Leeds in many ways, their outcome levels might be very different to Leeds before the launch of the Family Hubs (for example a very high or very low number of referrals might indicate very different things about how services work and perform across LAs). If this proves to be the case with Leeds, we will explore creating a synthetic control group using data from the statistical neighbours (or other LAs if we deem, they are also relevant). The synthetic control group will then act as an optimal counterfactual to the Family Hubs in Leeds, allowing for a much better comparison. The analysis can then be done using a statistical package in R Studio and is an approximation (or generalisation) of a difference-in-differences approach.

It is also worth noting that impact will also be assessed qualitatively, to ensure the triangulation of data and evidence and create a better understanding of the pathways to impact in the Leeds Family Hubs. For those families that are receiving more one-to-one support from the specialists, there will be detail on Mosaic and the families can be identified. A small sample of families (circa 30) could be matched with families that have not received hub support. However, this poses an additional challenge to the evaluation in terms of understanding why some families with similar needs and challenges were not referred to the hub. These can be used to show distance travelled and outcomes. The scoring system being adopted by Leeds (1-10) on any three goals, will help to identify distance travelled. It is also possible that cost proxies could be put against these measures, although this will be time/resource intensive. It may also be possible to use historical data from families: one of the reasons the hubs were set up was to break the cycle of re-referrals to the front door – so for those families with needs but not deemed to need social care.

A contribution analysis will be completed which draws on the body of evidence showing:

- the quality and timeliness of the support from hubs through a case analysis
- views from stakeholders (partners and families) of the value of hubs
- interactive learning audits to evaluate the quality of support
- impact on key performance indicators.

The target group are parents of children aged 0-19 years and children/young people up to the age of 19.

Economic evaluation

As outlined above, the intention of the Leeds Family Hub is to improve the quality and timeliness of support to families across Leeds to address concerns more effectively earlier. Interventions for families in need of specialist early help support in the areas of mental health, domestic abuse, and drug and alcohol addiction, and community safety will prevent needs from escalating, ensure better outcomes in the longer-term for children and families, and will prevent the authority from spending money on more costly, longer-term interventions.

The approach to economic evaluation focuses on valuing the outcomes the service achieves. The economic evaluation will focus on outcomes likely to yield cashable savings over the lifetime of the programme, with a focus on savings to the public purse, (i.e., government or the local authority). In that sense, the analysis proposed is a streamlined form of Cost Benefit Analysis called a Fiscal Return on Investment. Outcomes of interest include:

- Reduced numbers progressing to CIN, CP, LAC
- Reductions in domestic violence callouts
- Reduction in repeat MISPERs
- Reductions in first time and/or repeat offences.

These outcomes will be measured by the impact evaluation, utilising key public data sources (see above). For the economic evaluation, the main source used will be the Local Authority Interactive Tool (LAIT), in addition to Public Health England (PHE) data on first time entrants to the youth justice system, to measure reductions in first time or repeat offences. Subject to scoping, it is proposed that LAIT data will measure:

- Reduced numbers progressing to CIN, CP, LAC
 - Number/ percentage of referrals to Children's social services
 - Number/ percentage of re-referrals within 12 months
 - Number/ percentage of CIN, CP, LAC
 - Number/ percentage of children who became subject to a CP for a second or subsequent time
 - Rate of CPs ceased during the year
 - Reduction in repeat MISPERs

- Percentage of CLA who had a missing incident during the year
- Percentage of CLA who were away from placement during the year
- Percentage of CIN with a CP who are persistent attendees.

Since these are publicly available data at the LA-level, all measures can be compared to other LAs as well as national metrics.

The economic evaluation will place a monetary value on each outcome achieved. Monetisation will be based on unit cost information⁸ and can, therefore, be used to calculate associated cost-savings (or costs avoided) from the outcomes achieved, including that contained in the Ecorys Unit Costs Database. This database collates a range of robust datasets and literature that we have used through our years of economic analysis (such as the New Economy Database⁹ and PSSRU Unit Costs of Health and Social Care¹⁰) to examine the evidence on the scale of net savings that can be generated for government and wider society.

Values will be adjusted to relate to the data in question. Examples include:

- Child taken into care - average fiscal cost across different types of care setting, England, per year: £58,664
- Child into local authority foster care: overall cost (cost per week): £685
- Local authority residential care home for children - cost per week: £4,899
- Children in Need - average total cost of case management processes over a six-month period (standard cost): £1,701.

An advantage of using estimates generated through the impact evaluation is that by measuring the difference between treatment and comparison groups, estimates consider concepts such as:

- Attribution (to what extent outcomes relate to the Family Hub as opposed to other interventions)
- 'Deadweight' (to what extent the outcomes would have happened anyway)

⁸ Unit cost refers to cost per outcome or per individual (as opposed to the total cost of delivering the Family Hubs).

⁹ <https://www.greatermanchester-ca.gov.uk/what-we-do/research/research-cost-benefit-analysis>

¹⁰ <https://www.pssru.ac.uk/project-pages/unit-costs>

- Substitution (to what extent the intervention prevented other outcomes being realised, if any).

Sensitivity analysis will also be undertaken to vary estimates based on a range of assumptions; for example, optimistic, 'base' and pessimistic scenarios. The estimates will be compared to the costs of the Family Hub, measured by cost and budgetary information made available by the hub, to estimate the Fiscal Return on Investment.

In addition, reduced numbers progressing to CIN, CP, LAC will likely lead to reductions in re-referrals to the front door; improved efficiencies and reduced costs. The evaluation will explore the extent of any cost efficiencies resulting from these effects in any local costs data.

Process evaluation

The Leeds hub model requires practitioners from each hub to identify cases where additional expert support is required to unblock issues and concerns. Hubs have begun to operate a case review panel each week to review the requests for support from Early Help practitioners and from the Duty and Advice Team. Operating a review panel is considered a necessary process to determine which specialism is required, and to work with the lead professional supporting the family.

The process evaluation needs to capture referral decisions; how the multi-disciplinary team determine support; how the specialisms work together to provide timely and expert support and what value the partnership with police brings to the teams. In addition, families' views of the coordination of support from the hubs are crucial.

The process evaluation will take a mixed-modal approach combining the views and experiences of hub practitioners and key stakeholders (e.g., schools and children's centres, primary care, voluntary and community organisations) and families. This will be combined with interviews, surveys and case studies of families. Leeds is also completing a series of interactive learning audits of a sample of cases throughout the evaluation to determine the impact of the hubs on the quality of support to families. The results of these audits will be shared with the evaluators.

Table 15 shows our indicative phasing of the data collection. The fieldwork is aligned with key reporting requirements for the evaluation.

Table 15 Leeds Family Hub process evaluation research tasks

	Wave 1 (Nov 2021/Feb 2022)	Wave 2 (Sep2022/Nov 2022)
Professionals	<ul style="list-style-type: none"> • Interviews with senior leaders in Early Help • Focus group with hub Multi-Disciplinary Teams • Survey of Early Help practitioners • Partner interviews (x9) 	<ul style="list-style-type: none"> • Interviews with senior leaders in Early Help • Focus groups with hub Multi-Disciplinary Teams • Survey of Early Help practitioners • Partner interview (x9)
Families	<ul style="list-style-type: none"> • 15 case reviews • 5 family case studies (lead practitioner and family interviews) • Results from the LA case review learning audits 	<ul style="list-style-type: none"> • 15 case reviews • 5 family case studies (lead practitioners and family interviews) • Results from LA case review learning audits

We will complete two waves of research as shown above which will generate information regarding the success of the hubs to date. This will focus on:

- **how well the hubs are operating from the senior leaders' perspective** - for example increasing access to early help, interfacing with Clusters/primary care/children's centres, and reducing re-referrals to Duty and Advice
- **capacity/demand for hub support** - how well the Multi-Disciplinary Teams feel able to meet the needs of families and coordinate their support. This will include looking at case data to understand the volume of referrals for specialist support and how many cases have been worked on jointly
- **the added value of the hubs** - awareness of the hubs from a partners' perspective (e.g., schools, adult mental health, Children's Centres, primary care, police, youth services) and their views on the timeliness and quality of support
- **engagement and support of families** – how they heard about the early help support, why they chose to engage and their views of the quality of support and what has changed
- **the added value of the hubs to practice** – what difference the hubs can make to the quality of the support offered to families (Formulation, Early Help Plans, whole family working) and ultimately to the outcomes achieved for families.

It is anticipated that the evidence generated would show an increase in all the key areas of interest as the evaluation progresses through to Wave Two. Although the hubs have

been in operating since autumn 2019, much of the coordinated multi-disciplinary team activity, and direct work with practitioners and families has been considerably limited due to the challenges relating to the Covid-19 pandemic.

Leeds will support all aspects of the fieldwork. They will help promote awareness of the research through information briefings to Early Help practitioners and partners. The practitioners in the hubs will support the engagement of families. The survey of Early Help practitioners will be coordinated through the hubs in their network of Early Help practitioners they support in their areas. A list of partners will be generated from hubs and a broad list including those from schools, Children's Centres, youth services, social services and health will be selected.

Risk register

Figure 9 Leeds Risk Register

Risk	Likelihood and impact (H/M/L)	Proposed contingency measures
<p>1. Capturing the extent of interventions delivered by the hubs.</p>	<p>Likelihood: M; Impact: M</p> <p>Leeds hub model works alongside other early help providers. Not all inputs from the model are entered into the Mosaic database. Therefore, limiting the evidence base.</p>	<ul style="list-style-type: none"> Leeds has developed a specific monitoring process that will capture the support delivered by the hubs for families. This is being rolled out currently (September 2021). This will need to be monitored by Leeds LA to understand the level and quality of completion by practitioners. The method includes a sample of families for interrogation regarding needs, interventions, outcomes achieved.
<p>2. Difficulties attributing the impact on key performance measures to the hubs</p>	<p>Likelihood: M; Impact: H</p> <p>Early help support is very varied in scope and the hubs' role is to add value. As such, they are not working in isolation with families.</p>	<ul style="list-style-type: none"> Family case studies should show the level and type of support that has been delivered direct by hubs. Monitoring procedures being implemented by Leeds will also show the input from hubs. The evaluation is adopting a contribution analysis approach whereby the qualitative and quantitative data will be triangulated to determine the impact

Risk	Likelihood and impact (H/M/L)	Proposed contingency measures
3. Understanding how well the hubs have integrated with existing provision	<p>Likelihood: M; Impact: M</p> <p>The three hubs support over 20 school Clusters, many children’s centres, and other Early Help service providers. Understanding the value and quality of support for services is challenging</p>	<ul style="list-style-type: none"> • The evaluation will include a partner survey and focus groups with partners and practitioners to capture the value of the hub's role. • Hubs will encourage as many practitioners and partners as possible to complete the surveys and participate in interviews to get a broad spectrum of feedback from partners.
4. Domestic abuse, mental health, and addiction data are not attributable to the hubs.	<p>Likelihood: M; Impact: M</p> <p>Hubs have three specialist workers for each need. Therefore, the impact on performance data city-wide is expected to be limited.</p>	<ul style="list-style-type: none"> • Performance data will be linked with case data to support any findings or emerging trends. • The LA and partners (police and VCOs) will help by providing additional data gathered quarterly.
5. Engagement of practitioners in the evaluation	<p>Likelihood: L; Impact: H</p> <p>As this is a practice improvement model, practitioners must provide feedback regarding the benefits of the hub model to their practice.</p>	<ul style="list-style-type: none"> • Leeds will support the engagement of practitioners across a range of sectors to help ensure their views of the added value of the hubs are included in the evaluation.

