



# The Value of Early Intervention

Identifying the social return of Barnardo's Children's Centre services

July 2012

In partnership:



Barnardo's Registered Charity Nos. 216250 and SC037605



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A report submitted by [ICF GHK](#)  
in partnership with

[Barnardo's](#)

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## Document Control

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Barnardo's Registered Charity Nos. 216250 and SC037605

# Contents

<b>Executive summary</b> .....	<b>i</b>
<b>Presenting the findings of this report</b> .....	<b>iv</b>
<b>1 Introduction</b> .....	<b>1</b>
1.1 Why SROI? .....	1
<b>2 Identifying Services</b> .....	<b>4</b>
2.1 Children’s Centres.....	4
2.2 The children’s centre services selected for this project .....	5
<b>3 Our Approach to SROI</b> .....	<b>6</b>
3.1 Five Steps to showing a Social Return .....	6
<b>4 Stay and Play</b> .....	<b>10</b>
4.1 How does the service work? .....	10
4.2 Logic Model .....	12
4.3 Valuing Costs .....	13
4.4 Valuing Benefits .....	13
4.5 Results .....	17
4.6 Sensitivity .....	17
<b>5 Family Support Workers</b> .....	<b>18</b>
5.1 How does the service work? .....	18
5.2 Logic Model .....	18
5.3 Valuing Costs .....	20
5.4 Valuing Benefits .....	20
5.5 Results .....	23
5.6 Sensitivity .....	23
<b>6 Tiny Toes</b> .....	<b>24</b>
6.1 How does the service work? .....	24
6.2 Logic Model .....	24
6.3 Valuing Costs .....	26
6.4 Valuing Benefits .....	26
6.5 Results .....	29
6.6 Sensitivity .....	29
<b>7 Triple P</b> .....	<b>30</b>
7.1 What is the service? .....	30
7.2 How does the service work? .....	30
7.3 Logic Model .....	30
7.4 Valuing Costs .....	32
7.5 Valuing Benefits .....	32
7.6 Results .....	35
7.7 Sensitivity Analysis.....	35
<b>8 Conclusion</b> .....	<b>36</b>
<b>Annex 1 References</b> .....	<b>38</b>
<b>Annex 2 Glossary</b> .....	<b>39</b>
<b>Annex 3 Stay and Play Technical Tables</b> .....	<b>40</b>
<b>Annex 4 Evergreen Technical Tables</b> .....	<b>52</b>
<b>Annex 5 Tiny Toes Technical Tables</b> .....	<b>63</b>
<b>Annex 6 Triple P Technical Tables</b> .....	<b>74</b>

## Executive summary

Barnardo’s children’s centres deliver a wide range of services to support families. Services are often tailored to the local context, providing the support most needed in the local area. Some are more commonly delivered in many children’s centres. This report presents the findings of a joint project undertaken by ICF GHK and Barnardo’s to explore the Social Return on Investment (SROI) in early years settings and establish the value of Barnardo’s children’s centre services. The services are: Stay and Play; Family Support Workers; Tiny Toes (group support for young parents); and, Triple P parenting support programme. ICF GHK undertook one analysis and supported Barnardo’s to carry out three more.

### Social Return on Investment

**SROI is a form of cost-benefit analysis.** The end result is often eye catching. It produces a ratio that suggests for every £1 invested £X of benefit is produced. It is important that ratio’s are not viewed in isolation. Rather, they should be considered alongside other evaluative evidence.

SROI can help organisations to establish a fuller picture of the value of their activities. It provides a way of describing and summarising benefits that may be especially compelling to some funders. The analysis and the process of undertaking it can also be valuable in itself: showing where value falls to particular groups of stakeholders for example.

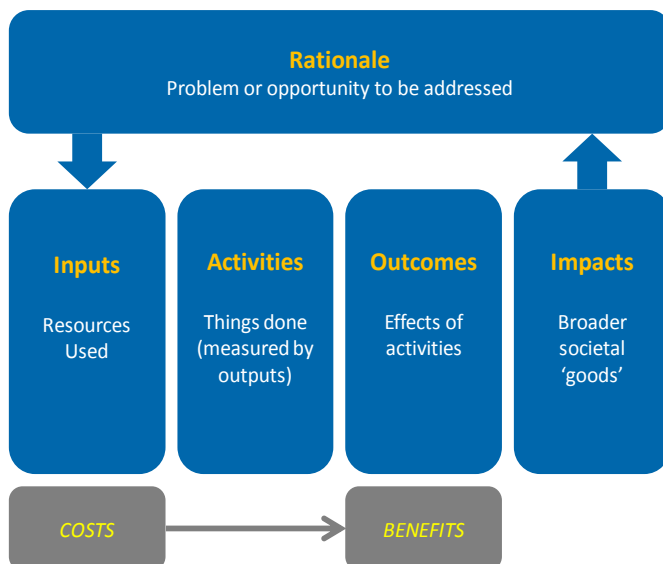
SROI, like all forms of economic analysis, has limitations. At present the key issue relates to the comparability of ratios. Conventions for attaching monetary valuations to many social outcomes, such as improvements happiness or reductions in social isolation, have yet to be established. Each analyst

#### Perspective and Time Period

Any economic analysis must make decisions regarding the perspective that will be adopted and the time period over which the costs and benefits will be considered. As is most consistent with the philosophical underpinnings of SROI this analysis adopts the perspective of society as a whole, considering all costs and benefits. Benefits were considered over a five year time period.

faced with this challenge will have to consult a wide array of literature (which can produce several different valuations) or undertake the process of attempting to provide a realistic valuation using often complex methods. The result is that it can be problematic to compare ratios, since the financial valuations used can vary across analyses.

Creating a list of all the relevant benefits and costs for the services is a key step in SROI analysis. For each of the analyses included in this report this was produced using a logic model (based on the figure to the left). Such models are useful in SROI as they help to identify the various inputs (costs) and outcomes / impact (benefits) of an intervention.



#### Identifying Services

The Coalition Government has stated a vision of increased transparency, accountability and value for money in public service delivery.<sup>1</sup> For children centres this means an increased focus on delivering their core purpose: supporting the most vulnerable children and families and enabling local delivery to be shaped by local need. This means an increased focus on reducing inequalities in:

<sup>1</sup> HM Government, 2012. *Open Public Services White Paper* Internet: <http://files.openpublicservices.cabinetoffice.gov.uk/OpenPublicServices-WhitePaper.pdf>

- Child development and school readiness;
- Parenting aspirations, self esteem and parenting skills; and
- Child and family health and life chances.<sup>2</sup>

Ofsted's 2012 framework for children's centre inspections stresses the need for evaluation and evidence of outputs and outcomes. Given these priorities, we selected a range of services delivered by Barnardo's children's centres that focus on improvements in child development, parenting and health and life chances. The services are common to many Barnardo's children's centres and, when delivered within one centre, often link together closely.

### Stay and Play

Stay and Play is a service that is very common to Barnardo's children's centres. In Barnardo's Bournemouth (Stokewood and Winton Children's Centre and Queen's Park Children's Centre) children's centres, the Stay and Play service is universal and forms part of a broader family support workstream.

The two children's centres offer safe and secure play environments for families. Stay and Play groups are delivered weekly, with weekend groups run on a bimonthly basis. Some groups targeted at families with particular needs are also delivered, for example for families with English as an Additional Language (EAL). Stay and Play sessions offer parents opportunities to: build networks of support with their peers; receive parenting and childcare advice and guidance from Children's Centre staff; and, receive signposting to other services.

The table below shows: the sources of evidence that informed the analysis; the range of outcomes that the service contributed towards; the total monetary value of all inputs to the service; and, the 'net' value (accounting for the extent to which outcomes were produced by the service and are sustained over time) of outcomes over five years.

