



Evaluation of Family Pathfinders

Westminster Social
Return on
Investment (SROI)
Assessment

March 2011

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1 INTRODUCTION

SROI SUMMARY

- York Consulting projected that the Westminster Pathfinder will have provided support to 140 families since inception to the end of March 2011.
- The cost per family since pathfinder inception (including additional support to the pathfinder from other services) was estimated to be between £18,754 and £20,810 with a 'best' estimate of £18,916.
- As the pathfinder has refocused to work with a smaller number of families with more complex problems, the ongoing cost per family, based upon working with 50 families per year, was higher than the cost since inception. York Consulting estimated the ongoing cost to be between £21,840 and £23,895 with a best estimate of £22,002.
- Total financial benefits per family from avoidance of poor family outcomes was conservatively estimated to be between £25,153 and £50,307. The 'best' estimate was £37,730. Of these benefits, 63% were estimated to be savings directly to the public purse in the first year after a family was exited.
- Looking at the Pathfinder since inception until March 2011, combining the costs and benefits per family suggests a SROI ratio of between 1.21 and 2.68. The 'best' estimate suggests an SROI of 1.99. This means that for every £1 spent on the pathfinder a financial benefit of £1.99 has been generated.
- Annual expenditure moving forwards suggests a SROI ratio of between 1.05 and 2.30. The 'best' estimate suggests a SROI of 1.71. This means that for every £1 spent on the pathfinder moving forwards a financial benefit of £1.71 will potentially be generated.

1.1 This report sets out the findings from the Social Return on Investment (SROI) analysis undertaken by York Consulting LLP with Westminster Think Family Pathfinder based upon the activities of the pathfinder from inception to the end of February 2010.

1.2 As an SROI analysis, the primary purpose of the report is to present findings on what the pathfinder has achieved in an objective way against the costs that have been incurred. In the absence of a counterfactual, this is presented against the background of the changes that the pathfinder believed were required to achieve the outcomes desired and the evidence – where available – of whether these changes occurred.

1.3 The report is not an evaluation of the strengths and weaknesses of the pathfinder and it does not contain recommendations on how the pathfinder could improve or should be taken forwards. It does not make a judgement on whether the pathfinder has been a success. It is designed to present evidence in a coherent manner to aid decision makers to make that judgement.

1.4 The report contains the following sections:

- Methodological background
- Evidence for the Theory of Change
- The costs of the pathfinder
- The benefits achieved:
 - that can be quantified monetarily (including SROI ratios);
 - that can be measured;
 - that can be described.

2 METHODOLOGY

2.1 As part of the overall evaluation of the Think Family Pathfinders, York Consulting LLP were asked to include an economic evaluation. The methodology chosen for the economic evaluation is based upon Social Return on Investment (SROI).

2.2 The SROI methodology takes several parts:

- A Theory of Change mapping
- Measurement of costs involved in the pathfinder
- Estimation and valuation of benefits
- Synthesis of findings with estimation of economic ratios

Theory of Change

2.3 The Theory of Change is a process to understand the changes required for a project to achieve its objectives. It looks to challenge a project on whether the changes required for the project to meet its objectives are sufficient and likely to happen. It also specifies:

- assumptions underlying why the changes are required and what they are expected to achieve;
- 'Interventions' required to achieve a change and the resources required for interventions;
- indicators to show whether and to what level the changes have occurred.

2.4 The Theory of Change is a useful evaluation tool, allowing success criteria for a project to be identified and synthesising available evidence to understand why or why not a project has been successful. In the absence of a counterfactual, it is a useful means to build a testable logic model to underpin a narrative of why success seen can be attributed to a project.

2.5 For a Social Return on Investment analysis, the Theory of Change provides a basis to fully understand the resources deployed in a project as well as the project's direct and indirect benefits.

- 2.6 A Theory of Change exercise was undertaken with Pathfinder management in Westminster in the summer of 2009. The change map produced from this model and the evidence for whether the changes were achieved is presented in Section 3.

Measurement of Costs of the Pathfinder

- 2.7 Following the Theory of Change exercise, a range of interventions were identified as being required to deliver the changes identified. It is from these interventions that the costs of the pathfinder are generated. The interventions, an estimate of their costs and an estimation of the cost per family supported are provided in Section 4.

Estimation and valuation of benefits with social return on investment (SROI) ratios

- 2.8 Benefits of the pathfinder identified through the Theory of Change can be split into those that can be quantified monetarily, those that can be measured but have no monetary value and those that can only be described. Social return on investment (SROI) ratios are calculated for the monetary benefits identified and provided in Section 5. SROI ratios are a means of describing a project's potential financial return from every pound in resource spent on the project.
- 2.9 Non-monetary benefits are described in Section 6.