Individual LA Evaluation Plan (Sefton)

Name of local authority	Sefton
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Theory of Change

The Theory of Change and logic model (Figure 11) for Sefton was developed as a first draft using the annual and quarterly reports from the Early Help team, as well as data from their Early Help dashboard. Several conversations with the lead from Sefton, also informed development. Following this, a virtual workshop was held with seven stakeholders including representatives from external, commissioned partners. Parts of the Theory of Change were completed during the workshop and refined in collaboration with Sefton. The Theory of Change has been agreed and approved by the Executive Director at Sefton.

Need: Existing issues and rationale

The Family Hub model in Sefton is built around ten locality-based, local authority-run Family Wellbeing Centres, which are the primary vehicle for the delivery of LA-led Early Help in the area. There are also three commissioned Family Wellbeing Centres, and commissioned partners lead on around 20% of Early Help cases.

The Family Wellbeing Centres were formerly children's centres and family centres. In 2018, budget pressures shaped the decision to merge the two as part of a cost saving exercise. However, this streamlining provided the opportunity to create a more cohesive 0-19 service, and an opportunity to address gaps in existing service provision by creating a multi-agency approach which was more aligned and delivered under one banner.

As such, the Sefton Family Hubs approach encapsulates all early help provision offered across the three localities, both by the LA and commissioned partners. This includes both a universal and targeted support offer; activities are delivered both within the centres and elsewhere in the community.

Vision: overall goal(s) or long-term impact

Both the LA and partners see the move towards Family Hubs as the opportunity to provide a refreshed approach to whole family working – encapsulating the needs of the wider family rather than addressing issues for family members without taking context into account. Ultimately, the vision is that the service facilitates every young person being heard, healthy and happy. This should be achieved through interventions which are meaningful, provided at the right time for the family and by the right professionals in a joined-up, partnership approach. Stakeholders agree that through the service, families should be equipped to self-actualise and thrive.

While direct work with families is underway, there are several systemic changes required to facilitate the vision for the service. These include the development of a single front door for Early Help (currently, referrals are made directly to the Family Wellbeing Centres), as well as rolling out a single outcomes framework across the Early Help partnership (see below for further details). Workforce development is also an important factor, with the aim of ensuring that practitioners consistently work in a trauma-informed and strengths-based way.

Outcomes

The Early Help team within the LA work to an outcomes framework known as ASPIRE (Figure 10). This draws heavily on Supporting Families outcomes, as it is used for all families including those claimed for under Supporting Families. The lead at Sefton notes that the current monitoring infrastructure does not fully support accurate reporting on the full range of ASPIRE outcomes – although plans are in place to address this, the upgraded package required from Liquid Logic has not been implemented yet.

Plans to roll ASPIRE out to partners have been delayed as the Supporting Families outcomes are currently being revised at UK Government level, and as such it is likely the framework will need to be revised accordingly. It is likely that this will take place in spring 2022, and once finalised, the LA will look to widen its use.

Figure 10 ASPIRE outcomes framework

Outcome area	Outcome details
Address worklessness, finance and social exclusions	<ul style="list-style-type: none"> • More vulnerable children are engaged in education, training, and employment • More children’s parents/carers are in employment, education, and training • Less families experience, or are at risk of, financial exclusion
Support Families and Individuals in Need by providing the right support	<ul style="list-style-type: none"> • Early help reduces the need for statutory and specialist interventions • Children live in safe and supported families
Promote Education, Training, Employment and Volunteering	<ul style="list-style-type: none"> • More children attend early years provision • More children are ‘school ready’ and achieve a good level of development at the end of the foundation stage • More vulnerable children achieve good levels at each key stage
Increase attendance at schools, improve	<ul style="list-style-type: none"> • More children have regular attendance at school

Outcome area	Outcome details
speech and language development and levels of progress that children and young people make	<ul style="list-style-type: none"> • Fewer children are at risk of exclusion or excluded from school • Improved outcomes for children and young people with SEND • Improved early language and communication development
Reduce Domestic Abuse, risk of homelessness and isolation	<ul style="list-style-type: none"> • Fewer children and young people are victims of crime including sexual exploitation • Fewer young people are involved in crime and anti -social behaviour including gangs • Fewer families experience homelessness or living in unsustainable accommodation • Fewer children and young people are subject to neglect or abuse • Fewer children are affected by parental DA, mental ill health or substance misuse
Engage Children, Families and Individuals with a range of Health and Wellbeing Needs	<ul style="list-style-type: none"> • More babies and children survive infancy • More babies are breastfed • Fewer young people conceive or become parents • More children and young people maintain a healthy weight • More children and young people are fully immunised • More children, young people and adults in their family sustain good emotional health and well being • Fewer young people and adults in their family misuse substances • More young people have good sexual health

More recently, the Early Help team within the LA have begun to use the Outcomes Star with families to give a better insight to distance travelled. However, this approach is in its infancy and is not being used widely yet. Once these mechanisms (ASPIRE and the Outcomes Star) are embedded, Sefton will have a clearer picture as to whether the outcomes for families highlighted in the Theory of Change have been achieved.

As the Theory of Change shows, there are several important outcomes relating to the workforce and to systemic change. These are vital to the provision of the more joined up and holistic service at the heart of the vision for Family Hubs in Sefton.

Moderators / influencing factors

The context in which Sefton's Family Hub model has been developed is important. Children's Services received a Notice to Improve, following a Focussed Visit from Ofsted, and are subject to an improvement plan. There has also been turnover at senior leadership level. This is impacting on strategic direction for Family Hubs in the area - resource is being channelled to Children's Social Care with little remaining for Early Help.

The Family Wellbeing Centres are currently being used for the delivery of some Children's Social Care services, such as supervised contact. This means there is some blurring of the boundaries of the remit of the centres, and Early Help staff are being drawn into providing some Tier 3 services, rather than focusing on Tier 1 and Tier 2. The Theory of Change workshop also highlighted that there is not a clear, unified vision for Family Hubs yet across the partnership. Some partners think of Early Help as Early Years, and for others it is less clear whether Family Hubs includes the whole of Early Help, or just the services delivered through the Family Wellbeing Centres. Greater clarity on the vision for Family Hubs is a key development point for the implementation of the service.

Figure 11 Sefton Family Hub Logic Model

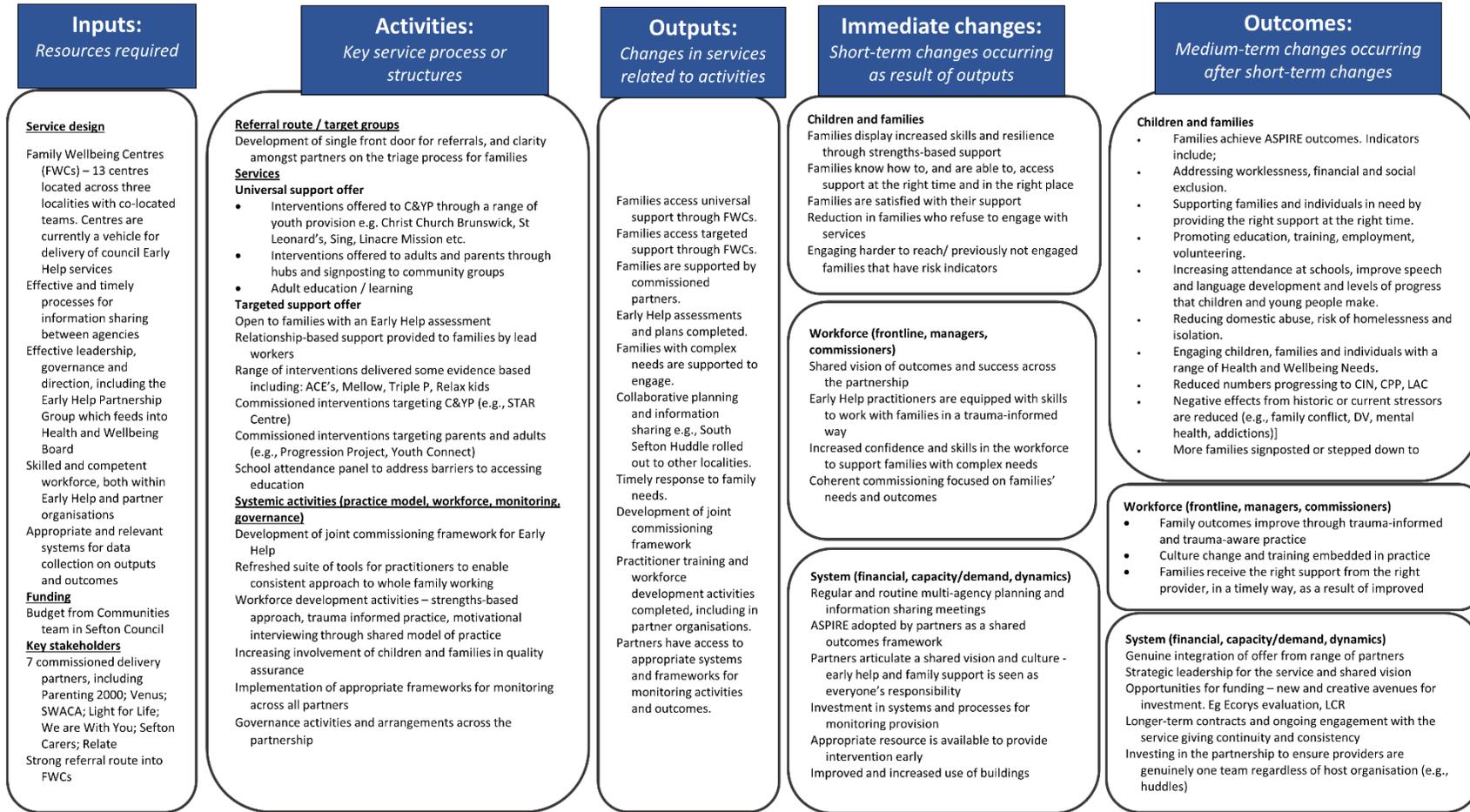
Need: Existing issues and rationale for the family hubs model

Needed a consistent, standardised Early Help model – allowing services to “get in early” so problems don’t escalate
 Cost-saving exercise – merging family centres and childrens’ centres to address budget pressures
 Wanted a multi-agency approach which was more aligned and delivered under one banner
 0-19 service to address age gaps in existing service provision
 A need to reduce demand on statutory services and prevent stepping up /escalation of cases

Vision: overall goal(s) or long-term impact

Family hubs presented a new opportunity to do something different for families – capturing the needs of whole family rather than immediate pressing issues for individual members.

