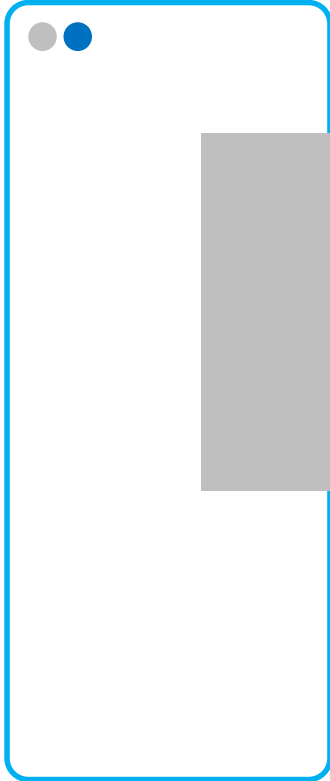


Outcome monitoring pilot in family services

'How are you' survey, January – September 2017



25 September 2017

In a nutshell

Aldaba ('we') produced this report for Nottinghamshire County ('the Council'). Based on a monitoring pilot, family service users are falling behind the overall population in relation to the following outcomes:

- Overall behavioural strengths
- Emotional development
- Hyperactivity free
- Conflict free family

This is based on questionnaires self-completed by 13 to 17 year olds at the point when they start participating in family services.

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The pilot addressed limitations in the information available to the Council

Our conclusion is that the pilot showed how the Council can achieve better outcome monitoring information in an efficient way, while ensuring engagement from staff and service users

Family services and the outcome monitoring pilot

Family services are for

- 1,500 users per year, and require a
- £3 million spend per year from the Council

There are three family services teams

- Case management: end to end coordination of cases, and low intensity support, for example
 - parenting routines
 - school engagement
- Intensive support: to stabilise families in crisis
- Interventions: providing specialist courses, such as
 - parenting skills
 - anger management

32 users aged 13 to 17 participated in the pilot

- This involved answering 51 questions before starting to participate in family services

Outcomes and lessons learned

Family service users are

- falling behind the overall population in relation to
 - overall strengths
 - emotional development
 - hyperactivity free
 - conflict free family
- in line with the overall population in relation to
 - mental wellbeing
 - prosocial attitudes

Both survey administration training, and online collection, were efficient

- The case managers provided positive feedback about the pilot
- Most users consented to participate and took less than eight minutes to do so

Overall behavioural strengths, emotional development, hyperactivity, and family conflict are priorities for family services

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1,500 users receive different proportions of a £3 million yearly spend

The 60 per cent requiring support just from case management use 32 per cent of the £3 million, whereas the 5 per cent requiring support from all three teams in scope use 14 per cent of the £3 million

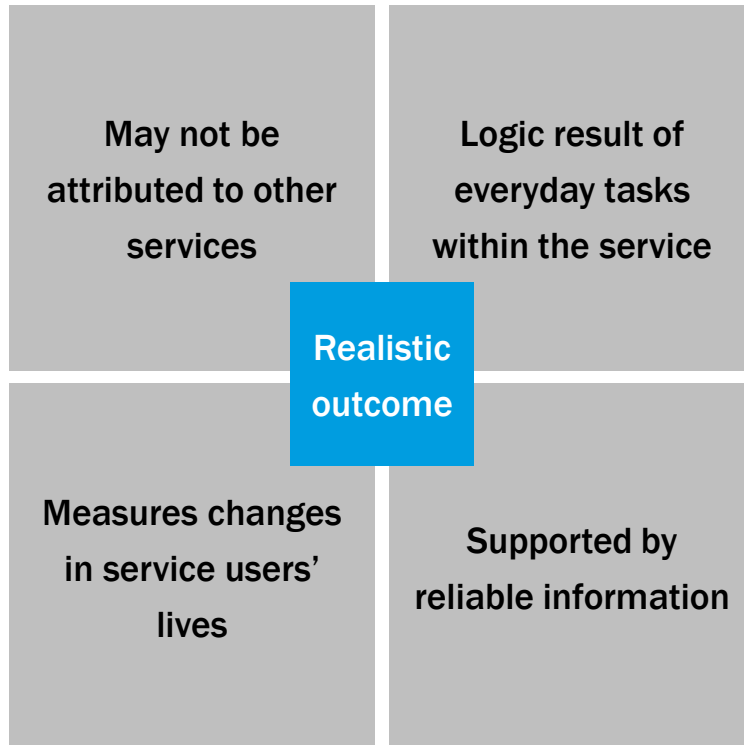
Case management	Intensive support	Interventions	Proportion of all 1,500 service users (%)	Proportion of £3 million investment used (%)
✓			60	32
✓	✓		9	20
✓		✓	27	34
✓	✓	✓	5	14
			Total	Total
			100	100