<b>Evidence on costs and benefits was gathered from:</b>	The Together4Children toolkit; qualitative interview data from the children's centre service manager, five children's centre staff, 17 parents; Bournemouth Borough Council's eStart system; and feedback forms completed by parents.
<b>Outcomes that the service contributed to included:</b>	Improved confidence of parents; improved knowledge of parenting strategies; improved English language skills for children with English as an additional language; improved diet; increased access to physical activities; parents promote children's play and learning; improved progress in child's learning and development; reduced social isolation, reduced obesity and improved parenting.
<b>SROI generated for every £1 invested</b>	£2

### The services selected for the analyses were:

- Stay and Play sessions for families with children under the age of 2;
- a Family Support Worker service which provides intensive one-to-one support to families with children under 5 years old who have additional needs;
- Tiny Toes – a service which provides intensive support to expectant teenage and young mothers; and,
- A Triple P parenting programme which provides additional support to parents to manage their child's behaviour.

### Family Support Workers

In addition to Stay and Play, many Barnardo's children's centres also offer more targeted support for families with additional needs. Family Support Workers (FSWs) at Evergreen Children's Centre in Warwickshire provide families with children under 5 years old who have additional needs with intensive one-to-one support.

Referrals to the service are made by a wide range of professional groups from health, education, voluntary and community sector (VCS) organisations, and statutory services. Following referral an initial assessment takes place to identify the specific needs of families. Families are then matched with a FSW. Once matched with families, FSWs offer a package of tailored support responding to the

<sup>2</sup>

<http://www.education.gov.uk/consultations/index.cfm?action=consultationDetails&consultationId=1808&external=no&menu=1>

needs of families and through discussion and agreement with them. Where work has been undertaken to address a particular need and further needs are identified, FSWs continue to provide support to the family. The programme of support is discussed with families on an ongoing basis and closed with their agreement.

<b>Evidence on costs and benefits was gathered from:</b>	Financial information provided by Evergreen children’s centre; quantitative data on outputs provided by Barnardo’s; qualitative interviews with the Centre manager, FSWs, and service users; quantitative outcome data provided by the Barnardo’s Outcomes Framework.
<b>Outcomes that the service contributed to included:</b>	improved parenting skills; improved confidence of parents; reductions in the level of risk / harm to children; safer home environments; improved access to information on housing, health, benefits, rights or support needs; reduced numbers of families accessing high level services; reduced social isolation of families; improved family relationships; and, carers promoting children’s plan and learning.
<b>SROI generated for every £1 invested</b>	£4.50

### Tiny Toes

The Tiny Toes service, run by Hazlemere and Loudwater children’s centre in Buckinghamshire, provides support for expectant teenage and young mothers and their babies.<sup>3</sup> The service brings mothers together in a safe, fun and educational environment, allowing Tiny Toes to address a range of complex issues experienced by mothers.

The service is intensive; Tiny Toes staff arrange appointments for service users and make it as easy as possible for them to attend. This includes providing very strong encouragement to mothers and even picking mothers up and taking them to appointments to make sure that they attend. Mothers receive a wide range of support including: cooking and preparing food; supported play; training towards accredited qualifications; trips to events and attractions; and, support around specific issues delivered by expert professionals. Tiny Toes is an age and time limited service: Mothers progress to access other forms of support if they reach the age of 21 or if they have attended for a year. When mothers are ready to move on from the Tiny Toes service they are referred to other, less intensive, groups provided by the children’s centre, which works to ensure outcomes are sustained into the future.

<b>Evidence on costs and benefits was gathered from:</b>	The Barnardo’s Outcomes Framework, qualitative interviews with Tiny Toes staff and the Children’s Centre Manager.
<b>Outcomes that the service contributed to included:</b>	Improved parenting skills; improved parental confidence; reduced social isolation; improved family health; reduced levels of risk / harm to children; improved resource management by parents; parents accessing employment, education and / or training.
<b>SROI generated for every £1 invested</b>	£3.50

### Triple P

Triple P<sup>4</sup> is a parenting programme delivered by many organisations and in many settings, including Barnardo’s children’s centres. The delivery of Triple P programmes can be more or less intense depending on the level of need it is intended to address. At Brock House children’s centre in Somerset, parents attending the programme are those who are in need of additional support to manage their child’s behaviour but are not amongst those at risk of having their children taken into care.

Families are referred to the service by a range of agencies including: the children’s centre team; social care professionals; health visitors; schools and, family outreach services. To enable parents to attend, a crèche is provided during weeks where group sessions are delivered. Four, weekly, group sessions

<sup>3</sup> for brevity, throughout this section we refer to this group as mothers

<sup>4</sup> This service was well established



are delivered from the children’s centre by a Project Worker and a Parenting and Family Support Advisor (PFSA), followed by two weeks of support over the telephone. If additional support is required then home visits provided by the Project Worker or PFSA are provided. On completion of the Triple P programme, parents are encouraged to build relationships with their peers and continue to access universal services provided by the children’s centre (such as Stay and Play). This helps to ensure that outcomes are sustained into the future and staff can continue to provide more informal low level support.

<b>Evidence on costs and benefits was gathered from:</b>	The Barnardo’s Unit Costing Together4Children Tool ; qualitative interview with the Project Worker; parental feedback provided by the Children’s Centre; and, robust academic evidence.
<b>Outcomes that the service contributed to included:</b>	Improved parental confidence; improved social networks; improved knowledge of parenting; improved family relationships; improved child behaviour
<b>SROI generated for every £1 invested</b>	£2.50

## Results

The services selected represent the range of services delivered within Barnardo’s children’s centres. Whilst some parents may access one, others will access several. The close linkages between these services work to provide pathways for referral and contribute to the sustainability of outcomes. It is possible therefore that there are additional outcomes achieved by services that have not been included in the analyses.

All of the analyses showed positive returns of at least double the investment in the service. Our approach to the analysis is in line with our principles of being transparent and conservative. The full report details every assumption that was made in the analysis. Moreover, in valuing outcomes we have taken a conservative approach and where we have not been able to establish a plausible financial valuation we have said so and excluded them from the final ratio. This means that the results presented are, if anything, an underestimation of the services included.

<b>Service</b>	<b>SROI generated for every £1 invested</b>	<b>Stability</b>
Stay and Play	£2	Stable
Family Support Workers	£4.50	Stable
Tiny Toes	£3.50	Stable
Triple P	£2.50	Stable

The table to the left shows the results for each of the services and the overall ‘stability’ (the extent to which results are altered by varying key assumptions) of the results. Overall, when tested the analyses were all stable and showed a low level of sensitivity, increasing our confidence in the results.

## Presenting the findings of this report

This report presents the findings from four Social Return on Investment (SROI) analyses of Barnardo's children's centre services. In presenting the analyses we have attempted to be as transparent as possible, using examples to showing our workings and reasoning and providing full details in the annexes. We have also attempted to be very clear about the results and the limitations of both the analyses and the method of SROI.

The intention is to allow the reader to engage with the analyses individually and as a whole and make their own assessment as to their robustness. It is recognised that not every reader will want to engage with the detail of the analysis in this way. We therefore present the following as the main messages from the analysis.

### ***The analyses are conservative: if anything, the results underestimate the value of the services***

In valuing outcomes we have taken a conservative approach and where we have not been able to establish a plausible financial valuation we have said so and excluded them from the final ratio. This means that the results presented above are, if anything, an underestimation of the services included. Even taking this cautious approach, the results show that all of the services assessed in this report provided value for money.

### ***The analysis shows that all of the services considered are cost beneficial***

This means that the benefits of the services outweigh the resources consumed to deliver them. All the analyses showed returns of at least double the investment in the service. Returns per £1 invested were around:

- £2 for the Stay and Play service;
- £4.50 for the Family Support Worker service;
- £3.50 for the Tiny Toes service; and,
- £2.50 for the Triple P programme.

### ***The services included represent a range of services commonly delivered by Barnardo's children's centres***

The services assessed represent the range of services delivered within Barnardo's children's centres. Whilst some parents may access one, others will access several. The close linkages between these services are of great benefit, working to provide pathways for referral and contribute to the sustainability of outcomes. There are therefore additional outcomes that are not included in the individual service focused SROI analyses in this report.