3 THE THEORY OF CHANGE

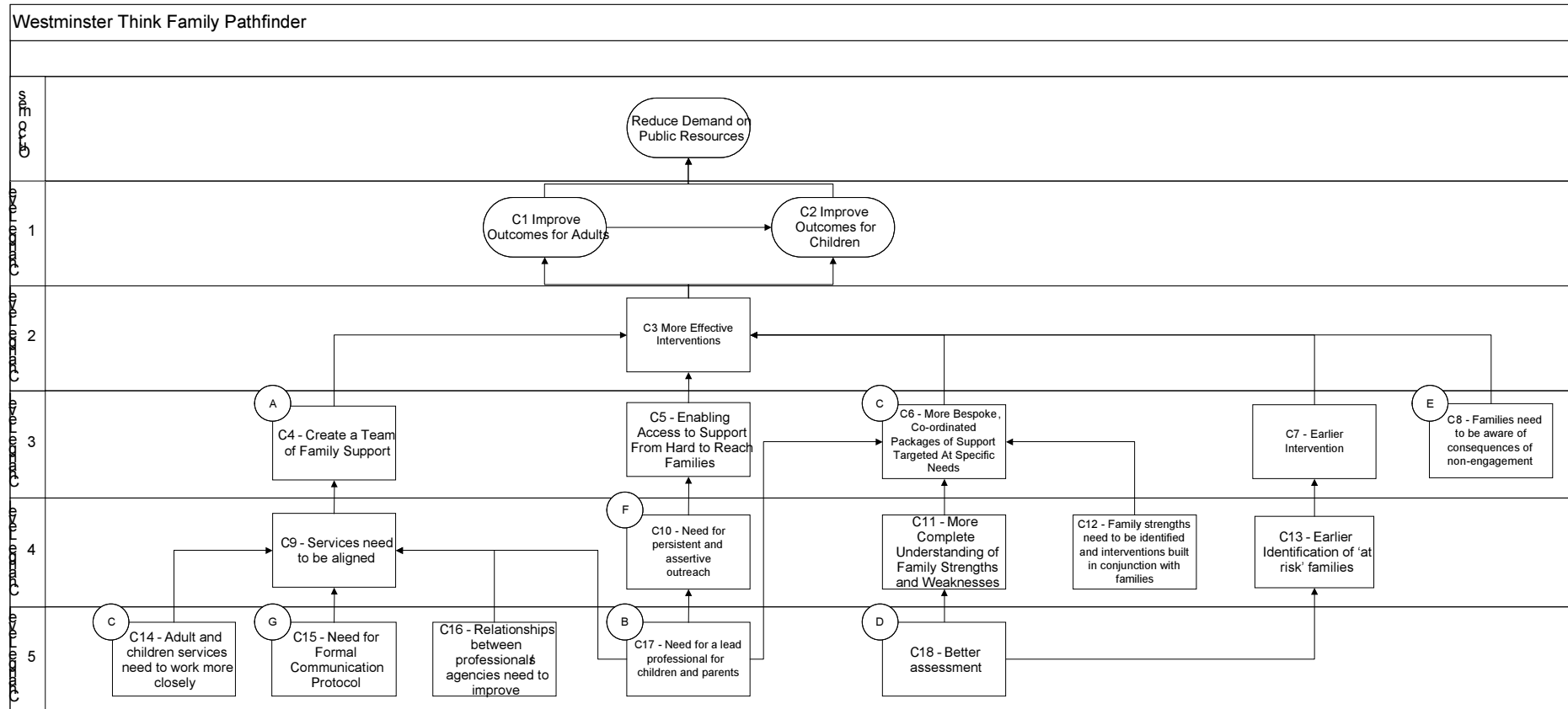
3.1 This section presents:

- the change map created with the Pathfinder;
- the narrative describing the changes and assumptions, and why they are required;
- the evidence on whether the expected changes have been achieved.

The Change Map

3.2 The change map is presented below. The individual changes are numbered and the interventions required to realise the changes are keyed with letters attached to each change. The interventions are described in the narrative that follows the map and are listed in Section Four of this report.

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The Narrative

Ultimate Outcome for the Project

- 3.3 To reduce the demand on public resources from families who face multiple problems.

Underlying Assumptions

- 3.4 The Family Recovery Project has been established on the assumption that an intensive period of co-ordinated multi agency support (the 'Think Family' approach) to families with multiple problems will be more effective at modifying behaviours, raising family resilience and increasing capacity in families to manage the challenges they face. This will reduce the demand on statutory services post-intervention in three ways:
- The *ongoing* or *regular* level of support provided to families by statutory services will be lower after the Think Family approach than before.
 - The likelihood of *crisis points* with the need for intensive *one off* service involvement will be reduced.
 - *Changed behaviours and raised resilience* in the short term will result in the avoidance of costly outcomes in the long term.
- 3.5 It is the assumption of the project that the increase in costs of service delivery over the lifetime of the Think Family approach will be more than offset by the cost savings above.
- 3.6 Whilst there may be new parenting and family therapy interventions used, the Think Family approach itself is built upon the assumption that intensive, co-ordinated support from predominantly existing services over a short period is more effective at improving family outcomes, than relatively uncoordinated long-term support.
- 3.7 To establish the Think Family approach, Westminster assumed that several changes needed to be effected.