Source: Council, [Pathway to provision](#) ; FS03 report; planned budgets. Note: 1. Between April and June, 1,093 individuals had family service assessments completed; in addition to the assessments, they had 6,861 episodes until 31 December 2016. Of the 1,093 individuals, 854, or 78%, had their cases closed before 31 December. Of the 1,093 individuals, 667, or 61%, were under 18; 2. We estimate 1,500 individuals supported from assessment to closure per year

To understand how effective spending is, we need realistic outcomes

Our work in 2016 concluded that the Council's information on outcomes that can be realistically attributed to family services was limited

What makes a realistic outcome



Selecting realistic outcomes

An outcome is a measurable change in users' lives as a result of participating in the service

- These are service, rather than population level outcomes

We assessed whether expected outcomes

- are the logic result of everyday tasks based on
 - evidence supporting that link, and
 - practitioner or expert knowledge
- may not be attributed to other services
 - Family services' ability to improve school achievement is less than that of schools

Outcomes are unhelpful if:

- too high level,
- not directly linked with everyday tasks, or
- not attributable to specific services

We ran an outcome monitoring pilot in January – September 2017 to collect information on realistic outcomes for family services

The ‘how are you’ survey collected information on realistic outcomes

The aim of the outcome monitoring pilot was to achieve a clear picture of how the outcomes experienced by service users compare with those for the overall population

Outcomes			Outcomes		
Outcomes	Focus	Source	Outcomes	Focus	Source
1 Mental wellbeing	Mental wellbeing	Warwick-Edinburgh Scales (7 item)	7 Overall strengths	Overall strengths and difficulties	Strengths and Difficulties Questionnaire, including pro-social behaviours
2 Attachment to parents	Parenting and home environment	Communities That Care	8 Emotional development		
3 Quality time with parents			9 Conduct development		
4 Positive parenting			10 Hyperactivity free		
5 Family rules in place			11 Positive peer relations		
6 Conflict free family			12 Pro-social attitudes		

We monitored the 12 outcomes through 51 questions which were clinically validated and suitable for 13 to 17 year olds

Sources: <https://www2.warwick.ac.uk/fac/med/research/platform/wemwbs/> ; <http://www.ctc-network.eu/> ; <http://www.sdqinfo.com/a0.html>

Note: 1. Previous unpublished reports of 1 December 2016 and 31 March 2017 describe how we arrived at the list of realistic outcomes included in the January-September 2017 pilot; 2. Case management team was responsible for administering; Aldaba was responsible for analysing the questionnaires

32 users aged 13 to 17 participated in the outcome monitoring pilot

The gender split was similar to that in the wider population of family service users; however, pilot participants were skewed towards younger groups within the 13 to 17 age bracket

Pilot participants

Nine staff from the case management team used tablets to administer the questionnaires to

- all of the new service users allocated to them
- aged 13 to 17
- between January and September 2017

We provided questionnaire administration training to the nine staff to ensure good quality information