Ultimately, every young person should be heard, healthy and happy – intervention received is meaningful and comes at the right time for the family, delivered by the right professionals in a joined-up, partnership approach. Through the service, families are equipped to self-



Moderators (facilitators and barriers)

Although activities for families are underway, majority of systemic activities are currently aspirational

Current blurring of remit between Family Wellbeing Centres, the wider Early Help offer and Children’s Social Care.

Limited scope for data collection currently e.g., around use of universal services. Use of the Outcomes Star with families is still in its infancy, so there is limited comprehensive data on family outcomes.

Outcomes Framework is required across the partnership to incorporate Supporting Families outcomes into assessment and planning for whole family working.

Inconsistent understanding across the partnership as to what Early Help means – need clear articulation so all partners are working to the same definition and towards the same outcomes and aims.

Overall approach

Aims and objectives

The primary aims of the Sefton Family Hub local evaluation are to:

- Explore family experience of receiving support through Family Hubs, particularly to understand how families view the service and their experience of accessing it through both phases of development.
- Understand the changes to systems and services required for integrated, partnership approaches to Family Hub delivery; in Sefton's case, taking part in the second phase of hub development. This will include the systemic change activities identified in the Theory of Change around governance, commissioning, workforce development, culture change and monitoring and evaluation.
- Assess the value for money provided by the service during phase one, creating a baseline for the model when it is rolled out in full.

Within these aims, the evaluation has objectives to:

- Determine the added value of the hub approach over and above pre-existing models, and to understand what works, for whom, how, and why.
- Document the lived experiences of children and families as they interact with services, including families with multiple and complex needs.

Scope

Sefton has moved towards a family hub model incrementally since 2018, with the first phase being the merger of the children's centres and family centres to create a holistic 0-19 offer through the Family Wellbeing Centres. The second phase, which is in early stages at this point, is the development of strategic and systemic approaches to joined up working with wider partners. It is important that the local evaluation of Family Hubs in Sefton takes this incremental development into account in the research design.

The evaluation will utilise process and economic evaluation approaches to explore the phases of the implementation of the Family Hub model, exploring any added value of the service approach and the difference it makes to intervention delivery with families, focusing on the whole of the early help offer in Sefton. However, the design considers the role played by the Family Wellbeing Centres, and their interface with the wider early help offer (namely, that provided by commissioned partners). The evaluation will explore the implementation of the system change activities included in the second phase of hub development. However, as these activities will take place over the coming year - and as such will be in their infancy during the lifetime of the evaluation - it will not be possible to assess the impact that these changes have on family outcomes and experience.

Research questions

The key research questions for the evaluation are as follows:

Systemic transformation

1. What factors are necessary to create effective partnerships with a unified vision of early help?
2. What is the impact of governance arrangements on the development of the Family Hubs?

Targeting, reach and access

3. Does the family hub model reach the right people at the right time?
4. How do families access family hub support? What factors are important in the development of referral mechanisms and triage processes for the Family Hub?
5. What works in engaging both children and parents?
6. How does the Family Hub model make better use of the Family Wellbeing Centres?

Service effectiveness and outcomes

7. What worked well and less well in the implementation of the Family Hub model, and why?
8. What difference is the family hub model making to the way early help services are delivered in the area?
9. Which inputs and activities are essential in the development and delivery of the hub model, and why?
10. How do families view family hub support and what is their experience of accessing and receiving support?
11. To what extent do families perceive that their situation has improved, and to what extent do they attribute this to family hub intervention?
12. How does the Family Hub workforce view the service and what is their experience of model development and implementation?
13. Does the hub model represent value for money?

Future development

14. What plans are in place to sustain / further develop the Family Hub model?

Impact evaluation

Feasibility assessment

Based on the work carried out at scoping phase, it is apparent that the Family Hubs model in Sefton does not currently meet the conditions required for Quasi-Experimental Design (QED). The main factors underpinning this assessment are as follows:

- Outcomes data is not available for the whole Early Help partnership and will likely not be wholly in place before the evaluation concludes. Data is collected in line with the ASPIRE framework, but only for the families supported by the Early Help team in the local authority and not within wider commissioned partners. It is also likely that this outcomes framework will change in spring 2022.
- The Outcomes Star is still being implemented sporadically, and while this is likely to prove invaluable as a source for the evaluation, arrangements are not sufficiently formalised to incorporate Star data systematically into a QED.
- The Early Intervention focus of the Family Hubs (Tiers 1 and 2) means that outcomes for families will inevitably experience a degree of 'lag' (as there is a heavy focus on prevention) and will take longer to accrue following rollout.

Feasibility study for a future QED

Impact will primarily be assessed qualitatively during the evaluation lifetime, for the reasons given above. We will, however, capitalise on this period to scope a viable model for a potential future QED, mapped to the ASPIRE framework. The following summarises the main steps to be followed and the design considerations.

A QED will only be possible when the following conditions are met:

1. The Theory of Change is fully developed and reflects the Phase 2 model characteristics, the vision is clear, and there is a specific set of outcomes underpinned by comparable data and aligned with clear impact pathways.
2. The ASPIRE outcomes framework is rolled out to partners (likely during 2022).
3. Data sources align with outcomes from ASPIRE, and the feasibility of systematically linking with Outcomes Star data is established.
4. Sufficient time has elapsed since the launch of a fully developed Family Hub model, so that families will have started to experience potential impacts (e.g., 18-24 months).

The steps for the feasibility study will involve the following (below). As above, these steps can only be initiated at a stage when the Phase 2 model has been finalised:

- 1. Identify viable data sources and metrics** (i.e., individual/ family/ LA-level). This will depend on whether the embedded monitoring system is improved and reporting outcomes accurately, as well as if there are publicly available sources that we can draw from.
- 2. Identify treatment groups** - depending on target group of intervention and eligibility. Several potential options are foreseen:
 - a. Option 1: if all families are eligible to receive support, then the entire Sefton area can be treated as the treatment group, using population level data
 - b. Option 2: if the target group is more specific, then this can be defined as the treatment group (i.e., those receiving the intervention), most likely using individual/ family data.
- 3. Identify comparators** - here, the options include the following (noting that Options 1 and 2 align):
 - a. Option 1: another area/ LA/ county with no Family Hub in place or in early development. Looking into the feasibility of using the 'statistic neighbours' list provided by DfE
 - b. Option 2: individuals/families not receiving support. This requires data availability at this level.
 - c. Option 3: an artificial group is constructed using the synthetic control groups method (SCM). This can be done using a list of non-Family Hub or early-stage Family Hub areas (most likely area-based).
- 4. Determine the most suitable QED Methods** - These are most likely to include:
 - a. Difference-in-difference or fixed effects regression analysis if Options 1 or 2.
 - b. Synthetic Control Groups method (generalisation of Difference-in-difference).

If a QED of any kind is not feasible, but steps 1-3 are feasible, then an exploratory/ descriptive type of quantitative analysis can be used. Output and outcomes performance can still be reported to identify signs of improvement, but impact in this case would not be (fully) attributed to the Sefton Family Hubs. In either scenario, the use of a theory-based design will considerably enhance our ability to triangulate data and evidence from multiple sources and build a 'contribution to impact' narrative for Sefton (see below).

Theory-based evaluation

In lieu of arriving at a necessary stage of implementation and data maturity for a quasi-experimental design, we propose to use a theory-based design to develop and test counterfactuals during the evaluation. Our proposed method is Contribution Analysis (Mayne, 1999). This will be grounded in a robust programme of qualitative research with families and practitioners, and triangulated with performance and management data corresponding with the main evolutionary stages of the local Family Hub model – from the ‘phase 1’ decision to merge children’s centres and family centres as a first step towards 0-19 integrated services in 2018, to the current transitional period ahead of the consolidation of governance, partnership and monitoring arrangements in the ‘phase 2’

We will follow the six-step model during the lifetime of the evaluation, while using this period to establish the necessary data model for a prospective future QED, upon implementation of the full Family Hubs model from 2022-23 onwards:

- Steps 1 and 2 of the Contribution Analysis framework - setting out the problem to be addressed, and developing the Theory of Change logic model, were completed at scoping phase.
- Step 3 - populating the model with existing data and evidence, will commence with the initial wave of data collection in spring 2022, centring on the research with professionals and families and the desktop review of MI and case audit data.
- Step 4 - assembly and assessment of the ‘performance story’ will be carried out in preparation for interim reporting stage, drawing on the qualitative research and workforce survey, to present a set of scenarios at an evaluation workshop.
- Step 5 – seeking out additional evidence, will reprise step 3 with the second wave of primary and secondary data collection and analysis, with attention to early system impacts arising from the Family Hubs model and how these are experienced at all levels of the system (from strategic to operational, and as perceived by families).
- Step 6 – the performance story will be revised and updated in preparation for final reporting. Again, we will draw on the qualitative research and second workforce survey, to present a set of scenarios at the concluding evaluation workshop.

The Contribution Analysis will provide a ‘deep dive’ into the actions taken to deliver integrated family support services in the context of adverse local circumstances – first, a period of fiscal crisis and (largely enforced) service restructuring, followed by a Notice to Improve, following a Focussed Visit from Ofsted and the resulting turnover in leadership positions within the local authority. It will examine how or whether actions taken to consolidate family support services helped to mitigate against the potential negative impact of these conditions. It will explore narratives of continuity and change for families and professionals within the borough, and the lessons learned for Hub development.

Economic evaluation

The intention of the Sefton Family Hub is to improve the quality and timeliness of support to families across Sefton to address concerns more effectively and earlier. Interventions for families in need of specialist early help support will prevent needs from escalating, ensure better outcomes in the longer-term for children and families, and will prevent the authority from spending money on more costly, longer-term interventions.

As the second phase of Family Hub development is not due to commence until 2022 and is contingent upon further actions to fully embed the performance monitoring framework, we will use the evaluation period to develop and test a framework with a longer-term application. This approach has the advantage of establishing the of costs/ benefits of Family Hubs in their current phase of development, as well as creating a baseline against which to assess net additional outcomes once they reach a greater stage of maturity.

During the pilot, we will focus on valuing the outcomes the service achieves for cases held by the LA, rather than commissioned partners (around 80% of eligible families) and where outcomes recording on the system has been undertaken and data is available. The economic evaluation will focus on outcomes likely to yield cashable savings, with a focus on savings to the public purse (i.e., government or the local authority). In that sense, the analysis proposed in a streamlined form of *Cost Benefit Analysis called a Fiscal Return on Investment*.