A Team of Family Support

- 3.8 To provide a Think Family approach, Westminster assumed that a new team needed to be established focussed around providing and co-ordinating services to families (*"Intervention A"*). Beyond the political will to create the team, for it to be a success it was assumed that the level of alignment within and between services needed to be improved. The changes required for this to happen were assumed to be:
- setting up formal protocols (*"Intervention G"*),
 - improving the working relationships between professionals from different services and agencies;
 - the use of two lead professionals – one for the children and one for the adults, to co-ordinate support for individual families and to get them to engage with services (*"Intervention B"*). One of these two professionals will be the 'main' lead professional for the family.

Earlier Intervention

- 3.9 A key change assumed to be required by the pathfinder is that intervention must be earlier which it is assumed will be achieved through better identification and assessment of families that are most likely to benefit from a Think Family approach. New assessment processes have been introduced (*"Intervention D"*) to help identify families that can benefit. It was assumed that new formal referral protocols were not required and would create a level of bureaucracy that may deter referrals.

Families Need to be Aware of the Consequences of Non-Engagement

- 3.10 For a Think Family approach to be successful, it is self evident that families themselves have to engage with the services offered to them. It is also assumed that it is important that families engaging with services do so with *informed* consent. To help ensure this happens, Westminster have introduced Family Agreements (*"Intervention E"*) to make it clear to families what services and assistance they can expect to achieve but also what the consequences to the family will be should they not engage with the assistance or improve their behaviour or lifestyle choices.

Packages of Support are Bespoke to Family Needs

- 3.11 Integrated support is not the only feature of the Think Family approach – to be effective it is also assumed that the support needs to be tailored for individual families rather than a homogenous offer and pull in a range of services that may be outside the Family Recovery Team (*“Intervention C”*). For this to happen, a robust assessment of family strengths and weaknesses is required and it is assumed that families need to be more involved with the package design. Again, improved assessment processes are needed to achieve this and the Family Agreement has been introduced in part to involve the family closely in the design of the support package.

Need for Persistent and Assertive Outreach

- 3.12 It is assumed that some of the families involved in the project may have been resistant to offers of assistance from statutory services in the past. Therefore, the pathfinder has accepted that a change needs to be made in the level of encouragement families receive in accessing services and level of persistence from staff to ensure they are engaging with services. To achieve this, they have assumed that the Persistent and Assertive Outreach model of intervention (*“Intervention F”*) with a lead professional role around the family is required.

Supporting Evidence for Changes

Improve outcomes for parents and children

- 3.13 Evidence from the FPIS on improvement in outcomes is discussed in detail in Sections 5 and 6. In summary, this evidence shows that whilst practitioners did not record improvements against all areas of concern for all families, there were some significant reductions in the concerns around poor outcomes for families that were, in the opinion of practitioners, at least in part due to the pathfinder.
- 3.14 Below we look at the evidence against the high level change that was seen to achieve this improvement:

High Level Change: More effective interventions

- *C4 – Create a team of family support*
- *C9 – Services need to be aligned*
- *C14 – Adult services and children services need to work more closely together*
- *C15 – Need for Formal Communication Protocol*
- *C16 – Relationships between professionals/agencies need to improve*

3.15 The Family Recovery Team has been established to provide family support as well as coordinate services around a family. Evidence from the evaluation is that this coordination has happened largely through engagement of skilled practitioners within the team as well as latterly with social workers not working in the team.

- *C5 – Enable access to support for hard to reach families*
- *C10 – Need for persistent and assertive outreach*
- *C17 – Use of two lead professionals with family for parents and children*

3.16 Evidence from the evaluation was that the pathfinder was successfully working with families that were previously failing to engage with support. The evaluation also found from speaking to families and practitioners that support from the Family Recovery Team could be described as both persistent and assertive and that separate practitioners lead support for parents and children.

- *C6 – More Bespoke, Co-ordinated Packages of Support Targeted At Specific Needs*
- *C11 – More complete understanding of family strengths and weaknesses*
- *C12 – Family strengths need to be identified and interventions built in conjunction with families*
- *C18 – Better assessment*

3.17 The evaluation confirmed that a new assessment had been put in place that was undertaken in conjunction with families and was focussed on strengths. Practitioners reported that this assessment did provide them with a better understanding of family strengths and weaknesses and this enabled the practitioners to design support that reflected this. Evidence from FPIS confirms the range of goals for family members based upon these strengths and weaknesses and the support offered to meet these goals.