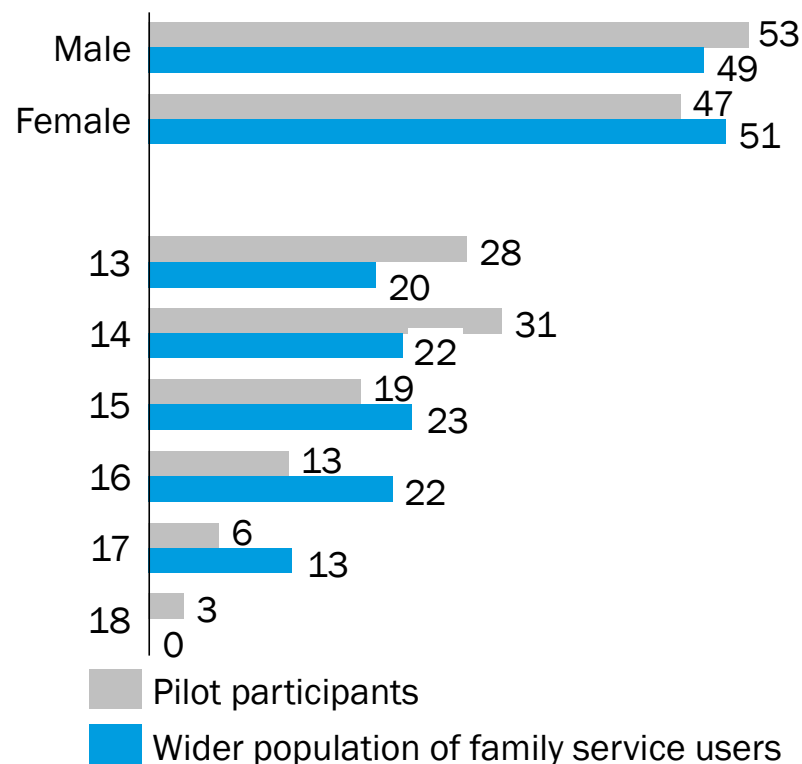
The aim was to achieve two self completed questionnaires for each pilot participant:

- one at case opening, before starting participating in the service ('before' or 'pre-test' scenario), and
- one at case closure, after finishing participating in the service ('after' or 'post-test' scenario)

To simplify, parents did not answer any questionnaire

- If parents experience changes, we assumed these changes should be noticed in children's outcomes

Gender and age at case opening, percentages



Due to case closure length, the pilot did not achieve enough 'after' questionnaires, so these are excluded from this report

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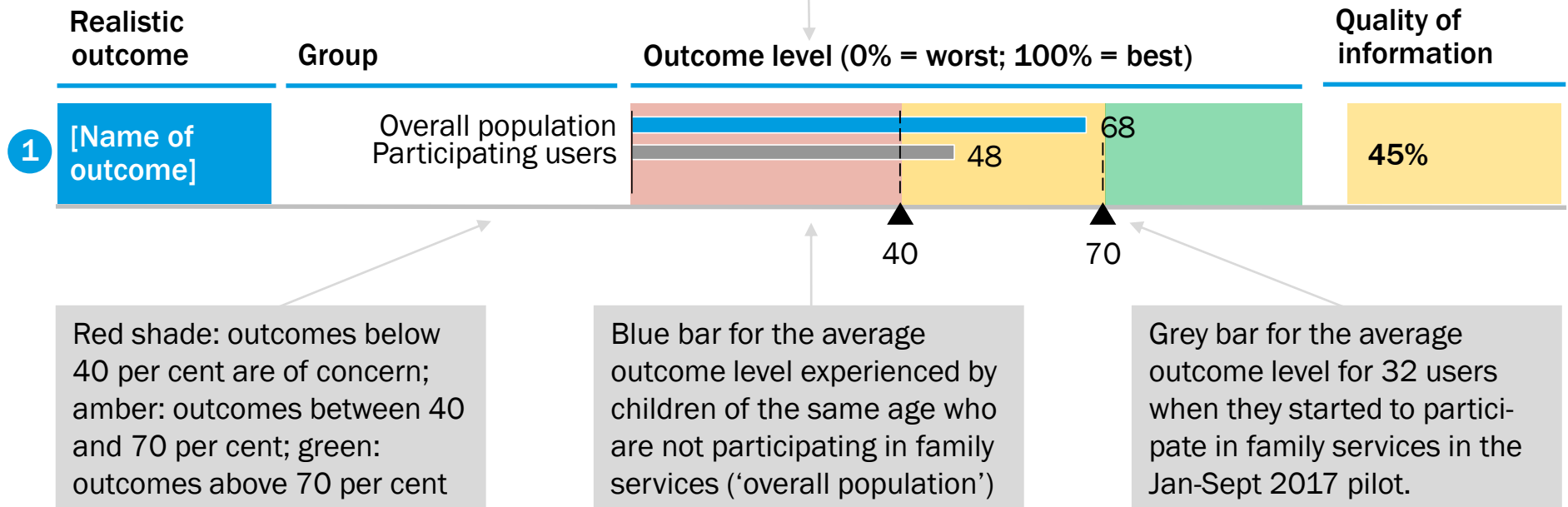
Overall population benchmarks