### ***SROI is a useful form of analysis but has its limitations***

SROI is useful as it provides a framework for thinking about how investments in a service achieve benefits, guiding a conversation in which the full value of activities of an intervention can be considered. It also provides a compelling way of describing and summarising benefits to funders. Nonetheless, SROI ratios should never be considered in isolation. They form part of a broader picture, which should also consider the context, nature and other evidence regarding the service.

Moreover, SROI analyses rely on the making of judgements in order to place monetary values on often intangible benefits (such as improvements in happiness). There are not yet any established conventions for valuing such benefits. Those conducting SROI can make use of a range of methods to establish financial values and these values can differ from one study to another. There are also some concerns that some SROI's have produced inflated ratios in an effort to produce a ratio aimed solely at marketing purposes. The result is that it becomes problematic to compare SROI ratios.

# 1 Introduction

There is not enough money. There never has been and there never will be. We all have to make decisions about what we spend our money on and what we sacrifice when we buy something else. For those responsible for spending public money, these decisions are more complex. How can public money be spent in the best way, to achieve the best value – the greatest public good?

In order to assist them when making these decisions, policy makers and commissioners are demanding more information from those providing public services. Attempts to reduce the public deficit have brought an even sharper focus on the achievement of value for money. Economic analysis provides a useful approach that can be utilised by organisations in the voluntary and community sector (VCS) to show the value of services.

This report presents the findings of a joint project undertaken by ICF GHK and Barnardo's to explore the Social Return on Investment (SROI) in early years settings and establish the value of Barnardo's children's centre services. The services are: Family Support Workers; Stay and Play; Tiny Toes (group support for young parents); and, Triple P parenting support programme.

## 1.1 Why SROI?

There is a range of ways to consider value for money. At heart each one compares costs to benefits. Primarily, the differences come in the way that the benefits are measured.

**Cost-consequence analysis** establishes the cost of an intervention and then simply lists the range of benefits that were achieved. This makes comparing interventions difficult. How can we compare intervention 1 which achieves benefits a, b, and c to intervention 2 that achieves benefits x, y, and z?

The results of **cost-effectiveness analysis** are presented as a "cost per outcome". In order to undertake this type of analysis it is firstly a challenge to decide which outcome is most appropriate – especially in complex social programmes which work towards achieving a wide range of impacts. The problem of comparability also remains, as it is very difficult for decision makers to compare improvements in home safety to improvements in parental confidence.

In order to address the problem of comparability, **cost-utility analysis** measures outcomes in a standardised way. This type of analysis is commonly used in the health field but is very technical, expensive and thus beyond the scope of most VCS organisations to perform.

**SROI is a form of cost-benefit analysis (CBA)**. It standardises the outcomes of interventions by converting them into monetary values. The end result is often eye catching. It produces a ratio that suggests for every £1 invested £X of benefit is produced. This clearly shows whether the intervention is worth investing in or not, since if costs exceed benefits then it would not be rational to proceed.

In essence the differences between CBA and SROI are practical rather than philosophical. SROI could be described as CBA's hyperactive little sister, straying into territory (such as complex social programmes) that CBA has typically avoided. SROI therefore relies much more heavily on assumptions and judgements than CBA. A frequently stated advantage of SROI over other forms of economic analysis is the involvement of stakeholders in order to inform the analysis and contribute to further service development. Nonetheless, a good CBA study would engage with stakeholders in the same way. Whilst the emphasis on this aspect of the analysis when undertaking CBA is implicit, in SROI there is a very explicit emphasis on stakeholder engagement.

The main strengths of SROI are that it applies an economic framework to organisations and areas of service that have often neglected (perhaps even rejected) this way of thinking. In doing so, it introduces a series of useful concepts – chiefly in terms of thinking about the benefits achieved for a given level of investment. This can then be used to guide the

conversation by monetising costs and benefits and allows both parties to gain a fuller picture of the value of their activities. This also provides a way of describing and summarising benefits that may be especially compelling to some funders. The ‘story’ of the analysis, and the process of undertaking it, can also be valuable in itself: showing where value falls to particular groups of stakeholders, for example.

### 1.1.1 Limitations of SROI

All forms of economic analysis have limitations. The need for good evaluation in order to underpin economic analysis is common to all approaches. Robust monitoring and evaluation systems allow for the collection of high quality data, the establishment of outcomes and understanding of the extent to which outcomes achieved are additional to what would otherwise have occurred. All of this information is of vital importance when conducting any type of economic analysis, including SROI. Economic analysis should be seen as an addition to robust evaluation and not a replacement for it.

SROI is a relatively new form of economic analysis, developed to find new ways of understanding the value of programmes and interventions. This raises some difficulties, particularly relating to the comparability of ratios. Whilst in CBA there are many conventions in establishing impact<sup>5</sup> and accepted valuations for very tangible outcomes, in SROI this is not the case. For example, there is no commonly accepted way to value improvements in happiness or reductions in social isolation. Each analyst faced with this challenge will have to consult a wide array of literature (which can produce several different valuations) or undertake the difficult process of attempting to provide a realistic valuation using often complex methods. This can result in ratios lacking consistency meaning funders are unable to use SROI ratios in isolation when making funding decisions.

Moreover, there are some concerns that some SROI’s have produced inflated ratios in an effort to produce a ratio aimed solely at marketing purposes<sup>6</sup>. The result is that it becomes problematic to compare SROI ratios; instead ratios should be seen as part of a broader picture alongside other evaluative evidence.

### 1.1.2 Limitations of the analyses in this report

All of the analyses presented in this report assess benefits over a period of five years. However, all of the services work directly with children in their early years. It is likely that these interventions will contribute towards improving the outcomes for children (for example, improved educational attainment) that are not realised within the five year time period used. Thus, these longer term impacts are excluded from the analyses, meaning that the results are likely an underestimation of the value of the service.

Two analyses were not able to undertake direct fieldwork with service users due to the budget and scope of the project. To an extent these interventions were able to benefit from larger bodies of existing literature than other analyses. For example, whilst Triple P programmes have been very heavily evaluated, there is little existing evidence on Stay and Play services.

It should also be noted that in valuing outcomes financially we have, in general, assumed only that an outcome occurs (for example, there was improved safety for children in the home). We have done little to value the magnitude of the outcome (i.e. did the home become a bit safer or a lot safer). In some cases we have selected different proxies based on an estimate of the average magnitude of the outcome – so for improvements in parenting skills in our analysis of Stay and Play (where improvements were thought to be relatively small) we used a lower financial value than when looking at the same outcome produced by Triple P (where improvements were larger).

<sup>5</sup> Whereas CBA often makes use of statistical methods of analysis in order to establish a causal impact, SROI relies more on judgement based on.

<sup>6</sup> Arvidson, M., Lyon, F., McKay, S. and Moro, D. 2010. *The ambitions and challenges of SROI* Third Sector Research Centre

Finally, due to limitations on the availability of data for some outcomes it was also necessary in the analyses to make assumptions regarding the number of times some outcomes occurred. Where these assumptions have been made they are based on data from qualitative data from interviews or findings from existing literature. Assumptions relating to occurrence are presented for illustrative outcomes in the main body of this report and for all outcomes in the accompanying annexes. We have also varied our assumptions in our sensitivity analyses to test the extent to which the final result is sensitive to alterations in the judgements made.

### **1.1.3 Our approach to SROI: transparent and conservative**

In order to address these limitations and to provide SROI analysis that all stakeholders can have confidence in, we adopt two clear principles of being transparent and conservative in our valuations, assumptions and judgements (this is set out further in section 3 where we discuss our approach in more detail). We tend towards conservative judgements and where it is not possible to identify plausible valuations for outcomes we exclude them from the analysis. This means that if anything, the results are likely to represent a slight underestimation of the true value of the service.

To ensure that we are transparent in the judgements and assumptions used in the analyses, the annexes to this report contain tables detailing the rationale for all assumptions used in the various analyses. This allows the reader to engage fully with the analysis and follow our reasoning, promoting a much more informed consideration of the final results.

## 2 Identifying Services

This section considers the selection of services that were included in the project. ICF GHK and Barnardo's worked together to ensure that a range of services were included that are commonly delivered within children's centres and represent their core purpose.