- *C7 – Earlier intervention*
- *C13 – Earlier Identification of ‘at risk’ families*

3.18 As stated above, practitioners were engaging with families who were not engaging with support previously. The evaluation also found that the pathfinder was working with families with substantial need, often requiring statutory support. If we assume that such families may go on to require significant statutory support, the pathfinder can be seen to intervening earlier than would otherwise been the case. No evidence was found that at risk families were being identified earlier.

- *C8 - Families need to be aware of consequences of non-engagement*

3.19 The evaluation found that contracts with consequences were in place for families and families reported that they were aware of the consequences of non-engagement.

4 COSTS OF THE PATHFINDER

4.1 The Theory of Change identified interventions that the pathfinder was delivering to achieve the changes required with their associated direct and indirect costs. These are presented in Table 4.1 below.

Table 4.1: Interventions and associated costs		
Intervention	Direct Costs (borne by the project)	Indirect Costs
A – Think Family team	Salary of workers and managers and associated oncosts	Work of team members above contracted hours
B – Lead Professionals	Salary of lead professionals and associated oncosts	Work of lead professional above contracted hours
C – Think Family co-ordinated support outside of team	Intervention costs paid directly from the team budget	Time of staff external to the team and interventions provided by them
D – Family Support Panel	Time spent on panel from team members	Time spent on panel by others
E – Family Agreements	N/A	Time spent establishing family agreements
F – Persistent and Assertive Outreach Model	Salary of lead professionals and associated oncosts	Work of lead professional above contracted hours

4.2 The SROI analysis does not require these costs to be individually estimated, but the Theory of Change enabled the identification of all costs associated with the pathfinder. Table 4.1 shows that the costs of the project can be broken down into one of three areas:

- Costs covered by direct expenditure
- Costs borne by pathfinder staff working beyond contracted hours
- Costs borne by other agencies delivering services

Direct expenditure

4.3 Total direct expenditure on the Pathfinder from inception to the end of March 2011 was estimated to be £2.55 million.

Additional Unpaid Work by the Pathfinder Team

- 4.4 Staff in the Pathfinder were asked to complete a timesheet to record the hours they worked above contracted hours. This exercise showed that staff were only working contracted hours.

Costs Borne by Other Agencies Providing Support

- 4.5 Westminster reported that the only additional support from external services being accessed by the Family Recovery Team was social work, at an average of 2 hours per month per family.
- 4.6 The total number of hours of support this equated to was calculated from the average length of time the pathfinder worked with families, 9 months, and the total number of equivalent 'entry to exit' complete families worked with, 140. This suggested that in total that families working with the pathfinder had received 2,520 hours of support from social workers that was not directly funded by the pathfinder.
- 4.7 To turn these hours into a cost, a cost per hour of social workers time is required. This was taken from the Unit Costs of Health and Social Care 2010 published by the PSSRU at the University of Kent. The PSSRU estimate that the cost per hour for a social worker can be:
- £30 an hour if all contracted hours are divided by the total cost of a social worker;
 - £39 an hour if only hours related to client contact are considered; or
 - £143 an hour if only hours that are direct face to face contact are considered.
- 4.8 As there is a disparity in the total cost of support that these unit costs generate, scenario analysis was employed to produce a range of cost estimates for the additional support and ultimately the cost of the pathfinder.
- 4.9 These costs provide an estimate of the costs of this additional support in an 'optimistic' scenario (using £30 an hour) of £75,600, a 'base case' of £98,280 (using £39 per hour) and a 'pessimistic' scenario £363,360 (using £143 an hour).

Total Costs of the Pathfinder and the Cost per Family

- 4.10 Adding the indirect and the direct costs provides an estimate of the total costs of the Pathfinders. What is of interest for the SROI analysis is the cost per family, and for this, an estimate of the number of ‘completed’ families each Pathfinder supported was required. This was calculated based on the number of open families and the average length of time the Pathfinder supported families.
- 4.11 For example, assume an Area had finished supporting 50 families and had 12 open cases at the end of December 2010. The 12 open cases had been supported for an average of six months. If the Pathfinder supported families for an average of 12 months then 75% of the support for these families would be completed by the end of March 2011. The support provided to these families will be the equivalent to the support provided to nine families to completion. Thus, the number of complete ‘equivalent’ families the Pathfinder will have supported to the end of March 2011 would be estimated to be 59.
- 4.12 The number of complete ‘equivalent’ families the Pathfinder was estimated to have supported until the end of March 2011 was 140.
- 4.13 The total cost of the pathfinder over three years can be estimated by combining all the cost elements. The estimate against each of the three different scenarios discussed above is shown in Table 4.3 below. The table presents the total cost as well as the unit cost per family.