Outcomes of interest will be measured through our review of existing and include:

- Early help reduces the need for statutory and specialist interventions (Local Authority Interactive Tool (LAIT) data)
- Reductions in domestic violence callouts
- Reduction in homelessness
- Education, Employment and Training (EET) outcomes
 - More vulnerable children are engaged in education, training, and employment
 - More children's parents/carers are in employment, education, and training
 - More children have regular attendance at school
 - Fewer children are at risk of exclusion or excluded from school.

The economic evaluation will place a monetary value on each outcome achieved. Monetisation will be based on unit cost information¹¹, including that contained in the Ecorys Unit Costs Database. This database collates a range of robust datasets and literature that we have used through our years of economic analysis (such as the New

¹¹ Unit cost refers to cost per outcome or per individual (as opposed to the total cost of delivering the family hubs) and can therefore be used to calculate associated cost-savings (or costs avoided) from the outcomes achieved.

Economy Database¹² and PSSRU Unit Costs of Health and Social Care¹³) to examine the evidence on the scale of net savings that can be generated for government and wider society. Values will be adjusted to relate to the data in question. Examples¹⁴ include:

- Early help reduces the need for statutory and specialist interventions (Local Authority Interactive Tool (LAIT) data):
 - Child taken into care - average fiscal cost across different types of care setting, England, per year: £58,664
 - Child into local authority foster care: overall cost (cost per week): £685
 - Local authority residential care home for children - cost per week: £4,899
 - Children in Need - average total cost of case management processes over a six-month period (standard cost): £1,701
- Reductions in domestic violence callouts
 - Domestic violence - average cost per incident (fiscal cost only): £2,968
- Reduction in homelessness
 - Average fiscal cost of a complex eviction £7,770
 - Average fiscal cost of a simple repossession: £803
 - Homelessness application - average one-off and on-going costs associated with statutory homelessness: £2,909
 - Temporary accommodation - average weekly cost of housing a homeless household in hostel accommodation: £125
 - Homelessness advice and support - cost of a homelessness prevention or housing options scheme that leads to successful prevention of homelessness: £747
 - Rough sleepers - average annual local authority expenditure per individual: £9,189
 - Adults living with severe and multiple disadvantages (SMD) - involvement in homelessness, substance misuse and criminal justice - average annual fiscal cost: £24,541
- Education, Employment and Training (EET) outcomes
 - Persistent truancy - total fiscal cost of persistent truancy (missing at least five weeks of school per year), per individual per effective year: £1,965
 - Permanent exclusion from school - fiscal cost of permanent exclusion from school, per individual per effective year: £12,007
 - NVQ Level 2 Qualification - annual fiscal benefits (only): £83
 - NVQ Level 3 Qualification - annual fiscal benefits (only): £597
 - Job Seeker's Allowance - Fiscal and economic benefit from a workless claimant entering work: £13,139.

¹² <https://www.greatermanchester-ca.gov.uk/what-we-do/research/research-cost-benefit-analysis>

¹³ <https://www.pssru.ac.uk/project-pages/unit-costs>

¹⁴ <https://www.greatermanchester-ca.gov.uk/what-we-do/research/research-cost-benefit-analysis>

As a quasi-experimental impact evaluation is not foreseen during the lifetime of the current evaluation, proxies will need to account for the following.

- Attribution (to what extent outcomes relate to the Family Hub as opposed to other interventions)
- ‘Deadweight’ (to what extent the outcomes would have happened anyway)
- Substitution (to what extent the intervention prevented other outcomes being realised, if any).

We will deploy HM Treasury Green Book (2020b) principles for deadweight estimation.

Sensitivity analysis will also be undertaken to vary estimates based on a range of assumptions; for example, optimistic, ‘base’ and pessimistic scenarios. The estimates will be compared to the costs of the Family Hub, measured by cost and budgetary information made available by the hub, to estimate the Fiscal Return on Investment.

In the longer term, one of the advantages of a potential future QED is to use the estimates generated through the impact evaluation to calibrate these assessments.

Process evaluation

The process evaluation aims to explore the learning (including successes, challenges and lessons learnt) from developing and implementing the family hub model. In line with our evaluation aims and research questions, the priority is to cover all the relevant aspects of family hub inputs and activities, as well understanding the wider contextual factors that moderate implementation (either as a facilitator or barrier).

To fully explore these factors in Sefton, we propose to undertake two waves of research during the evaluation. The first will take a more retrospective look at the development and delivery of the 0-19 service across Sefton. The second wave will explore the trajectory of the second phase of family hub development in Sefton. Both will aim to capture the experiences of a cross-section of stakeholders involved in the family hub development and implementation. We will also explore the experiences of families who have engaged with interventions or support delivered through family hubs and the Family Wellbeing Centres.

Our process evaluation will include a combination of longitudinal research (interviewing the same professional at two points to review their longer-term reflections as the model evolves), and snapshot research (that is, interviews or group discussions held at a single point with professionals and families) (Table 16).

Table 16 Sefton Family Hub process evaluation research tasks

	Wave 1 (spring 2022)	Wave 3 (autumn 2022 / early spring 2023)
Professionals	<ul style="list-style-type: none"> • A total of 15 interviews / focus groups with family hub teams and partners (strategic and operational). 	<ul style="list-style-type: none"> • A total of 15 interviews/groups with Family Hub teams and partners. • To mirror Wave 1 as far as possible, to explore change. • Theory of Change workshop with key stakeholders. Revisit the original hypothesis, map changes, explore what has worked well and less well. • Workforce Survey across Early Help delivery partnership.
Families	<ul style="list-style-type: none"> • Six family case studies, to include at least two research points for each (parent, lead practitioner, child where appropriate). • First set of focus groups with parents and carers (two groups @ 6-8 participants each) and young people (two groups @ 6-8 participants each) 	<ul style="list-style-type: none"> • Six family case studies, to include at least two research points for each. • Three focus groups with participants in universal activities in Family Wellbeing Centres. • Second set of focus groups with parents and carers (2 groups @ 6-8 participants each) and young people (2 groups @ 6-8 participants each)

Stakeholder research

To explore views and experiences of implementing the family hub model across the delivery partnership, we will undertake a total of 30 interviews or group discussions with stakeholders and professionals. This will include a mix of those involved at strategic and operational levels, and those working within the Early Help delivery partnership as well as external partners. Where possible, these interviews will be conducted longitudinally to capture views on systemic change during the second phase of hub implementation.

The interviews will be tailored to the specific role of the individual and will last around one hour. They may be conducted remotely or face-to-face, depending on Covid-19 restrictions and interviewee availability. The interviews will explore a range of issues aligning with the research questions with a focus on what's worked well and what's

worked less well. Themes will include awareness of the family hub model, their role in the development and implementation of the model, views on the effectiveness of implementation activities across the partnership, views on the effectiveness of partnership working, experiences of workforce development activities and their effectiveness, the extent to which the family hub model has / will impact on family outcomes and any added value of the hub model. The interviews will also explore views on priorities for hub development in the immediate and longer term, with a view to sustainability.

During our interviews with stakeholders, we will map discussions against a timeline of significant local and national developments, using visual tools. This is particularly important in the context of the significant changes taking place within Children's Services in Sefton; this approach will help to identify the extent to which experiences of developing Family Hubs in Sefton are influenced by local context or conversely, could be experienced in other local authorities establishing similar models.

Workforce survey

Workforce and partnership development are key factors in the implementation of the second phase of Sefton's Family Hub model. While the qualitative research with stakeholders will provide us with an in-depth and longitudinal exploration of these issues, the workforce survey will allow us to obtain a wider view across the Early Help delivery partnership. It will explore challenges and effectiveness of the second phase of family hub development in Sefton, as well as the contribution towards achieving the intended workforce outcomes in the Theory of Change. The survey will explore awareness of the partnership model and its vision and aim, typical working practices within the team and wider partnership, and views on the main mechanisms making a difference to families. In addition, the surveys will include a small number of open-ended questions to provide reflections on challenges, lessons learned, and to highlight potential good practices for follow-up through the qualitative research.

Family case studies

The family case studies will explore views on the support received through family hubs, the extent to which this support has impacted on the family's circumstances, and what might have happened had they not received support. The case studies will also explore family motivations and experiences of accessing and engaging with support.

We will undertake a total of 12 snapshot case studies with families across the two waves of fieldwork. With a number of research points included in each, the case studies will triangulate the perspectives of child, parent, and practitioners, as well as drawing on monitoring information from case records, where available and accessible.

Families will be sampled to include two from each of the three localities in Sefton at each research point. We expect that lead practitioners in the localities will support with sampling and recruitment.

Each case study will include:

- **In-depth interviews with family members.** These will last around one hour and will focus on the parent's views and experiences of the service and the main areas of change following support. Where possible, in two-parent households both parents will be interviewed, separately. Depending on family circumstances, other key family members (such as grandparents) may also be interviewed.
- **A conversation with a lead practitioner working with the family.** These will last around 30 minutes and will focus on key background information for the family, areas of potential sensitivity in the interview, and a professional perspective on main areas of changes for the family or challenges related to the support.
- **Participatory research or interviews with children and young people.** This will only be conducted where appropriate in the family, and with appropriate consents. The research with children and young people will be participatory in nature, using approaches that may include pictorial, audio, or mapping to explore issues affecting them or their family, as well as exercises annotate different aspects of their engagement with support.

All participants will receive detailed information sheets and consent forms ahead of taking part in the research. This will outline the aims of the study, their rights as participants, and how the information will be used and stored during the evaluation. All information given to children and young people will be tailored with age appropriate and simple language. There will be several opportunities to ask questions from either the lead practitioner or the research team.

Focus groups with families accessing targeted services

Several targeted services are offered through the Family Wellbeing Centres. We propose to conduct qualitative research with families who are users of local hub services, and those who are involved with hub development in a consultative (or co-creationary) capacity, to capture the full spectrum of families' involvement in the programme in Sefton. This is likely to include liaison with established service user groups and forums.

We will organise the fieldwork to correspond with the practitioner-facing work, thereby helping to streamline the number of separate visits to be hosted by Sefton, and minimising service disruption. This approach will also help to ensure that we are able to triangulate between the views of professionals, parents and carers and children and young people at the two main reporting stages. This will be important to bring families' narratives into account when testing the Theory of Change and considering how or

whether the programme achieves the desired service improvements (to be explored through the Contribution Analysis methodology described above).

- **Focus groups or workshops with parents and carers** - we anticipate two groups of between 6-8 parents at each Wave, with participants selected to reflect commonalities in experience, so that the discussions maintain their coherence (e.g., organised to ensure that families have interventions, services or access points in common).
- **Focus groups or workshops with young people** - we anticipate a further two groups of between 6-8 participants at each Wave, focussing on 11+ year olds who have accessed services as part of the family hubs offer, or parent-and-child pairings within the focus group, where the services involved younger age groups.