It is expected that users of family services experience outcomes below the average for the overall population: the larger the difference, the greater the impact required

Key to interpret outcome monitoring information in the next pages

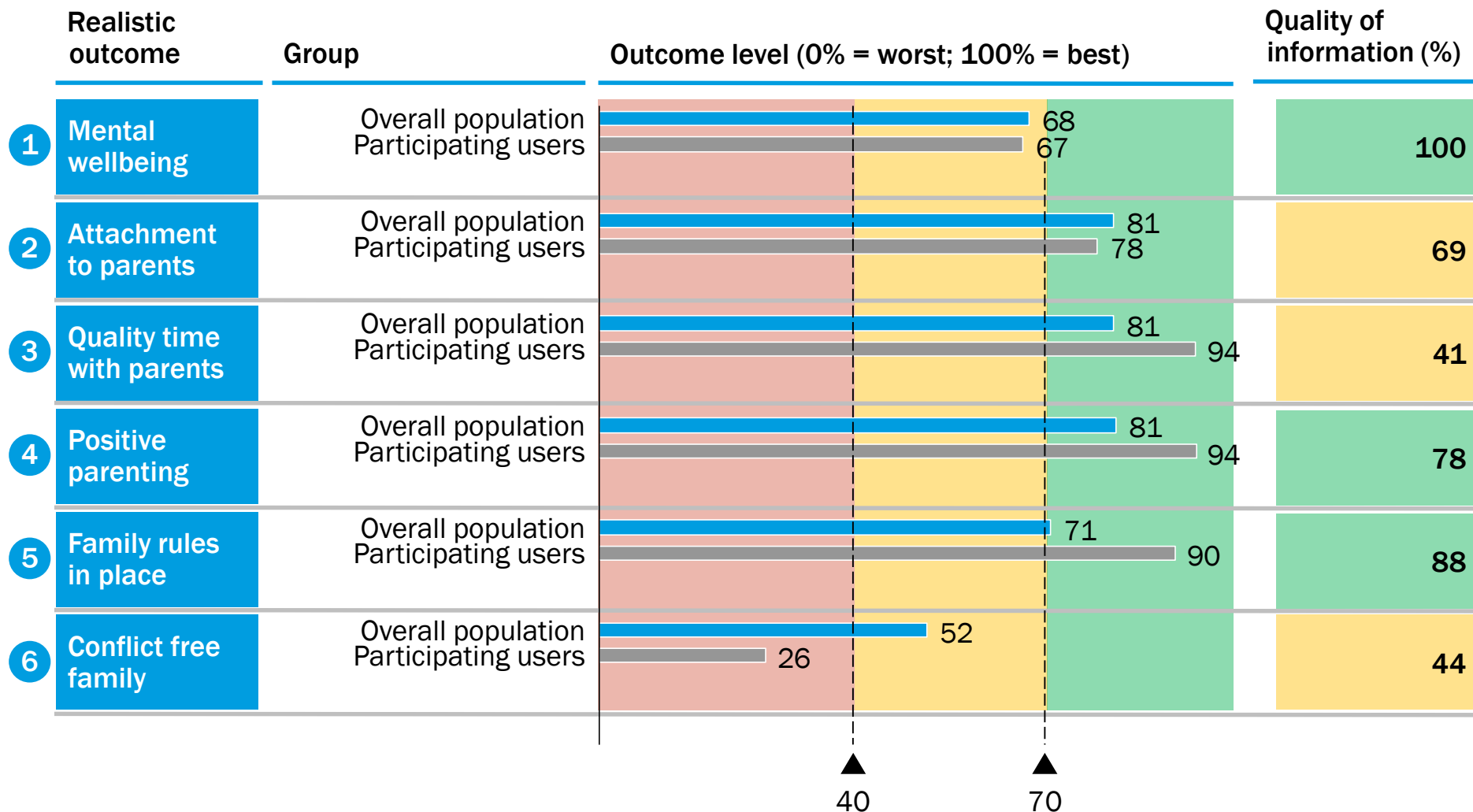
All bars follow the same scale: 0% is worst outcome, 100% is best outcome, therefore: the longer the bar, the better