Table 4.3 Estimates of Total and Family Unit Cost of the Pathfinder		
Scenario	Total Cost	Unit cost/family
Optimistic	£2,625,600	£18,754
Base	£2,648,280	£18,916
Pessimistic	£2,913,360	£20,810

- 4.14 The unit cost presented above is based upon the total cost of establishing and running the pathfinder over three years. This includes the start up costs of setting up the pathfinder such as training costs. Such a unit cost is useful in understanding the total scale of investment within a family and therefore the social return on the total investment made. However, for decisions to be made about continuation funding a more useful unit cost to consider is the ongoing unit cost and treating the start up costs as sunk costs. In this case the unit cost can be calculated by dividing the total number of families seen in a year by annual costs incurred by the pathfinder.

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4.15 The estimated ongoing unit cost for the Westminster pathfinder for the three cost scenarios is provided in table 4.4 below, based upon an average of 50 families working with the pathfinder against expenditure in 2010/11. Westminster has begun to focus on working with a smaller number of families than at the start of the pathfinder and as such the ongoing unit cost is actually greater than that for the pathfinder since inception.

Table 4.4 Estimates of Annual and Ongoing Unit Cost of the Pathfinder		
Scenario	Estimated ongoing annual cost	Ongoing unit cost/family
Optimistic	£1,092,000	£21,840
Base	£1,100,100	£22,002
Pessimistic	£1,194,771	£23,895

5 MONETARY BENEFITS OF THE PATHFINDER

- 5.1 Monetary benefits of the pathfinder identified in the theory of change focussed on the reduction in the likelihood of costly outcomes for individuals working with the pathfinder. Potential savings could also arise from the introduction of the new IT system introduced as part of the pathfinder but it is too early to say what these savings may be.

Costs Savings from Aversion of Negative Outcomes

- 5.2 As part of the wider evaluation, data was collected on families when they started working with the Pathfinder ('entry'), whilst working with the family and when the Pathfinder stopped working with the family ('exit'). The 'entry' and 'exit' data included an assessment by Pathfinder practitioners on various family outcomes and behaviours and whether the practitioner had a concern that these were/were not being achieved or exhibited at entry and exit. For some of the outcomes the concern was recorded as low, medium or high against defined criteria, whilst for others practitioners were simply asked whether they had a concern or not. These questions allowed change and improvement in family outcome during the time the family worked with the Pathfinder to be observed and measured.
- 5.3 It is accepted that without a counterfactual there is limited evidence whether the changes observed would have occurred without Pathfinder support. However, some evidence on causality is available.
- 5.4 The SROI methodology provides a logical narrative of why the changes seen may be due to the Pathfinder. The assessment of the evidence of whether these changes were achieved is therefore a judgement in part on whether the improvement in outcomes for families is linked to Pathfinder activity.
- 5.5 Additionally, practitioners were asked whether they thought the change in outcome seen was wholly or partly due to Pathfinder activity, which also provides evidence of causality.

- 5.6 For twelve of the outcomes considered there were cost savings to the public purse that could be readily identified through published literature. These are addressed in the remainder of this section. There are other outcomes that cannot be valued monetarily and these are discussed with the other benefits of the Pathfinder in the next section.
- 5.7 To translate the change in concern (that practitioners recorded) into averted, costed negative outcomes a number of assumptions had to be employed. A major consideration in making these assumptions was that the analysis should produce results that are as cautious as is plausible. Where criticism is levelled at the analysis, it should be that we have underestimated the potential benefits rather than produced an over estimate. The assumptions made are:
- only those families that were considered by practitioners to be ‘high’ or ‘medium’ risk on entry of experiencing a specific outcome, and then considered low or no risk at exit were included in the analysis;
 - only changes in outcome where the practitioner reported it was wholly or partly due to the Pathfinder are included in the analysis;
 - we use only the avoided costs that are directly attributable to an averted outcome. For example, whilst avoiding becoming a teenage parent has associated cost savings associated with a decreased likelihood of being NEET, only those costs directly attributable to teen pregnancy are considered;
 - all cost estimates were taken from literature or derived from the DfE Negative Costing Tool. Only costs that have a direct impact on public finances are included;
 - families included on the FPIS system were randomly selected and representative of all families worked with;
 - children who were on a child protection plan at entry were considered to be at imminent risk of going into care and only these children are included in the analysis against that outcome. Those children who were not on a child protection plan at exit and had not gone into care were considered to have the imminent concern of entering the care system removed;
 - in the absence of any evidence to the contrary, any deterioration in outcome or concerns seen at exit and not at entry are considered to be independent of Pathfinder activity.

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5.8 There are two broad types of avoided cost considered in the analysis. The first is the associated cost saving for avoiding outcomes that can be observed to have an immediate cost or a cost that could be expected to be realised within a year (“one year public purse savings”). These costs can be regarded as those most likely to generate a saving to a specific organisation that could potentially be cashable. If the negative outcome continues to be averted for more than a year than costs avoided would also increase, but to keep our analysis conservative we assume that only one year’s costs are avoided i.e. the Pathfinder intervention when successful has a persistence of only one year.

5.9 The second type of cost saving is that associated with the removal of a negative outcome for children when they reach adulthood that would not be seen potentially for some time, the saving would be over a lifetime and it is difficult to see how these savings could be realised (“lifetime savings”).