### 2.1 Children's Centres

Sure Start children's centres started life as the Sure Start programme in 1998. The programme was influenced by research findings, mainly from the US, which suggested that investment in the development of very young children could improve life outcomes and reduce public spending over the long term.

In 2006 Sure Start Children's centres were included in provisions under the Children Act 2006. The Act defines a Sure Start children's centre as a place or a group of places:

- Which is managed by or on behalf of the local authority to secure that early childhood services are made available in an integrated way;
- Through which early childhood services are made available – either by providing the services on site, or by providing advice and assistance on gaining access to services elsewhere; and,
- At which activities for young children are provided.

#### *New policy direction*

The Coalition Government has stated a vision of increased transparency, accountability and value for money in public service delivery<sup>7</sup>. For Children Centres this means an increased focus on delivering its core purpose, including on supporting the most vulnerable children and families and on enabling local delivery to be shaped by local need.

In this spirit, DfE has revised the Sure Start children's centres Statutory Guidance and is currently consulting on these changes.<sup>8</sup> The revised guidance is less prescriptive than previous iterations in terms of determining the range of activities provided by Children's Centres and how these are to be done. Instead, the guidance states that the Children's Centres' *Core Purpose* is to improve outcomes for young children and their families, with a particular focus on families in greatest need of support, in order to reduce inequalities in:

- Child development and school readiness;
- Parenting aspirations, self esteem and parenting skills; and
- Child and family health and life chances.

As of March 2011, central government ceased providing a number of ring-fenced funding streams to local authorities related to children and young people. These included the budget for Sure Start Children Centre's, as well as 21 other streams (examples include those for Connexions, Short Breaks for Disabled Children and the January guarantee for 16 to 18 year olds). These funding streams have been replaced by the Early Intervention Grant (EIG) which is worth £2222m in 2011-12 and £2307m in 2012-13. The EIG allows local authorities to allocate this funding as required by local needs.<sup>9</sup>

#### *Inspection and evaluation*

The Children Act 2006 gives Ofsted a duty to inspect each Children's Centre to inspect all children's centres within five years of opening and then at no more than five-yearly intervals. Ofsted must provide written report addressing the children's centre's contribution to:

<sup>7</sup> HM Government, 2012. *Open Public Services White Paper* Internet: <http://files.openpublicservices.cabinetoffice.gov.uk/OpenPublicServices-WhitePaper.pdf>

<sup>8</sup>

<http://www.education.gov.uk/consultations/index.cfm?action=consultationDetails&consultationId=1808&external=no&menu=1>

<sup>9</sup> <http://www.education.gov.uk/childrenandyoungpeople/earlylearningandchildcare/delivery/funding/a0070357/eig-faqs>



- Helping parents, those expecting a baby, and young children to access early childhood services and get the most from them, especially those who are less likely to take advantage of the services;
- Improving outcomes for young children;
- Effective identification of need and delivery of early childhood services to meet those needs;
- Effective financial management;
- Ensuring appropriate policies and practices for safeguarding; and
- Promoting the welfare of young children attending, or likely to attend, the centre.

Following an inspection, the local authority or the organisation managing the Children's Centre must produce an Action Plan detailing the actions proposed to be taken in response. This is also a legal requirement as it is included in the Children Act 2006. The revised Statutory Guidance text states that:

*“The Government is considering options for children’s centre inspection arrangements which fit better with how local authorities are organising their children’s centre provision and which reflect the new core purpose of children’s centres”.*<sup>10</sup>

However, the existing arrangements and inspection schemes will continue to be in place, including the requirement for the local authority to produce an Action Plan.

Ofsted’s 2012 framework for children’s centre inspections stresses the importance of self-evaluation and that a completed self-evaluation form is expected from every Children’s Centre.<sup>11</sup> It also notes the importance of collecting and using data as evidence of outputs and outcomes claimed in self-evaluations and towards meeting inspection criteria, as well as monitoring progress and improvement. Ofsted expects that the data available will be largely determined by the performance measures agreed or required by local authorities.

## 2.2 The children’s centre services selected for this project

Given the Coalition Government’s renewed policy focus on the core principles of Children’s Centres and the increasing importance of evaluation, we selected a range of services delivered by Barnardo’s Children’s Centres focusing on improvements in child development, parenting and health and life chances.

Moreover, the services are common to many Barnardo’s Children’s Centres and, when delivered within one centre, often link together closely. This provides a route for families to be referred to more intensive support or step down to a less intensive service. In particular a number of the analyses included below make use of Stay and Play services as a way to maintain contact with families who have engaged with more intensive programmes and ensure that the outcomes they have achieved are sustained into the future.

### The services selected included:

- Stay and Play sessions for families with children under the age of 2;
- a Family Support Worker service which provides intensive one-to-one support to families with children under 5 years old who have additional needs;
- Tiny Toes – a service which provides intensive support to expectant teenage and young mothers; and,
- A Triple P parenting programme which provides additional support to parents to manage their child’s behaviour.

<sup>10</sup> DfE (2012) *Draft SSCC Statutory Guidance and Consultation Questions*, <http://www.education.gov.uk/consultations/index.cfm?action=consultationDetails&consultationId=1808&external=no&menu=1>

<sup>11</sup> Ofsted (2012), *Conducting Children’s Centres Inspections – Guidance inspecting Sure Start Children’s Centres in England under section 3A of the Childcare Act 2006*, Ref No 100154, February 2012

### 3 Our Approach to SROI

In the analyses of the services presented below we made use of ICF GHK’s approach to SROI which is set out in our Guide to Economic Analysis.<sup>12</sup> The Guide suggests a five step process. Here, we describe each step and the main considerations for each one.

#### 3.1 Five Steps to showing a Social Return

##### 3.1.1 Step 1: Determine the Perspective

Are costs and benefits to be considered in the broadest sense, taking a full account of the full range of costs and benefits to society? Or are costs and benefits to be considered in a more narrow sense, perhaps considering the costs and savings to public sector organisations?

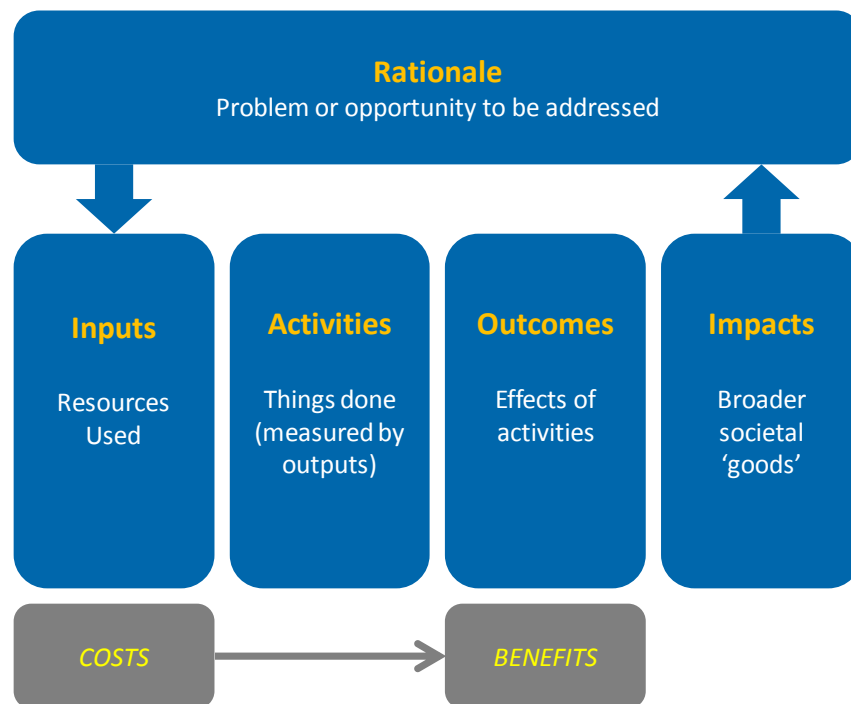
Changing this *perspective* can lead to radically different results.