Focus groups with families accessing universal services

The Family Wellbeing Centres also offer a range of universal services. In the second phase of research, we will visit a centre in each of the three localities in Sefton, observing delivery of universal activities and undertaking a focus group with participants. These focus groups will explore the contribution of universal services to the wider early help offer, as well as understanding family experiences of universal services. In particular, the discussions will explore how and why families access and engage with the Family Wellbeing Centres, their awareness of other support services in the area, the extent to which universal support provision addresses any challenges they face in their lives, and their views on the role of Family Wellbeing Centres in the community. We will work with practitioners in the Centres to ascertain which activities should be included, and we will draw on practitioner support for recruitment to the focus groups. The focus groups will be scheduled to follow on from the activity, mirroring our approach taken to engage families accessing targeted services in the Family Wellbeing Centres .

Risk register

Figure 12 Sefton Risk Register

Risk	Likelihood and impact (H/M/L)	Proposed contingency measures
<p>1. External factors delay the development of the family hub model and/or the progress of the evaluation (e.g., another lockdown related to Covid-19 pandemic)</p>	<p>Likelihood: M; Impact: M</p> <p>A more limited sample of stakeholders may skew or partial view of findings within the process evaluation.</p>	<ul style="list-style-type: none"> • Emphasis on remote fieldwork with stakeholders (i.e., Microsoft Teams/video conferencing software) with several options offered to encourage and support flexible participation (e.g., availability offered 8am – 6pm, interviews arranged over two timeslots if helps to accommodate, proactive engagement to encourage stakeholder responses to research interviews) • If challenges affect the evaluation progress significantly, Ecorys will review the timescales for delivery with DfE and possible alternatives. Any changes to the evaluation design will be agreed in a timely manner to maximise opportunity for different types of data collection or research approaches.
<p>2. The second phase of family hub development is delayed due to strategic focus on crisis management in Children’s Social Care</p>	<p>Likelihood: M; Impact: H</p> <p>A lack of strategic impetus to roll out the required systemic and workforce-related changes would delay the full development of the family hub model, preventing the</p>	<ul style="list-style-type: none"> • Regular engagement with Sefton to understand progress and discuss any delays to plans. • The development and implementation of the second phase of the family hub approach, including tracking systems, is included as a key focus area for the process evaluation.

Risk	Likelihood and impact (H/M/L)	Proposed contingency measures
	evaluation from assessing distance travelled.	Challenges affecting progress will be explored as part of that to ensure that learning is documented.
3. The implementation of changes to the Supporting Families outcomes framework is delayed	Likelihood: M; Impact: H Any delays nationally to the SF framework will impact on the local rollout of the ASPIRE framework.	<ul style="list-style-type: none"> • Our economic evaluation approach has been designed to focus on data which is collected through the existing ASPIRE framework within the LA, and as such does not rely on data from delivery partners.
4. Challenges identifying suitable families / lack of interest to participate in the family case study research	Likelihood: M; Impact: M Could incur delays or short-fall in the planned number of interviews. Plus, lack of insight from family perspective would reduce richness in overall evaluation as well as limit understanding of wider outcomes to triangulate with the impact evaluation strand	<ul style="list-style-type: none"> • Ecorys will share appropriately tailored research information sheets, which emphasises how their involvement will help to improve services in the future for others. Parents and young people may also be offered vouchers as a thank you for taking part. • All information shared early in the fieldwork phase • Research teams offer phone calls with lead managers and/or practitioners tasked with engaging families.

Risk	Likelihood and impact (H/M/L)	Proposed contingency measures
5. Issues engaging partners in the evaluation and sustaining their engagement	Likelihood: L; Impact: H Missing a key group of stakeholders from the process evaluation may skew or partial view of findings.	<ul style="list-style-type: none"> • Early partner engagement in the evaluation process (e.g., the development of the vision and ToC logic model) plus emphasising opportunities throughout the evaluation to engage with the ideas again and shape evaluation findings. • Promoting the value of their engagement in the evaluation and the opportunity to inform the national evidence base relating to Family Hubs. • Providing bulletin feedback during the evaluation to share the learning about integrated working and more efficient ways of reaching and working with families.
6. Poor practitioner engagement and low response rate to the workforce survey due to lack of interest or awareness of the evaluation within frontline teams	Likelihood: L; Impact: M -An unrepresentative sample (e.g., from only one locality or partner would limit the generalisability of findings. Small sample size would limit survey analysis.	<ul style="list-style-type: none"> • Ecorys share information about the evaluation and survey early in the fieldwork phase to ensure there is good awareness of the survey and its purpose amongst potential survey respondents. • Survey designed to encourage a good response rate (e.g., short, easy to follow questions) plus two e-reminders to prompt responses.

Risk	Likelihood and impact (H/M/L)	Proposed contingency measures
7. Policy changes influence the direction of Family Hubs generally and affect the evaluation design	Likelihood: L; Impact: M -	<ul style="list-style-type: none"> • Close contact with DfE to stay aware of any key policy changes and to update stakeholders as needed. • Ecorys can support a range of evaluation designs in-house and therefore able to offer a degree of flexibility to the current evaluation proposals to accommodate any policy or strategic developments.

Individual LA Evaluation Plan (Suffolk)

Name of local authority	Suffolk
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Theory of Change

The Theory of Change and logic model (Figure 13) has been developed with the lead researcher in Suffolk. The vision and broad aims and activities of the Family Hub model were discussed at a workshop with key stakeholders in early September 2021.

Needs: existing issues and rationale

The decision to move to a family hub model was taken in response to a Policy Development Panel, convened in December 2018. The Panel reviewed evidence and information about Suffolk's Children's Centre service and visited Children's Centres across Suffolk to assess whether they were meeting the needs of families. The Panel concluded that Children's Centre provision was still very valued by service users, but the way families were accessing provision had changed. Staff were doing more targeted work with families one to one in the community. They recommended a review of the buildings, and the way services were being delivered to ensure they are accessible, impactful, and relevant to communities. The Panel recommendations were presented to Cabinet in July 2019 and followed by a public consultation in early 2020.

In October 2018, the 0-19 Healthy Child Service contract was awarded to Suffolk County Council. The contract enabled Suffolk to develop an integrated approach to delivering universal health services, early education and safeguarding to children, young people and families. They subsequently developed an evidence-based core offer for all children centres which the family hub model will be building on.

Children's Centre provision in Suffolk 2019/2020

In 2019/20 Suffolk Children's Centres operated from a network of 38 buildings alongside outreach activities delivered through 50 health clinics and community buildings. Their model included:

- A universal and targeted service for families with children under five years old.
- Designated children's centres, of different sizes, delivering from an office space in a school or community centre; a shared site within Suffolk libraries; a fully integrated centre co-located with a GP surgery; and large stand-alone centres.
- They offered individual and group support (universal and targeted), information and advice, and change programmes such as the Henry Programme (healthy lifestyles),

WellComm (speech and language) and Incredible Years (parenting programme).

Vulnerable families were referred from the integrated universal health visiting service.

- General and specialist support was offered alongside Early Help teams and social care.

The rationale for creating a family hub is driven by the need to:

1. Strengthen the reach and engagement of vulnerable families.
2. Improve quality and coherence across age and service based on local needs.
3. Improve the efficiency of Children and Young People's services through maximising the building resource.
4. Improve engagement of local community partners delivering 0-19 family services.

Vision and aims of the family hub model in Suffolk

Suffolk's Family Hub model is aiming to provide every child with the best start in life and to continue to offer, the right support, at the right time to help them thrive. It is intended to be a 'positive service' for all families and not just a place for families to go to when they have a problem. It is also being designed to encourage a more integrated and collaborative approach to working with partners which will improve the quality and effectiveness of their professional working relationships, reducing duplication and improving the service families receive.

The hubs will be designed to ensure services are more accessible, encouraging, non-stigmatising, impactful and relevant to communities so that families get access to early, coordinated support and can prevent their problems escalating.

The model will expand the range of pre-existing provision to include mental health services and to ensure a more consistent evidence-based core offer to families of children aged 0-19/25 across all family hubs. The approach is underpinned by the need to develop delivery models based on evidence and insight.

Activities and outputs

An overview of the key activities, outputs and outcomes has been described in Figure 13, below. Their goal is to create 17 full-time and 12 smaller part-time Family Hubs offering a 'one stop shop' for all families of children aged 0-19/25. They will provide a wide range of services to families in conjunction with partners in early help, education, health and the voluntary and community sector. They will also retain and improve the existing children's centre services offered through Suffolk libraries and will enhance the provision of digital advice and guidance, and virtual group activities outside working hours for working parents and those unable to access a Family Hub. Outreach services will provide universal and targeted services to the wider community and disadvantaged families who struggle to access services.

The key activities will revolve around:

- Engaging key stakeholders and families in the development and implementation of the Suffolk Family Hub model.
- Developing an integrated core universal and targeted offer for families of children aged 0-19/25 which can be delivered flexibly in response to local need across the county.
- Transforming children's centres into part time and full-time Family Hubs which will operate out of local venues that are accessible, affordable, and provide support close to where families live.
- Developing a digital advice and guidance offer.
- Training the workforce.
- Establishing the governance arrangements to oversee and support the implementation.

Suffolk have Cabinet agreement for their model and are in the process of agreeing the vision with their Board (which was set up during 2020). The actual transformation to a Family Hub model has been taking place since spring of 2021, starting with the repurposing of buildings, and will continue until August 2022. All of the Hubs will have their signage completed by end of September as most of the buildings will have been repurposed. They will officially launch their Family Hub model in April 2022. Progress has been delayed by the pandemic as health partners have needed to respond to this and to delivering the vaccination programme. It has also made it harder to find buildings and organise outreach when services have largely been operating virtually. Suffolk were hoping to move back to face to face delivery of services by the end of September/early October 2021.

Outcomes

At this early stage of the family hub development in Suffolk, provisional outcomes have been specified in Figure 13, below. These will be reviewed before the Family Hub model launches in April 2022. The outcomes are focused around the main evaluation questions – see below – which are concerned with families' take up and use of Family Hub services and their accessibility; the use of buildings, and the range of services supporting the 0 to 19/25 age groups and improving the way partners work together building on Suffolk's integrated early help and health team.

A number of family and child outcomes for the 0 to 5 age group have been included but the evaluation timescale is unlikely to permit much if any opportunity to observe any changes resulting from families use of Family Hub services. With a longer timescale these can be easily monitored through Suffolk's Healthy Child programme, Children's Centre offer and school nursing programme. There is, however, more work to be carried out specifying the family hub offer for the 5- to 19-year-olds and the outcomes to focus on.