Percentage of participants responding the question; red: below 40 per cent; amber: 40 to 70 per cent; green above 70 per cent



12 outcomes to monitor family services

Pilot findings suggest that the average user aged 13 to 17 experiences a mental wellbeing score of 67 before participating in family services, compared to 68 across the overall population aged 15 in Nottinghamshire

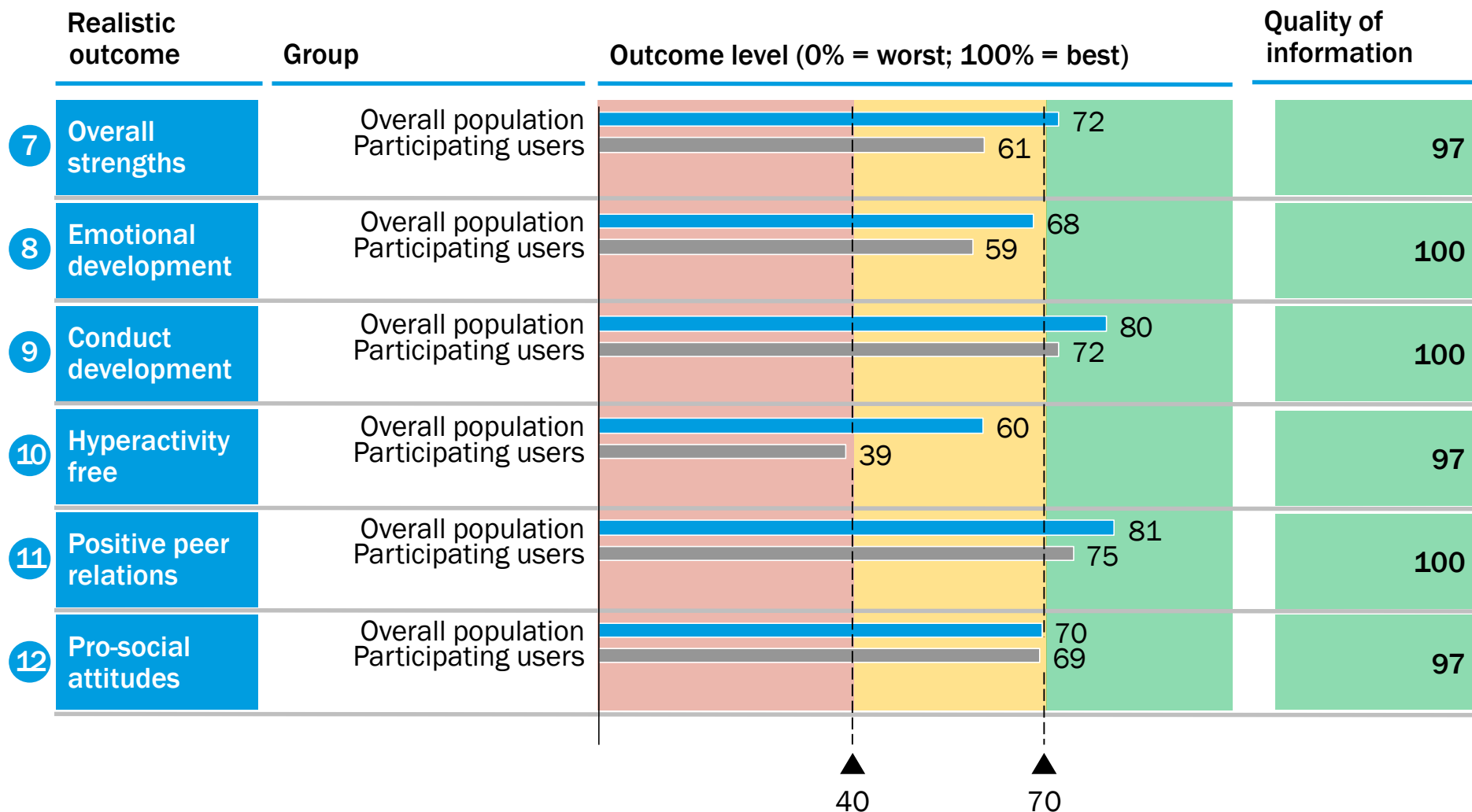


Source: What about YOUth survey 2014-15, <https://fingertips.phe.org.uk/profile-group/child-health/profile/cypmh> ; DSRU, ChildrenCount Wellbeing Surveys, 'n' = 7,800-12,500 respondents, http://archive.dartington.org.uk/projects/childrencount_wellbeing_surveys_25 . Note: 1. We converted the scores in the original sources into percentages, for example the 47.3 Warwick-Edinburgh Mental Wellbeing 0 to 70 Scales score for Nottinghamshire = $47.3 \times (100/70) = 68$ per cent

12 outcomes to monitor family services

2/2

Pilot findings suggest that the average user experiences a strengths score of 61 before participating in family services, compared to 72 across the overall population



Source: DSRU, ChildrenCount Wellbeing Surveys, 'n' = 12,850 respondents, http://archive.dartington.org.uk/projects/childrencount_wellbeing_surveys_25 ; alternative strengths and difficulties questionnaire statistics for looked after children available at <https://www.gov.uk/government/statistics/children-looked-after-in-england-including-adoption-2015-to-2016> . Note: 1. We converted the scores in the original source into percentages

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Improving the quality of the outcome information is possible

The outcome monitoring pilot demonstrated that case managers welcome this type of information, and the majority of service users are willing to complete the questionnaires

Recommendations to roll out the pilot

Before starting the pilot the Council had some concerns which turned out to be straightforward

- ‘The 4G connections on the case managers’ tablets might not work’
 - In fact, they did work, with only three faulty experiences compared to over 30 successful attempts
- ‘Service users might be unwilling to complete the questionnaires, or will find them too long once they start’