In our analyses we have taken a broad *societal perspective*. This means that we take all possible costs and benefits into account. This is most in line with the philosophical underpinnings of SROI – showing the full value of costs and benefits to society as a whole.

##### 3.1.2 Step 2: Identify Benefits and Costs

Creating a list of all of the relevant costs and benefits and is essential. In order to do this, we use a logic model. The logic model also shows why activities take place and how they link to outcomes and impacts. This is shown in Figure 3.1

Figure 3.1 Logic models as the basis for economic analysis



Each logic models for the analysis presented in this report has been developed based on information from a variety of sources, including:

- Qualitative interviews with children’s centre and service managers, children’s centre staff, and service users;
- Quantitative data taken from the Barnardo’s outcomes framework<sup>13</sup>;

<sup>12</sup> Available at: <http://www.livingwellwestmidlands.org/>

<sup>13</sup> The Barnardo’s Outcomes Framework is a tool used by Barnardo’s services to track the distance travelled by service users. Beneficiaries are assessed against outcomes on a scale of 1 – 5 (1 being needs are fully met and 5



- Data on costs provided by the Together4Children toolkit<sup>14</sup>; and,
- Where appropriate, findings from existing literature.

### 3.1.3 Step 3: Assign Values

Valuing costs is a relatively straightforward process. In the analyses presented in this report, typically this includes cash funding provided by local authorities and additional contributions from Barnardo's. It also involves valuing in-kind inputs, such as the provision of a venue which the service makes use of for 'free'.

The important thing to note here is that economists view costs differently to how accountants do. Where an accountant would view the provision of a free venue as not having a cost, economists view cost as the value of resources consumed – taking a broader view than cash expenditure.<sup>15</sup> So in any type of economic analysis we value any in-kind contributions, such as the provision of a 'free' venue, as a cost, recognising the value of these inputs.

Valuing benefits is a more difficult and a challenging part of the SROI analysis. It is controversial in many policy areas as there are different views as to whether certain types of benefits can / should be assigned monetary values. The debate generally surrounds valuing 'intangible' benefits – such as reductions in social isolation - which are not directly bought and sold in a market and so do not have a market price. But these benefits are of value to society.

One side of this debate argues that a comprehensive analysis must assign monetary values to all relevant costs and benefits. From this view, society implicitly assigns a price to everything and so, therefore, should the analysis. The other side of the debate holds that certain items should not be assigned values because of: lack of data; and / or a view that some items (such as human life and suffering<sup>16</sup>) should not, on principle, be assigned monetary values.

A pragmatic approach is to note the problems and the need for caution, but also recognise the lack of better alternatives (in the absence of this type of analysis then decisions would be less informed) and provide the most transparent and robust conclusions possible. This is our approach.

There are a range of approaches and methods available in attempting to put a '**proxy**' monetary value on benefits; they include using:

1. the **cost of poor outcomes avoided** (e.g. preventing a child from going into care);
2. **actual spending on similar benefits** (e.g. paying to improve one's confidence by attending a confidence course);
3. **specific techniques, such as people's Willingness to Pay (WTP) and shadow pricing** for a hypothetical benefit (e.g. people's willingness to pay to avoid cancer or using large survey data to determine the effect of cash windfalls on improvements in wellbeing);
4. the **human capital method**, this typically involves valuing individuals' time using rates from the labour market; and,

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indicating urgent need for support). Scores are regularly reviewed with trained staff and volunteers working alongside the service user.

<sup>14</sup> Barnardo's children's centres carry out an annual unit costing exercise making use of a model developed specifically for children's centres by Together for Children (the Department for Education delivery partners during the implementation of the children's centre programme).

<sup>15</sup> Adam Smith summed this up neatly in stating that "*the real price of every thing... is the toil and trouble of acquiring it.*"

<sup>16</sup> For an interesting example where life was valued in this way, see the economic analysis papers behind the 2010 Marmot Review into health inequalities: <http://www.instituteofhealthequity.org/Content/FileManager/pdf/economic-analysis-fshl.pdf>. This Review used a value of £1.25 million (2002 prices) to value a 'statistical life' and £58,000 for a 'statistical life year'.

5. **court awards** where they have placed monetary values on intangible goods, e.g. awarding compensation for emotional distress.

For the most part the analyses presented in the subsequent sections of this report make use of methods 1 and 2 above and derives these from existing sources. In order to ensure defensible and credible results our approach is:

- **Transparent** in terms of the figures used and the rationale for its selection; and,
- **Conservative**, so as to arrive at a result based upon modest and plausible assumptions.

Once appropriate proxies have been identified it is necessary to take account of the extent to which any benefits were caused by the particular intervention. In doing this we are establishing ‘**attribution.**’ It is necessary in making these judgements to make use of a range of qualitative and quantitative evidence that can be collected from a range of sources, including: qualitative interviews with various stakeholders; mapping of local services; and, findings from existing literature. How much confidence can we have that an outcome was caused by the service?

In the analyses presented in this report we followed the framework below in estimating attribution. As with determining our proxies, we follow the two principles of being transparent and conservative in our judgements regarding attribution.

**Table 3.1 Attribution rates**

Attribution	Description
0%	The intervention was not responsible for the outcome at all.
20%	The intervention has a small amount of responsibility for the outcome but most lies with other interventions that were working to achieve the same outcome.
40%	The intervention has slightly less responsibility for the outcome than other interventions that were working to achieve it.
60%	The intervention has slightly more responsibility for the outcome than other interventions that were working to achieve it.
80%	The intervention has the most responsibility for the outcome but other interventions contributed a little.
100%	The intervention is solely responsible for achieving the outcome.

### 3.1.4 Step 4: Decide Upon a Time Period

As well as the *perspective* (Step 1), the *time period* chosen for the analysis is a key consideration. As with perspective, varying the period under consideration can radically alter the result. The critical question here relates to the duration of costs and – perhaps more importantly – benefits.

In each of the analyses within this report we have included costs for one year, before looking at the benefits derived from the year of activity funded. This is because benefits will be sustained over time and some will only occur at a later date. We have assumed a five year time period. This is because a shorter time period allows for a higher degree of certainty that outcomes occur.

It is feasible, given the types of outcomes achieved by some of the services assessed, to consider benefits over the lifetime of the child – for example in relation to increased educational attainment in later life. However, we can be far less certain, without data to demonstrate it, that these do indeed occur. Therefore in the interest of being robust and in-keeping with the principles of our approach, we have excluded these types of outcomes as the causal chains are longer and we can be less certain in saying such outcomes are achieved.

We have also made assumptions about the degree to which benefits remain once the activities of the service have stopped and how far they 'drop-off'.

Lastly, because costs and benefits are likely to run over a number of years, we need to account for the changing value of money over time (because £1 today is worth more than £1 in five years). This is done using the concept of 'net present value'. For this we use the Treasury's recommended rate of 3.5%. In general, this applies more to the benefits in our analysis since they run over a longer period than the costs.

### **3.1.5 Step 5: Be clear about uncertainty and limitations**

As described above, SROI requires the use of assumptions. The degree to which we can be confident in these assumptions is therefore critical to the success of the analysis.

The final Step is therefore to vary these assumptions to discover which are especially important and the different results that are obtained if we vary them. This is a further means of ensuring that the analysis is transparent, since the reader can then ask whether they consider the assumptions used to be reasonable. We have tested the sensitivity of our results in each of the analyses presented below and provided further detail in Annexes 3 - 6.

## 4 Stay and Play

Stay and Play is a service that is very commonly delivered in Barnardo's children's centres. In Barnardo's Bournemouth (Stokewood and Winton Children's Centre and Queen's Park Children's Centre) Children's Centres the Stay and Play service forms part of a broader family support workstream.

The children's centres offer stimulating and challenging environments both indoors and outdoors whilst providing a safe and secure place for families to visit. 'Stay and Plays' are play and family support groups for parents and carers with their children. They form part of the universal (open to all) provision to support family learning.