5.10 Estimates of total potential cost savings from the Pathfinder based on practitioner reported reduction in concern in the FPIS is presented in Table 5.1 below. Data was available on 78 of the 140 families the Pathfinder worked with. The estimated cost savings in this table should not be interpreted as the savings generated by the pathfinder and should not be quoted as such. Rather, the table is a step in the analysis required to generate the actual financial return per family and also points to where potential savings are being produced. The meanings of different risk levels for different outcomes and the sources of the different costs for each outcome is provided in Appendix A.

Table 5.1: Total potential monetary benefits for the 78 families in FPIS					
Adverse outcome	Number with high or medium concern at entry	Numbers with change to low or no concern at exit	Associated Cost Savings per Individual (£)	Associated cost savings assuming all concerns removed result in outcomes averted (£)	Primary Beneficiary
Lifetime savings					
Truancy (<18)	40	21	44,468	933,828	-
NEET (14-20)	10	5	104,000	520,000	-
<i>Total lifetime savings</i>	-	-	-	<i>1,453,828</i>	-
One year public purse savings					
Teenage	5	1	7,939	7,939	NHS/Benefits

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Table 5.1: Total potential monetary benefits for the 78 families in FPIS					
Adverse outcome	Number with high or medium concern at entry	Numbers with change to low or no concern at exit	Associated Cost Savings per Individual (£)	Associated cost savings assuming all concerns removed result in outcomes averted (£)	Primary Beneficiary
pregnancy (<18)					agency
Youth offending (<21)	21	14	100,000	1,400,000	Prison service, criminal justice system
Adult offending (>20)	14	3	25,500	76,500	Prison service
Entry into care system (<18)	38	7	40,248	281,736	Children's services
Mental health (all ages)	30	15	6,562	98,430	NHS
Unemployment (>17)	99	6	5,934	35,604	DWP/Benefits Agency
Alcohol misuse (all ages)	11	5	2,196	10,980	NHS/Police
Drugs misuse (all ages)	19	7	13,626	95,382	NHS/Local authority/Police
Anti-social behaviour (all ages)	25	18	5,350	96,300	Local authority/Police
Domestic violence (families)	50	34	10,801	367,234	Criminal justice system/Police/NHS
<i>Total one year public purse savings</i>				<i>2,470,105</i>	
Lifetime plus one year public purse savings				3,923,933	

- 5.11 The table above shows that for the 78 families in FPIS the maximum financial benefit – assuming all high or medium concerns lowered or removed resulted in outcomes averted – was £3,403,933. Of this 36% of savings were generated from potentially stopping young people engaging in offending behaviour. 37% of the savings are generated from lifetime savings and 63% are annual public purse savings.
- 5.12 The findings above relate to the total benefits for families in FPIS assuming that all concern removed resulted in outcomes being averted for at least a year. Without tracking families through for the year following exit from the Pathfinder it is not possible to know whether the removal of concern resulted in the outcome not being experienced (“conversion of effect”). The family follow up interviews undertaken nationally as part of the national pathfinder evaluation provide some evidence in this area. The number of national interviews was 54 covering both full and extended pathfinders. Whilst being too small to provide a reliable estimate of conversion of effect, the interviews did suggest that not all families were maintaining change six months after exit.
- 5.13 The limited evidence on conversion of effect is mitigated to some degree by only looking at cost savings in the first instance for one year.
- 5.14 To further account for the uncertainty around conversion of effect, scenario analysis was used. Conversion rates for the optimistic, base and pessimistic scenarios were as follows:
- *Optimistic scenario: 100%*
 - *Base scenario: 75%*
 - *Pessimistic scenario: 50%*
- 5.15 To provide an example of what this means in practice, assume the pathfinder had 100 children where the concern for offending had moved from high or medium on entry to low or no concern at exit. In the optimistic scenario it is assumed that all 100 of these children would not offend. In the base scenario 75 of these children would not offend and in the pessimistic scenario only 50 of the 100 would not offend.

5.16 Tables 5.2 and 5.3 below present the unit cost per family, estimated costs avoided per family and estimated SROI ratios. Data is based on the FPIS data and the unit costs under the three cost scenarios discussed in Section 4. Table 5.2 provides analysis of total costs since inception and Table 5.3 an analysis of ongoing annual costs. SROI ratios greater than one indicates that the pathfinder generated a greater financial return than the costs it incurred.

Scenario	Cost per family	Costs avoided per family	SROI Ratio
Optimistic	£18,754	£50,307	2.68
Base	£18,916	£37,730	1.99
Pessimistic	£20,810	£25,153	1.21

5.17 The analysis in Table 5.2 shows that the best estimate of the cost savings per family is £37,730 against costs per family of £18,916. This generates an SROI ratio of 1.99 or for every £1 spent on the pathfinder it generates £1.99 in savings from averted negative outcomes. The analysis suggests that this ratio could be as low as 1.21 or as high as 2.68 depending on assumptions made on conversion of success into outcomes avoided for at least 12 months and also on the unit costs taken for the cost per hour of additional support provided to the pathfinder.