 - In fact, only two did not consent, with the average questionnaire completion time being under eight minutes
- ‘Case managers might not have capacity to engage with the survey’
 - In fact, the four-hour training on survey administration was very well received by the case managers; administering the questionnaires only took about 10 extra minutes on the first visit with the service user

A roll-out would require the Council to do some forward planning, including

- adaptation of the questionnaire for those younger than 13;
- numbers of case managers, and dates for four-hour survey administration training sessions, across locations;
- reminders in the case managers’ information systems to ensure questionnaires are completed at both first, and final visits to the service users

Case managers’ feedback suggested that having survey results in real time, including comparison with the overall, and family service wider population, would help them with their work

Both survey administration training, and online collection, resulted in an efficient way of improving outcome information

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About Aldaba

We specialise in children's services

We work in the field of vulnerable children for the Department for Education, the Children's Commissioner, Action for Children, and a number of local authorities

Aldaba is a company that helps organisations when the best way forward is not clear

From the chief executive to the newest intern, we work with the people who do the tasks every organisation needs to keep improving

- Strategies: Where you want to be and how to get there
- Operations: How you work on the day to day
- Evaluations: What you learn from your experience

The organisations we work with have chosen to make people's lives better based on information

- Economic analysis: Whether you get back more than you put in
- Statistics: What is really happening to most people, not just a few
- Qualitative techniques: The human side of things

The Aldaba team has done a lot of work on public services

- Education and children's services
- Health and social care
- Criminal justice
- Jobs

Our job is to put the information through a series of checks so that we can find out what it is telling us

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