### 4.1 How does the service work?

Stokewood and Winton and Queen's Park Children's Centres deliver weekly Stay and Play groups from Monday to Friday across three sites. Weekend groups are run on a monthly or bimonthly basis with some sessions being targeted at particular groups for example, families with English as an Additional Language (EAL), children under 2 and children under 1 year of age. Stay and Play provides parents with opportunities to meet with other parents and carers and to benefit from the support of their peers. Workers also offer parenting and childcare advice and guidance, signposting to other services and develop and deliver a model of good practice in promoting play and learning.

#### 4.1.1 Accessing the service

The children's centres' Stay and Play groups are well attended and additional sessions have been developed in response to requests from families, for example, for children under 2 years of age. Most commonly families find out about Stay and Play through local parents' word of mouth and health visitors. Families also attend having picked up promotional leaflets when then come in to the centre to see the midwife or health visitor, or at libraries, GP surgeries and other community settings.

#### 4.1.2 Activities

Stay and Play is a very popular and widely accessed service, with 1281 families attending sessions across three centres per year. Sessions are planned with the centre Teacher and Early Years Organiser, based on the Early Years Foundation Stage<sup>17</sup>, to offer diverse opportunities across all areas of learning. Activities in any one session include arts and crafts, messy play, song and story time, outdoor/physical play, free play and healthy snacks. Workers make use of a wide range of play resources and have the skillset and flexibility to make activities age appropriate and meet the needs and preferences of each group.

#### 4.1.3 Vulnerable families

Stay and Play is considered to be a useful gateway for families to access more targeted services. The qualitative research undertaken for this study indicated that priority vulnerable families were using Stay and Play groups, including families from a local women's refuge, EAL families and young parents. Where families' have additional needs the Stay and Play team refer and signpost to Family Support workers, health visitors and other services as appropriate.

Workers reported that the most vulnerable families generally access targeted services first. Families receiving family support services or parenting programmes are often encouraged and supported to attend Stay and Play. This forms part of the transition plan to universal services, once families are ready to "step down" or progress to less intensive support.

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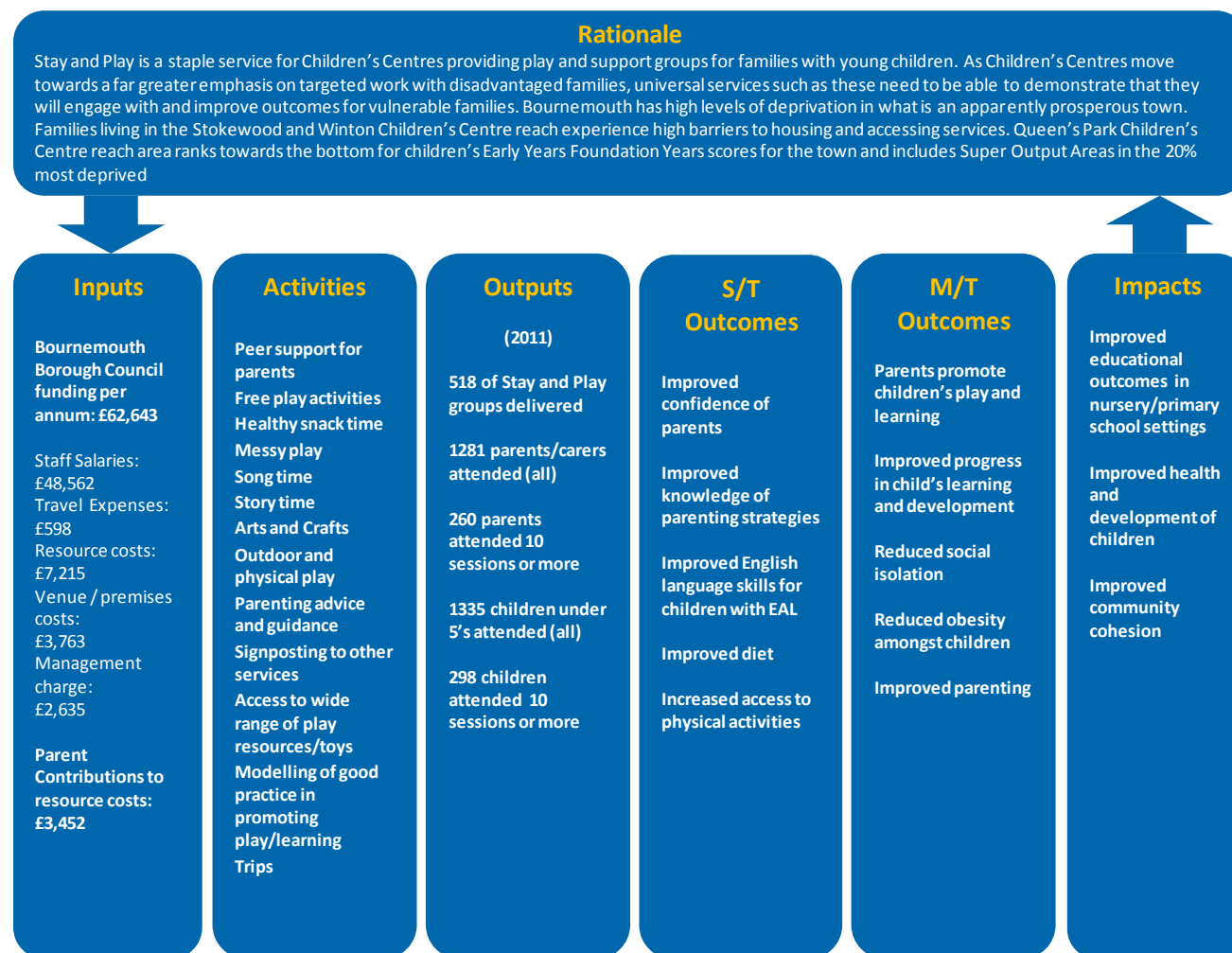
<sup>17</sup> The EYFS framework provides a structure and a set of common principles for delivering learning, development and care for children from birth to five years old.

Family Support Workers also use Stay and Play to engage with families in a family friendly environment and/or to focus on the needs of the children.

## 4.2 Logic Model

The development of the logic model (Figure 4.2) was informed by data gathered from a range of sources including: the Together4Children toolkit; qualitative interview data from the Children’s Centre Service Manager, five children’s centre staff, 17 parents; Bournemouth Borough Council’s eStart system; and feedback forms completed by parents. A full description of all the elements of the logic model is included in Annex 3.

**Figure 4.2 Stay and Play Logic Model**



### 4.3 Valuing Costs

The costs of the service (inputs) were met broadly by two stakeholders, Bournemouth Borough Council and the voluntary contributions of parents/carers attending Stay and Play groups. Parents/carers' contributions are used to pay for ongoing play resources used at sessions.

The table below shows the total costs as they relate to each stakeholder in line with inputs, as set out in the logic model.

**Table 4.2 Stakeholders and costs**

Stakeholder	Contribution	Value
Bournemouth Borough Council	Cash	£62,643
Carer contributions	Cash	£ 3,452
<b>TOTAL</b>		<b>£66,095</b>

### 4.4 Valuing Benefits

The logic model (Figure 4.2) identifies the outcomes of the Stay and Play services in Bournemouth. This section shows how we have placed a monetary value on these benefits, where possible. Throughout this section we use two benefits as illustrative examples of our process. Full detail on all outcomes, with information for all of those included in the analysis, is available in Annex 3.

#### 4.4.1 Identifying Outcomes

For each outcome we identified an appropriate indicator, as illustrated by two examples in Table 4.3, Information for all outcomes is provided in Table A3.1 in Annex 3.

**Table 4.3 Example outcomes and indicators**

Stakeholder	Outcome	Indicator	Rationale
Parents	Increased knowledge of parenting strategies	Increased range of positive parenting strategies are used	Reported in interviews with staff and families that positive parenting strategies were being increasingly deployed. Further evidence provided by data on "distance travelled" provided by feedback forms completed by parents.
Children	Increased access to physical activities	Increased opportunities to be physically active	It was reported in qualitative interviews that children had far less access to safe spaces to engage with physical activity within the home

#### 4.4.2 Valuing outcomes

Financial proxies were then used to value the benefit of each outcome for each year of the project. Table 4.4 shows why the particular financial proxies were chosen for our illustrative outcomes. Full detail on the proxies for all outcomes can be found in Table A3.2 in Annex 3.