Scenario	Cost per family	Costs avoided per family	SROI Ratio
Optimistic	£21,840	£50,307	2.30
Base	£22,002	£37,730	1.71
Pessimistic	£23,895	£25,153	1.05

5.18 The analysis in Table 5.3 shows that looking at annual expenditure moving forwards, the best estimate for the SROI ratio that the pathfinder will produce is 1.71 or for every £1 spent on the pathfinder will generate £1.71 in savings from averted negative outcomes. The analysis suggests that this ratio could be as low as 1.05 or as high as 2.30.

6 NON-MONETARY BENEFITS OF THE PATHFINDER

6.1 In addition to the monetary benefits outlined in the previous section, there are also benefits of the Pathfinder that cannot be quantified monetarily but should be considered by decision makers in assessing the effectiveness of the resource dedicated to the Pathfinder. These benefits can be separated into improved outcomes for families and strategic, partnership and practice improvements seen within services.

6.2 The non-monetary benefits for the 78 families (197 children and 167 adults) picked up in the FPIS are presented in Table 6.1 below. Analysis looked at families that had an outcome with a high or medium concern at entry and low concern at exit where the change was considered by practitioners to at least in part to be due to the Pathfinder.

6.3 Notable benefits from this analysis include:

- of the 38 children where there high concerns about their caring responsibilities at entry, 45% had this concern removed at exit;
- of the 45 family members where there was concern at entry about their emotional mental health, 53% had this concern removed at exit.

Table 6.1: Non-monetary Family Benefits of the Pathfinder		
	Number with high/medium practitioner concern at entry	Number (percentage) with concern removed at exit
Family Members		
Bullying (perpetrator)	6	4 (66.7%)
Bullying (victim)	5	1 (20%)
Relationship with peers	24	16 (66.7%)
Cognitive goals	3	1 (33.3%)
Emotional goals	7	3 (42.9%)
Physical goals	4	3 (75%)
Communication milestones	7	5 (71.4%)
Children's educational attainment	30	15 (50%)
Children's engagement with learning	38	18 (47.4%)
Children's caring responsibilities	38	17 (44.7%)
Harrassment (other -	14	4 (28.6%)

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Table 6.1: Non-monetary Family Benefits of the Pathfinder		
	Number with high/medium practitioner concern at entry	Number (percentage) with concern removed at exit
perpetrator)		
Harrassment (other-victim)	11	9 (81.8%)
Harrassment (racial-perpetrator)	2	2 (100%)
Harrassment (racial-victim)	4	0 (0%)
Daily tasks	55	21 (38.2%)
Engagement with health professionals	28	16 (57.1%)
Chronic health conditions	10	2 (20%)
Personal hygiene	13	9 (69.2%)
Emotional mental health	45	24 (53.3%)
Families		
Positive family relationships	27	16 (59.3%)
Boundary setting	35	22 (62.9%)
Family support network	27	11 (40.7%)
Supervision of children	24	10 (41.7%)
Parental engagement in children's education	24	13 (54.2%)

Appendix A

Outcome: Truancy

- Meaning of high/medium risk in FPIS: Attendance <75%
- Meaning of low/no risk in FPIS: Attendance >74%
- Source of outcome cost: New Philanthropy Capital report 'Mispent Youth' and DfE Negative Costing Tool

Outcome: NEET

- Meaning of high/medium risk in FPIS at entry: YES to “Are there any young people in the family who are NEET?”
- Meaning of low/no risk in FPIS at exit: NO to “Are there any young people in the family who are NEET?”
- Source of outcome cost: Lifetime cost taken from study by York University at: http://www.york.ac.uk/depts/spsw/research/neet/NEET_Executive_Summary_July_2010_York.pdf

Outcome: Teenage Pregnancy

- Meaning of high/medium risk in FPIS at entry: YES to “Are there any young people in the family who are at risk of becoming a teenage parent?”
- Meaning of low/no risk in FPIS at exit: NO to “Are there any young people in the family who are at risk of becoming a teenage parent?”
- Source of outcome cost: Costs taken to be 12 months of benefits and delivery costs. Estimate of Benefits taken from DfES (2006) Teenage Pregnancy Next Steps: Guidance for Local Authorities and Primary Care Trusts on Effective Delivery of Local Strategies. This suggested the benefits cost is £19,000 to £25,000 over 3 years for teen mothers. Annual cost calculated from lower of these estimates. Costs of birth taken from NHS 2008–09 reference costs, average unit costs for all births is £1606. Approximately 50% of under 18s have an abortion with a cost which is circa £600. However, the cost of abortion does not take into account complications and the birth cost does not include ante and post discharge. As such £1606 is likely to be an underestimate of the average cost to the NHS related to teen pregnancy.