Implementation Barriers

Several factors were identified as real and potential future barriers to the implementation and resulting success of the Family Hub model in Suffolk. These are:

- Financial pressures facing individual partners and their capacity to engage in the implementation and delivery of the family hub model.
- Related to the above is the need to manage expectation and demand – and avoid overloading the system by encouraging too much demand from families, as a result of providing a core offer.
- Lack of funding to run and support the family hub model in the longer term.
- The ongoing and future impact of Covid-19 on the implementation programme and timescale for the family hubs.
- Challenges finding local venues to host local Family Hubs.
- More needs to be known about the clients the family hubs will be targeting before specifying outcomes as otherwise they may not be relevant.

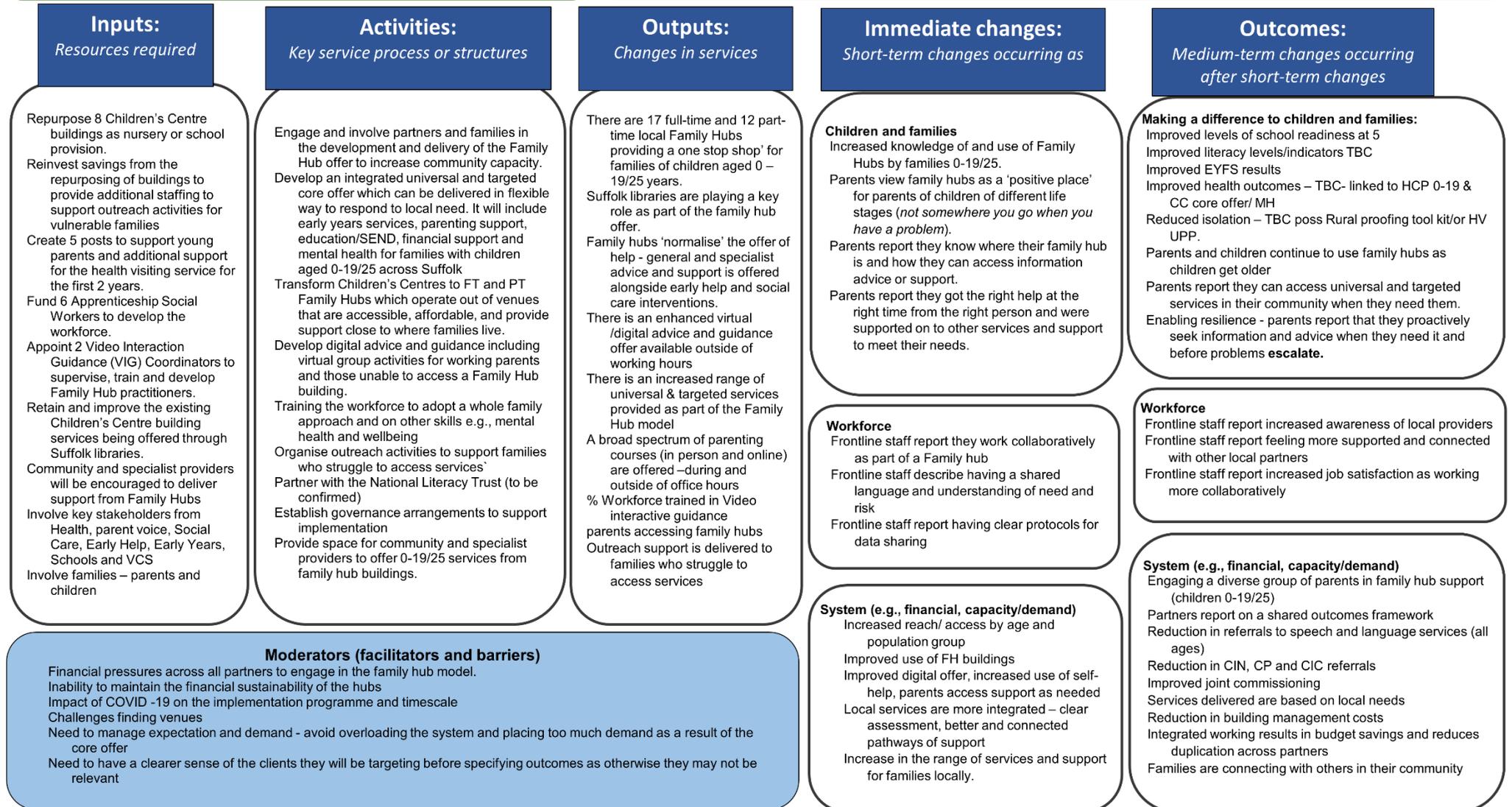
Figure 13 Suffolk Family Hub Logic Model

Need: Existing issues and rationale for the family hubs model

There is a need to strengthen reach and engagement of vulnerable families
 Improve quality and coherence across age and services.
 Improve efficiency in the context of rising demand and fiscal challenges over the past 10 years which have led to reductions across Children and Young People's Services in Suffolk.
 Improve engagement of local community partners delivering 0-19 family services

Vision: overall goal(s) or long-term impact

Motivational vision: A Family Hub is a place for all parents to go, with their children and access help that might otherwise be too hard to find.
 Suffolk's family hubs aim to provide every child with the best start in life and continue to offer, the right support, at the right time to help them thrive.
 The hubs will be designed to ensure services are more accessible, encouraging, non-stigmatising, impactful and relevant to communities so that families get access to early, coordinated support and prevent their problems escalating. Each hub will support joined up working between partners to reduce duplication and improve outcomes for families.



Overall approach

Aims and objectives of the local evaluation

Suffolk's local evaluation will focus on the development and implementation of their Family Hub model exploring the added value of their approach and the difference it makes to the way services are delivered to families. There are three key areas it will focus on:

1. It will profile how services are reconfigured as they make the transition to a Family Hub model identifying which services and interventions are critical to their 'core offer' for all families and the key stages involved in making the transition to Family Hubs.
2. It will specifically focus on understanding the changes to systems and services that are required for integrated family hub working; and what this means in practice from the perspective of those who provide and deliver the services and the families who are engaging with them. It will consider governance, planning, commissioning, workforce development, culture change and practice, service delivery, information sharing, monitoring and evaluation.
3. It will focus on families and explore how parents and children view Family Hubs and their experience of accessing Family Hub services.

Scope and method

As the primary focus is on the transition to a Family Hub approach that will be launched in spring 2022 there will be limited opportunity to track changes in outcomes for families and children. The primary focus for Suffolk will therefore be to carry out a process evaluation employing a mixed method approach comprising both qualitative research with professionals and families and surveys with the different elements of the workforce.

Key research questions

The key research questions the evaluation will address are:

Service and systems transformation

1. What are the key features of Suffolk' Family Hub model; and how does it differ from current service provision (reconfiguration vs. changing the offer and the way services are delivered)?
2. How feasible is the idea of a core offer across different partners and hubs; and which services and interventions are critical to developing a core offer (i.e., Children's Centre and Healthy Child Programme outcomes and provision 5-19 years)

3. What are the key stages to making the transition to a Family Hub model?
4. How to create effective partnerships – winning their hearts and minds - between all the key partners and stakeholders (and building on the learning from Suffolk's integrated Early Help and Health team)?

Targeting, reach and access

5. How well are offered services matched to need?
6. Does the Family Hub model reach the 'right people'; who are they?
7. How are Family Hubs helping to understand risk and vulnerability and engaging families in a non-stigmatising way?
8. How well is a Family Hub helping to create better and connected pathways and gateways to services?
9. How do Family Hubs make better use of buildings?
10. How are Family Hubs providing services out of office hours?

Service effectiveness and outcomes

11. How well is Suffolk's Family Hub model operating; what is working well/less well across Suffolk/five localities?
12. What are the strengths and weaknesses of Suffolk's Family Hub model; and what are the critical components of a successful Family Hub model; and the role of digital advice and guidance?
13. What is critical to effective integrated working (governance models, organisation of teams; workforce development; developing a shared vision and culture; sharing information and data; developing a common language, integrated systems and practice)?
14. What difference is the Family Hub model making to the way services are provided to families (access, responding to need and providing a warm handover between support or services)?
15. Partners views about the added value of being part of a hub model and of providing integrated services; how does it improve the quality and effectiveness of joint professional working relationships?
16. How do parents and children view Family Hubs; what difference do Family Hubs make to how they access and experience services; and how are they supported to navigate systems of support?
17. Which of the earlier intended outcomes for Family Hubs are being achieved?

18. What if any early benefits/improved outcomes result for children and families from a Family Hub model as compared to previous services?
19. Which elements of the family hub model (e.g., digital offer, universal support destigmatised, 5-19 offer, encouraging parents to proactively seek support before problems escalate) have generated the most benefits and outcomes; and which have generated the least and why?

Future development

20. What are the next development steps for the model based on local context and national best practice?

In the sections below we discuss the different elements of the evaluation.

Impact evaluation

Overview

As mentioned above, the Suffolk Family Hub model is still in development and is expected to fully launch in April 2022. The priorities now are to improve accessibility, improve integrated working, and reduce stigma around these services, improve community participation, raise awareness where to find support. It is also worth noting that the Bristol model is at a similar stage of development as the Suffolk Family Hub model. This is worth considering when assessing the feasibility for an impact evaluation in the future, as comparisons between the two - a two tier model and a unitary model might be possible and would provide important learning.

Outcomes and data

Family Hubs in Suffolk will be focused on outcomes around family's accessibility and integrated working between services. As mentioned above, a provisional set of outcomes and priority outcomes have been specified but is expected to be refined further before the launch of the hubs in spring 2022. In terms of quantitative data and monitoring, Suffolk are focusing on two key datasets which can be used in a future impact evaluation. The two datasets include data on vulnerable families, specifically around finance, housing, parenting support, school readiness, mental health, SEND, and others:

- 0-5 dataset: established dataset, has been around for a long time, could be used to track outcomes from many years back
- 5-19 dataset: currently in development, the exact data to be collected is yet to be decided.

As already mentioned, one of the key aims of the Suffolk Family Hubs would be to improve the accessibility of integrated services for families, with a focus on specific groups. Suffolk is aiming to collect data on reach and participation to evaluate this through a range of data sources, including a footfall report, reach data from annual SEF profiles, and new data that will be collected for 5-19 (still to be determined). A draft footfall dataset/report has been sent to Ecorys, which we will review further to assess the feasibility of using this data in a future impact evaluation.

Lastly, administrative datasets could be used in the future, but further thinking is needed to select a set of indicators which align with the Theory of Change and logic model -at the time of writing the Theory of Change is still in development which needs to be finalised first to then select a set of indicators.

Impact Feasibility

Considering the above, a Quasi-Experimental Design (QED) type impact evaluation is not feasible at this stage, mostly due to the stage of implementation of Family Hubs in Suffolk, but it is likely that it will be feasible in the future. An impact evaluation on family outcomes would also be less relevant and appropriate at this early stage, as consultation with Suffolk indicated that families are less likely to experience improvements this early.