**Table 4.4 Example Gross value of outcomes**

Outcome	Indicator	Financial proxy	Source of proxy	Explanation	No. of times benefit occurs	Explanation	Gross value of benefit
Increased knowledge of parenting strategies	Increased range of positive parenting strategies are used	£16	Average price based on prices of Amazon's 10 most popular parenting books in 2012	Qualitative data gained from interviews suggested that a small improvement in knowledge of parenting strategies occurred. We have assumed a low proxy, recognising that this is of some benefit but not a large change that might be expected from a more intensive intervention.	52	20% of those attending 10 times or more have increased knowledge of parenting strategies. Given that the session does not specifically focus on parenting strategies, but were reportedly picked up through discussions with workers & parents or by observing others, the proportion of parents who benefit from improved knowledge of parenting is likely to be relatively small and restricted to those not accessing advice/guidance elsewhere.	£832
Increased access to physical activities	Increased opportunities to be physically active	£144	PWC (2010) <sup>18</sup>	Estimate of the value of one additional active person per annum	41	Only counted attendance (10 times or more) at Stokewood Children's Centre <sup>19</sup> where there is a large garden and outdoor play facilities and significant number of families living in bedsits and flats. Assumes that 70% of children will take part in some form of physical activities at sessions.	£5,904

<sup>18</sup> PWC, 2010 *Evaluation of the Impact of Free Swimming Year 1 Report - Main Report* Internet: [http://www.culture.gov.uk/images/publications/FSPyear1\\_main\\_report.pdf](http://www.culture.gov.uk/images/publications/FSPyear1_main_report.pdf)

<sup>19</sup> This centre is the only one of the three centre's considered in the analysis that had access to an outdoor space of this kind.



#### 4.4.3 Attribution and drop off

In Table 4.5 we show how we have worked out how much of the outcome can be attributed to the Stay and Play service. We also explain our rationale for estimates regarding ‘drop off’ – the extent to which outcomes are sustained over time. Again, we make use of our two illustrative outcomes in the main body of this report, with details of all outcomes provided in Table A3.3 in Annex 3.

**Table 4.5 Applying attribution and drop off**

Outcome	Attribution	Explanation	Drop off	Explanation
Increased knowledge of parenting strategies	20%	Parents reported receiving guidance on a wide range of low level parenting issues - both from workers and one another. Where higher level concerns are identified parents are referred on or signposted to another service.	60%	We assume that as children get older, foundations laid for good parenting strategies and skills will be built upon. Strategies may be used with subsequent children, given that most parents interviewed were first time parents. We assume the strategies support that lasting foundation for good parent/child relationship. Lower drop off also assumes that skills deteriorate over time when you don't use them, and parents will continue to make use of their parenting skills.
Increased access to physical activities	60%	Stay and Play attendance would represent an increase in physical activity for those that may not have opportunities due to housing. From qualitative interviews we received a really strong message that parents perceived that children benefited from being able to run around in safe environment.	80%	Environment created by the service allows them to physically active. Whilst we are not able to evidence if increased activities are sustained once children are not attending Stay and Play, physical activity in pre-school activity sets a pattern for basic movement which sets a foundation for later life - helping to ensure that physical activity becomes habitual. (Strong W.B. et al, 2005) <sup>20</sup>

#### 4.4.4 Calculation of benefits over time

Having established rates of attribution and drop off, we are now in a position to calculate the total ‘net’ value of these outcomes over five years. Our two illustrative outcomes are shown in Table 4.6, with detail for all outcomes provided in Table A3.4.

**Table 4.6 Calculation of benefits over time**

Outcome	Gross value	Attribution	Net value	Drop off	Total net benefit over 5 years
Increased knowledge of parenting	£832	20%	£166	40%	£384

<sup>20</sup> Strong W.B. et al., 2005. “Evidence based on physical activity for school-age youth.” *Journal of Paediatrics* (146) 6, pp.732-7.

Outcome	Gross value	Attribution	Net value	Drop off	Total net benefit over 5 years
strategies					
Increased access to physical activities	£5,904	60%	£3,542	80%	£4,427

## 4.5 Results

Taking all of the outcomes into account, our analysis shows that the approximate social return on investment generated by the Stay and Play service is **around £2 for every £1 invested**.

This result shows that the estimated value of outcomes over five years (around £135,000) is more than double the value of investment by Bournemouth Borough Council (of approximately £63,000).

Our ratio is a conservative estimate, as we have only counted occurrences where parents and children have attended more than 10 times in one year (2011). However, we know from qualitative data that many parents attend for up to 3 years and return with second and subsequent children, although they may come less frequently. The benefits to these families have not been counted.

Furthermore there were higher proxies available for several of the outcomes (for example reduced social isolation and improved confidence of parents) but in order to be conservative we selected proxies with a lower monetary value.

Nevertheless, it can be seen that the Stay and Play service provides value for money, even when conservative assumptions about that value are used.

## 4.6 Sensitivity

In line with our approach to SROI, set out in section 3 we conducted a sensitivity analysis. The result was most sensitive to changes in improved progress in child's learning and development. In particular, reducing the rate of attribution for this outcome by 20% resulted in the ratio being reduced by over 50p to around £1.50 for every £1 invested. However, the analysis showed that overall there was a low sensitivity in the result, with most of our tests producing a change of less than 50 pence in the final ratio. Full detail of all tests is provided in Table A3.5 in Annex 3.

**Table 4.7 Sensitivity analysis**

Outcome	Assumption varied	Sensitivity	Return per £1 invested
Increased knowledge of parenting strategies	Attribution reduced from 20% to 0%	Low	£2
	Increased drop off rate from 40% to 60%	Low	£2
	Reducing the number of people achieving the outcome by 20%	Low	£2
Increased access to physical activities	Attribution reduced from 60% to 40%	Low	£2
	Increased drop off rate from 80% to 100%	Low	£2
	Reducing the number of people achieving the outcome by 20%	Low	£2

## 5 Family Support Workers

In addition to Stay and Play, many Barnardo's children's centres also offer more targeted support for families with additional needs. This section presents an analysis that focuses specifically on the service provided by the Family Support Workers who work from Evergreen Children's Centre in Warwickshire. Family Support Workers (FSWs) provide families with children under 5 years old who have additional needs with intensive one-to-one support.

### 5.1 How does the service work?

#### 5.1.1 Accessing the service

Referrals are made by a wide range of professional groups, including those working in: health (e.g. health visitors); education; voluntary organisations; and statutory organisations. It is also possible for families to refer themselves or their friends to the children's centre and the support offered by FSWs.

Following referral, an initial assessment takes place. This involves two members of staff visiting the family in their home and conducting an assessment to identify the needs of the families. Families are then matched with a FSW, taking into account the specific needs and characteristics of the family and the relevant expertise of the FSWs.

#### 5.1.2 Activities

Once matched with families, FSWs offer a package of tailored support responding to the needs of families and through discussion and agreement with them.

The research fieldwork found that a particularly important aspect of the FSW service is the provision of emotional support and building of strong, trusting, working relationships between FSWs and the families that they support. These relationships develop over time, as FSWs work with families. Families reported feeling confident that they could approach FSWs with any challenges or issues that they faced. This ensures that intervention and support can be provided at an early stage. Families contrasted this with other, often statutory, provision.