Outcome: Youth Offending

- Meaning of high/medium risk in FPIS at entry: Young person (<21) had received final warnings/referral order or final caution or has received a sentence in the last year or is under probation services.

- Meaning of low/no risk in FPIS at exit: Is known to the police but none of the factors for high/medium risk are present.
- Source of outcome cost: From various sources. Eg. NEF – punishing costs (2010) which suggests £100,000 is likely to be an underestimate. Also can be calculated from NAO report "The youth justice system in England and Wales: Reducing offending by young people" (2010) which suggests total cost of £8.5 bn per year public purse and societal cost for 90,000 offenders.

Outcome: Adult Offending

- Meaning of high/medium risk in FPIS at entry: Adult (>20) had received final warnings/referral order or final caution or has received a sentence in the last year or is under probation services.
- Meaning of low/no risk in FPIS at exit: Is known to the police but none of the factors for high/medium risk are present.
- Source of outcome cost: Taken from report by Philanthropy Capital. <http://www.philanthropycapital.org/downloads/pdf/Investing%20in%20family%20ties.pdf>. Incarceration costs only so ignores other Criminal Justice Costs. Average length of incarceration from reoffending is 8 months at a costs of £25,500.

Outcome: Entry into Care System

- Meaning of high/medium risk in FPIS at entry: On a Child Protection Plan.
- Meaning of low/no risk in FPIS at exit: Not on a Child Protection Plan and not been taken into care.
- Source of outcome cost: National unit cost for all placements is £774 per week. See: <http://www.publications.parliament.uk/pa/cm200809/cmselect/cmchilsch/11/1111i.pdf>.

Outcome: Mental Health

- Meaning of high/medium risk in FPIS at entry: Escalating or severe forms of psychological mental health evident.
- Meaning of low/no risk in FPIS at exit: No evident problems or managed approach to psychological conditions.
- Source of outcome cost: Focus on acute care only. Average length of stay in acute care for a depressive episode is 31.1 days (HES online). The average cost per day of inpatient care is £211 from PSSRU. This gives an average cost per stay of £6562 per stay. Assume one stay per year.

Outcome: Unemployment

- Meaning of high/medium risk in FPIS at entry: Family member unemployed in household where main carer unemployed 6 months or more or no one in household in paid employment.
- Meaning of low/no risk in FPIS at exit: Family member employed.
- Source of outcome cost: Focus on benefits (JSA only) and loss in tax income. JSA for over 25s is £65.45 per week. Loss in tax revenue taken from assumption of a wage when person moves into employment at the bottom decile (£14,352 per year) with tax/NI on this wage of £2524 see: <http://www.statistics.gov.uk/cci/nugget.asp?id=285>

Outcome: Alcohol Misuse

- Meaning of high/medium risk in FPIS at entry: 'Harmful' or 'Dependent' drinker.
- Meaning of low/no risk in FPIS at exit: 'Hazardous' drinking or no practitioner concern.
- Source of outcome cost: From York university report on costs of alcohol misuse in Scotland for Scottish Govt. Estimated from £2.196 bn annual cost and approx 1 million problem drinkers

Outcome: Drugs Misuse

- Meaning of high/medium risk in FPIS at entry: 'Harmful' or 'Dependent' drug user.
- Meaning of low/no risk in FPIS at exit: 'Hazardous' drug user or no practitioner concern.
- Source of outcome cost: From home office report on drug users <http://rds.homeoffice.gov.uk/rds/pdfs2/hors249.pdf>. Estimates figure of reactive Government expenditure (health, social care, police) of £10402 increased by 31% with RPI to £13626.

Outcome: Anti Social Behaviour

- Meaning of high/medium risk in FPIS at entry: Engaged in ASB which has resulted in formal actions being taken or is at risk of formal actions being taken.
- Meaning of low/no risk in FPIS at exit: Not engaging in ASB or may be engaged in ASB but no formal actions are imminent.
- Source of outcome cost: The cost of an ASBO taken from the negative costing tool.

Outcome: Domestic Violence

- Meaning of high/medium risk in FPIS at entry: YES to “Are there concerns about family violence or abusive behaviour”
- Meaning of low/no risk in FPIS at exit: NO to “Are there concerns about family violence or abusive behaviour”
- Source of outcome cost: Cost of domestic violence estimated in 2008 to public services of £3.856bn from 'Cost of Domestic Violence – Update 2009, Walby S' at http://webcache.googleusercontent.com/search?q=cache:zTMvqg4xccUJ:www.lancs.ac.uk/fass/doc_library/sociology/Cost_of_domestic_violence_update.doc+cost+of+domestic+violence&cd=5&hl=en&ct=clnk&gl=uk. Number of incidents 357,000 from British Crime Survey in 2005/06. Equates to £10,801 per incident. Assume one incident per year.