Although an impact evaluation using a QED approach might be feasible in the future, there are certain considerations to consider:

- **Differentiating/ disentangling impact between full-time and part-time Family Hubs.** It is likely that the two types of Family Hubs will lead to different impacts, but this is not clear yet. The process and theory-evaluation will provide more information on the ways that this model will work, which will then indicate if and how differently these two arrangements work, along with implications for the impact evaluation.
- **Difficulty in quantifying and measuring one of the key drivers behind improving accessibility - i.e., to “de-stigmatise” family support.** Access and uptake can be measured, and it is likely that footfall data would be used in a future evaluation to do so. However, there are challenges in attributing the cause of a potential improvement in accessibility to de-stigmatisation (and how the Family Hubs facilitated this). A process evaluation and/ or theory-based evaluation is more likely to assess and answer this question in the future.
- **Challenges around using family-level data and quantitative indicators as a baseline,** when looking at longer-term evaluation: consultation with Suffolk indicated that it is not guaranteed to have the same group of families two years after the launch of the Family Hubs. This means that the quantitative data available might be very limited in some cases, making them not suitable for a

QED-type evaluation. It was suggested however that creating a baseline on families' views (collecting qualitative data through interviews, etc.) would be more appropriate as well as very informative.

- An impact evaluation at the family-level will be heavily **dependent on the progress made on capturing and tracking outcomes**. As mentioned above, the outcomes of interest and the data that can be collected for the 5-19 services are still being scoped. Progress on this space will indicate whether data is available and sufficient in quality and consistency for an impact evaluation at the family-level. A specific challenge around the 5-19 services was flagged as tracking outcomes across different datasets could prove difficult, as the feasibility of using unique identifiers to connect datasets is not yet clear. For 0-5 services this will be easier as the existing case management system that tracks all families is being supported by the community health and children's centre teams.
- **Concerns around resource capacity of Suffolk to support a future impact evaluation**. Consultation with the LA indicated that there may be concerns about the analytical resources across the local authority to support with this. Suffolk indicated that they may not have capacity to spend time preparing/ collating datasets as well as supporting the other strands of the evaluation (e.g., participating in interviews). The feasibility of this should be explored further in the future, to ensure that the LA is not overburdened, that there is sufficient time to process data requests, and that requests are as specific as possible in terms of indicators to maximise efficiency.

Theory-based Evaluation

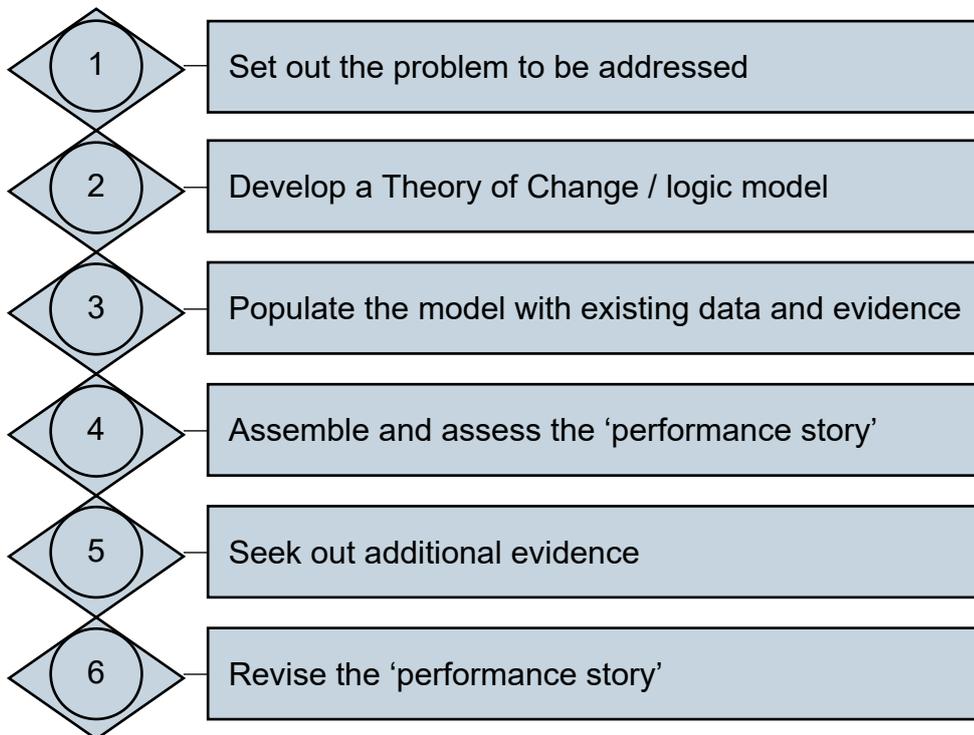
Although an impact evaluation on family outcomes is less relevant/ appropriate at this early stage of development, system impacts can be explored, to better understand the pathways to impact and how Suffolk can achieve its aims and objectives in the future. This will be achieved through the theory-based evaluation, as shown in the relevant section below.

Our proposed method is Contribution Analysis (Mayne, 1999). We have selected this approach because it is well suited to programmes involving 'systems change', where there are multiple elements involved. Rather than setting out to isolate the effects of a single intervention, Contribution Analysis aims to build a performance story' drawing upon the available evidence to consider how or whether the programme, alongside other factors, contributed towards the observed outcomes. It puts an emphasis on the active involvement of key stakeholders in interpreting the findings, exploring a range of possible scenarios, with attention to possible alternative explanation(s) for same results.

The Contribution Analysis method is ideal for the local evaluation, as it will provide a practical framework for testing the Theory of Change local model, maintaining the

engagement of the local partners at key points, and updating this as the hub takes shape over the evaluation period. There are six steps involved (Figure 14).

Figure 14 Contribution Analysis - six steps approach



This approach will be applied to the Suffolk local evaluation through the following steps:

- **Steps 1 and 2** have been provisionally completed at the current stage (scoping and Theory of Change development).
- **Step 3** will be managed through the two waves of data collection and analysis (i.e., surveys and qualitative fieldwork carried out by the evaluator, and secondary data provided by Suffolk, e.g., local performance benchmarking, audit, and review findings).
- **Step 4** corresponds within interim reporting stage in May / June 2022 and will involve bringing together the partners for a further evaluation workshop to play back the emerging 'performance story'.
- **Steps 5 and 6** will be managed through the second wave of planned data collection and analysis, culminating in a final evaluation workshop with the partners before (or after) final reporting in March 2023.

The lead researcher will work with the LA, partners, and the overall project lead for the evaluation to develop and implement the Contribution Analysis, and to ensure that it is

meaningful, accessible, and assists ongoing decision-making about how to optimise hub development.

Economic evaluation

As previously outlined, Suffolk's Family Hub model emphasises prevention and early intervention and is in an early stage of development, going live in April 2022. As a result, there will be limited opportunity to track changes in outcomes for families and children, and the Hub does not necessarily expect cashable cost savings to be realised from these outcomes over its lifetime of operation. In practice, this means that many of the relevant outcomes to be realised from the Family Hub are either intermediate or longer term (i.e., lead to other outcomes or cost savings that cannot be measured in the timeframe of the evaluation). While these outcomes can be measured and valued in a Cost Benefit Analysis (CBA), they would be subject to uncertainty and rely to some extent on assumptions and projections beyond the lifetime of the evaluation. This is also likely to be true from a Social Return on Investment (SROI), which is a form of CBA that additionally requires substantial stakeholder engagement.

The primary aim of the Suffolk Family Hub is to make services more efficient and effective. Consultation with Suffolk has identified potential efficiency cost savings to the children services budget resulting from the evolution of the Family Hub from the existing 'business as usual' local authority model. Proposed efficiencies may arise from:

- a) Making better use of buildings; for example, providing services out of hours, or use of venues as community hubs
- b) Reconfiguring services and reducing duplication
- c) Operating a community-based programme
- d) Families receiving the right support at the right time
- e) Improved integrated working with community and voluntary providers
- f) Commissioning of services (e.g., mental health services).

Any cost savings generated (for example, the reduction in building costs which they estimate to be around £435,000) are due to be reinvested in the service; for example, to support outreach and create new posts such as the five Grade 4 posts to work with young parents and additional support for the health visiting service for the first two years, to support women who do not meet the criteria for Family Nurse Partnership (FNP). More broadly, they hope their model will be more efficient in terms of reaching more people.

Considering this, we propose undertaking a Cost Efficiency Analysis (CEA): that is, looking at how efficiently cost inputs have been used in securing outcomes or securing

greater outcomes and minimal further costs. The analysis would rely on costs and budgetary data provided by Suffolk that would show the impact of the efficiencies generated from the move to a Family Hub model.

Process evaluation

To fully understand the Suffolk hub model, we propose to carry out a programme of qualitative research at two points in time (Table 17). This will aim to capture the experiences of a cross-section of professionals involved in Family Hub development and implementation, at strategic and operational levels, and parents who have engaged with interventions or support planned and delivered through Family Hubs.

We will target the resource flexibly once the family hub model has been specified and will review the design at this point. It is likely to include a combination of longitudinal research (where we interview the same professional at two points to review their longer-term reflections) and 'snapshot' (interviews or group discussions held at a single point with professionals and families).

Table 17 Suffolk process evaluation research tasks

	Wave 1 (spring 2022)	Wave 2 (summer 2022)	Wave 3 (winter 2022/early spring 2023)
Professionals	<ul style="list-style-type: none"> A total of 15 interviews/groups with Family Hub teams and partners (strategic and operational, covering 0-4, 5-11, and 12-19+). 	<ul style="list-style-type: none"> Interim workshop to share emerging (top-level) findings and to revisit the Theory of Change. 	<ul style="list-style-type: none"> A total of 15 interviews/groups with Family Hub teams and partners. To mirror Wave 1 as far as possible, to explore change as the family hubs are established.

	Wave 1 (spring 2022)	Wave 2 (summer 2022)	Wave 3 (winter 2022/early spring 2023)
Families	<ul style="list-style-type: none"> • Participatory Action Research (PAR) – engagement and training for a panel of 12-15 parents and carers (4-5 families from each of the 5 areas). • PAR toolkit – diaries and pictorial tools shared more widely. 	<ul style="list-style-type: none"> • PAR panel debrief, analysis and sharing of emerging findings. • Supplementary online focus groups or individual interviews with families (2-3) 	<ul style="list-style-type: none"> • PAR panel debrief, analysis and sharing of final conclusions and recommendations for Family Hub development. • Supplementary online focus groups or individual interviews with families (2-3)

Qualitative research with professionals

Professionals will be selected to reflect the range of different partners who are part of the hub model and will ensure coverage of the main strategic and operational partners; developmental stages: early years (0-4) and middle childhood (5-11) and adolescent services (12-19+).

Our costs assume that we will carry out fieldwork with professionals over the equivalent of three working days at each wave. Within the allotted time, we have costed on the basis of five ‘units’ of data collection per day. The precise composition will need to be tailored to the specific delivery model for Suffolk’s Family Hub. For this reason, we will need to be flexible about the relative merits of conducting interviews (individual / paired), mini-groups or focus groups. This may include both face to face and remote interviewing, depending on the Covid-19 context.

The interviews will be tailored to the specific role of the individual and will last around one hour. They will cover, but not be restricted to, the following topic areas:

- a) awareness of the aims, origins, and stage of implementation of the Family Hubs
- b) development of their Family Hub vision/model and rationale for this
- c) profiling service reconfiguration under their family hub model
- d) views on effectiveness of governance and leadership arrangements and how this has developed
- e) views on the effectiveness of multi-agency partnership working, and the challenges and benefits of working across sectors, settings and age groups (0-19)

- f) experiences of joint training, supervision and how or whether professional practice has changed or been challenged by the transition to hub models, and if so how
- g) extent to which consensus has been achieved between professionals, families, and other residents, around community needs and priorities, and any residual tension points across the five localities
- h) extent to which pathways and local pipelines of support are understood and utilised
- i) outcomes observed and recorded – at individual, family, and community (population) levels, including evidence for extended reach, services and systems transformation
- j) any identifiable areas of actual or potential cost savings; and,
- k) views on sustainability, and priorities for extending the model in the longer-term.

The coverage of the interviews/group discussion topic guides will be developed with the local authority lead in Suffolk.

Qualitative research with families

Families accessing the hub services are uniquely placed to observe and report on how the transition to the new integrated 0-19/25 model is experienced, and the challenges and opportunities it presents at each stage. We therefore propose to recruit and support a panel of parents and carers from Suffolk's parents' forums, whom we will engage at key points to capture the learning and outcomes at each stage. We will use Participatory Action Research (PAR) methods for this purpose. PAR involves cycles of inquiry and reflection, starting from the basis that families in receipt of services are '*experts in their own lives*', and with a focus on translating research into action (Reason and Bradbury, 2001).

In practical terms, we propose to work with Suffolk County Council and partner organisations to identify and engage approximately four (4 to 5) parents and carers from each of the Family Hubs localities (i.e., a group of 20 to 25 in total, with representation from all five family hub localities). The panel will be recruited to ensure diversity in terms of family characteristics (including BAME families and parents of children with SEND or complex needs), and types and contexts for service use, reflecting the richness of the Family Hubs offer. Ideally, we will seek to engage family members who know the community and who are longstanding users of family services and who are therefore well positioned to observe and reflect on changes to business as usual.

The evaluation team will provide support and training in PAR methods, providing a briefing, co-producing research tools, and offering virtual support, which will be facilitated

using Microsoft Teams, in close communication with professionals / key workers with whom families have contact.

The PAR will operate at two levels:

- participants will document their personal experiences of service use, and their changing interactions with professionals, places and spaces.
- they will also carry out community research at fixed time points: gathering feedback, and interviewing staff who are involved in Family Hub development.

The participants will be supported to:

- a) select and formulate research questions
- b) choose how and from whom to go about gathering and analysing the data, within appropriate ethical and safeguarding boundaries (e.g., research diaries, peer or staff interviews, observation, and / or the use of pictorial and creative methods)
- c) produce a final set of recommendations, and
- d) present and discuss their findings with the Family Hubs steering group.

The group will meet three times: an initial workshop in spring 2022 to provide training and orientation; a second workshop in summer 2022 to share and reflect on emerging findings, and a final session in early spring 2023, to draw together and conclude upon this work package. We anticipate that the panel will meet virtually, following an established model of online PAR carried out by Ecorys with young people and families during the Covid-19 lockdowns (Monchuk, et. al., 2020). This approach will aim to amplify family voices and provide meaningful opportunities for family participation in the evaluation. The outputs will be coded and analysed thematically alongside other sources, providing a rich source of data for the evaluation report (see below).

Alongside the PAR, we have also ring-fenced a smaller number of days to carry out additional online focus groups or individual interviews with families, which will be used flexibly to understand family experiences of more specific aspects of Hub delivery. This will include age-appropriate data collection with children and young people, using pictorial tools and templates developed centrally by the evaluation team.

All interviews, workshops and groups will be digitally recorded with the respondents' permission. This is essential for the generation of data of sufficient quality for detailed and rigorous analysis; to elicit verbatim quotes, and to prevent selective reporting. All the fieldwork will be conducted under conditions of informed consent and confidentiality, with respondents notified in advance of the duty to report any safeguarding concerns.

Workforce survey

While the qualitative fieldwork will allow for an in-depth exploration of the development and implementation of the family hub model, we will also administer two short pulse surveys as a cost-effective and low burden way to explore the views and experience of family hub staff. The surveys will provide timely feedback across a range of topics and will helpfully explore aspects of integrated working. The surveys will be carried out with Family Hub staff at two time points: likely to be an initial survey in the spring of 2022 and a follow-up survey early in 2023.

The surveys will be administered online and take around ten minutes to complete. We anticipate it will include:

- attitude statements, using Likert scales to assess the quality of the support, explore staff and family engagement in Family Hubs, experiences of integrated working and changes to professional relationships and working practices, and successes/challenges around implementation, and
- a small number of open-ended questions to provide reflections on challenges, lessons learned, and to highlight potential good practices for follow-up through the qualitative case study research.

Risk register

Figure 15 Suffolk Risk Register

Risk	Likelihood and impact (H/M/L)	Proposed contingency measures
<p>1. External factors delay the development of the family hub model and/or the progress of the evaluation (e.g., another lockdown related to Covid-19 pandemic)</p>	<p>Likelihood: M; Impact: M</p> <p>Limited sample of stakeholders may skew or partial view of findings within the process evaluation.</p>	<ul style="list-style-type: none"> • Emphasis on remote fieldwork with stakeholders (i.e., Microsoft Teams/video conferencing software) with several options offered to encourage and support flexible participation (e.g., availability offered 8am – 6pm, interviews arranged over two timeslots if helps to accommodate, proactive engagement to encourage stakeholder responses to research interviews) • If challenges affect the evaluation progress significantly, Ecorys will review the timescales for delivery with DfE and possible alternatives. Any changes to the evaluation design will be agreed in a timely manner to maximise opportunity for different types of data collection or research approaches.
<p>2. Challenges identifying and sustaining engagement of families for the PAR</p>	<p>Likelihood: L; Impact: H</p> <p>Could incur delays to the timescales. Plus, lack of insight from family</p>	<ul style="list-style-type: none"> • Early and proactive work with Suffolk to recruit parents from their parent forums, including sharing tailored information sheets about the evaluation and the research activities

Risk	Likelihood and impact (H/M/L)	Proposed contingency measures
	perspective would reduce richness in overall evaluation	<ul style="list-style-type: none"> • Promote the role and value of their engagement in helping to shape and inform the design and provision of family hub services and provide remuneration for their time • Explore with Suffolk appropriate and creative ways to keep in touch with parents
3. Issues engaging partners in the evaluation and sustaining their engagement	Likelihood: L; Impact: H Missing a key group of stakeholders from the process evaluation may skew or partial view of findings.	<ul style="list-style-type: none"> • Early partner engagement (e.g., the development of the vision and ToC logic model) plus emphasizing opportunities throughout the evaluation to engage with the ideas again and shape evaluation findings • Promoting the value of their engagement in the evaluation and the opportunity to inform the national evidence base relating to Family Hubs • Providing bulletin feedback in an accessible format to share the learning about integrated working and more efficient ways of reaching and working with families
4. Maturing of Family Hub model does not progress at sufficient pace to allow for	Likelihood: L/M; Impact: L May affect the feasibility of some of the quantitative analysis during the	<ul style="list-style-type: none"> • Regular engagement with Suffolk to understand progress and discuss any delays to plans.

Risk	Likelihood and impact (H/M/L)	Proposed contingency measures
assessment of distance travelled	evaluation. However, the likelihood is low as evidence during scoping phase suggests that Suffolk are building on a strong infrastructure and integrated Children's Centres and Healthy Child Programme offer	<ul style="list-style-type: none"> • The development and implementation of the family hub approach, including tracking systems, is included as a key focus area for the process evaluation. Challenges affecting progress will be explored as part of that to ensure that learning is documented. • The evaluation team will explore the options for tracking impacts in the future and help to build capacity within Suffolk to do this. Therefore, even if not feasible during the evaluation timescales, the LA will have the resources to do it going forwards.
5. Insufficient resources to be able to develop and implement a consistent digital offer across Suffolk.	Likelihood: M; Impact: H Limit the scope of the local evaluation to provide evidence on this type of support	<ul style="list-style-type: none"> • Ongoing discussions with Suffolk to understand their options to fund their digital offer • If there are specific challenges, then the underlying factors will be explored as a wider theme within the process evaluation as it may be relevant to other family hub development
6. Policy changes influence the direction of Family Hubs generally and	Likelihood: L; Impact: M -	<ul style="list-style-type: none"> • Close contact with DfE to stay aware of any key policy changes and to update Suffolk stakeholders as needed

Risk	Likelihood and impact (H/M/L)	Proposed contingency measures
affect the evaluation design		<ul style="list-style-type: none"> • Ecorys can support a range of evaluation designs in-house and therefore able to offer a degree of flexibility to the current evaluation proposals to accommodate any policy or strategic developments.

Bibliography

Early Intervention Foundation (2020) *EIF maturity matrix summary: maternity & early years*. London: Early Intervention Foundation.

Fixsen, D., Naoom, S., Blase, K., Friedman, R., Wallace, F. (2005). *Implementation Research: A Synthesis of the Literature*. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, NIRN.

Gilmore, T., Krantz, J and Ramirez, R (1986). *Action Based Modes of Inquiry and the Host-Researcher Relationship*. Consultation (5.3), p.161.

HM Treasury (2020a) *Magenta Book 2020. Supplementary Guidance: Handling Complexity in Policy Evaluation*. London: Crown Copyright.

HM Treasury (2020b) *The Green Book: Central Government Guidance on Appraisal and Evaluation*. London: Crown Copyright.

Mayne, J. (1999) "Addressing Attribution through Contribution Analysis: Using Performance Measures Sensibly", discussion paper, Office of the Auditor General of Canada.

Monchuk, L., Day, L., Rizzo, S., and Percy-Smith, B. (2020) *Exploring young people's experiences of growing-up under Covid-19*. In: Khoo, S., and Kara, H. eds. (in press) *Researching in Times of Crisis, Volume 2: Care and Resilience*. Bristol: Policy Press. Ch.7.

Pawson, R. (2013). *The science of evaluation: a realist manifesto*, London, SAGE Publications.

Reason, P. and Bradbury, H. (eds) (2001) *A Handbook of action research*, London: Sage.



Department
for Education

© Department for Education 2021

Reference: DFE-RR1163

ISBN: 978-1-83870-308-0

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