*"When I've got issue about myself or [name of child] I know I can say anything at all [to the family support worker]"*

#### 5.1.3 Completing the support

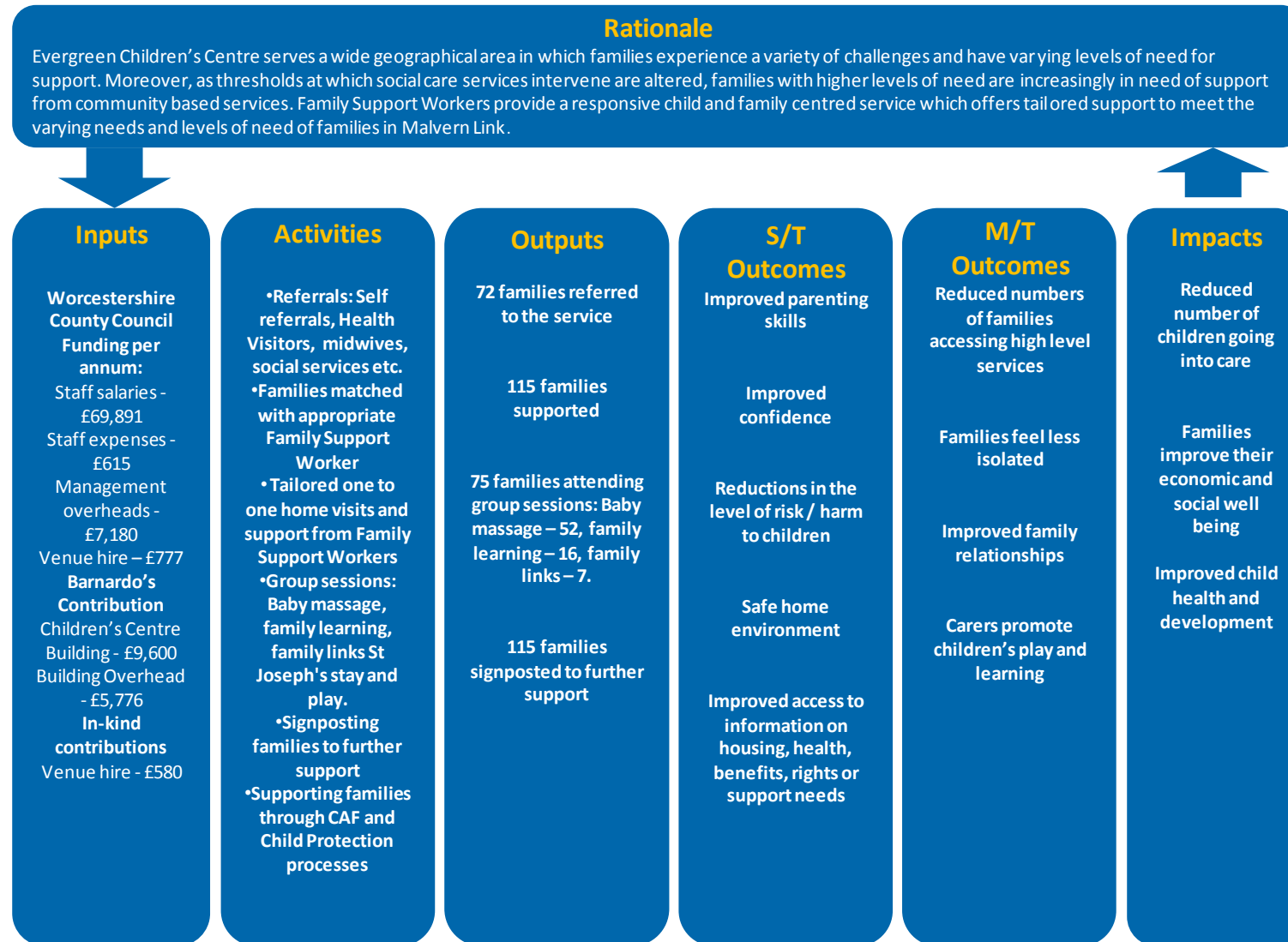
When families complete the programme of support, the case is closed. Barnardo's staff who took part in the research fieldwork explained that often their initial work identifies a set of additional needs that families require support with. Once strong working relationships have been established, families feel more comfortable and confident in discussing their problems. Where work has been undertaken to address a particular need and further needs are identified, FSWs continue to provide support to the family. The programme of support is discussed with families on an ongoing basis and closed with their agreement.

The FSW service makes provision for families who are just above the threshold at which social services would intervene. Many of the families that FSWs support have complex needs and are at risk of requiring intervention from social service. Data on outcomes provided by Barnardo's and qualitative work with Barnardo's staff indicated that the service provided by FSWs often works to prevent the further deterioration of a family's situation. However, it is not always possible or desirable to avoid the intervention of social services.

### 5.2 Logic Model

The development of the logic model (Figure 5.3) was informed by data gathered from a range of sources including: financial information provided by Evergreen CC; quantitative data on outputs provided by Barnardo's; qualitative interviews with the Centre manager, FSWs, and service users; quantitative outcome data provided by the Barnardo's Outcomes Framework. A full description of all the elements of the logic model is included in Annex 4.

**Figure 5.3 Family Support Worker Logic Model**



### 5.3 Valuing Costs

The inputs, and therefore costs, of the service were met broadly by three stakeholders: Worcestershire County Council; Barnardo's; and St Joseph's School. Table 5.8 below shows the total costs as they relate to each stakeholder, in line with inputs as set out in the logic model above.

**Table 5.8 Stakeholders and Costs**

Stakeholder	Contribution	Value
Worcestershire County Council	Cash	£78,409
Barnardo's	Cash	£15,376
St Josephs School	In-kind: venue	£580
<b>TOTAL</b>		<b>£94,689</b>

### 5.4 Valuing Benefits

The logic model (Figure 5.3) provides a basis for identifying the benefits of the FSW service . This section shows how we have valued benefits monetarily where possible. As in section 4, we use two outcomes to illustrate our process, with full detail on all benefits made available in Annex 4.

#### 5.4.1 Identifying outcomes

Indicators were attached to outcomes, as illustrated by the two examples provided in Table 5.9, helping us to identify how many people are likely to have experienced the outcome. Information for all outcomes is provided in Table A4.6in Annex 4.

**Table 5.9 Outcomes and indicators**

Stakeholder	Outcome	Indicator	Rationale
Families	Safe home environment	Reduced number of accidents in the home	Data on outcomes provided by Barnardo's showed that families' homes were safer.
State	Reduced numbers of families accessing high level services	Reduced number of children going into care	It was reported by Barnardo's staff that many of the families that the FSW service works with are close to the threshold of going into care. The support provided by the service prevents them from falling below that threshold.

### 5.4.2 Valuing outcomes

Financial proxies were then used to value the benefit of each outcome for each year of the project. Table 5.10 shows why the particular financial proxies were chosen for our illustrative outcomes. Full detail on all outcomes can be found in Table A4.7.

**Table 5.10 Gross value of outcomes**

Outcome	Indicator	Financial proxy	Source of proxy	Explanation	No. of times benefit occurs	Explanation	Gross value of benefit
Safe home environment	Reduced number of accidents in the home	£10,000	Walter (2010) <sup>21</sup>	This represents average value of avoiding injury relative to the value of saving a fatality.	4	Data on outcomes provided by Barnardo's indicated that this outcome was achieved by 13 people over the period of 1 year and 6 months. We assume that half of these accidents would have required hospital treatment	£40,000
Reduced numbers of families accessing high level services	Reduced number of children going into care	£36,653	DfE Family Savings Calculator	This represents the average cost of a child being taken into care	3	Data on outcomes from Barnardo's suggests that 14 children were at a reduced risk or had reduced levels of harm over the period of 1 year and 6 months. Moreover qualitative interviews reported that one of the key elements of the service is preventing families from falling below the threshold at which intervention of social services would be necessary. We have assumed that not all of those with reduced risk / harm would have gone into care, but that 3 children would have. We vary this assumption in our sensitivity analysis	£109,959

### 5.4.3 Attribution and drop off

In 0 we show how we have worked out how much of each particular outcome can be attributed to the FSW service. We also explain our rationale for estimates regarding 'drop off. Again, we make use of our two illustrative outcomes in the main body of this report with details of all outcomes provided in 0 in Annex 4.

<sup>21</sup> Walter, L. K. 2010. *Re-valuation of home accidents*. RoSPA: Birmingham

**Table 5.11 Applying attribution and drop off**

Outcome	Attribution	Explanation	Drop off	Explanation
Safe home environment	60%	The FSW service delivered this intervention but the ROSPA Safe at Home scheme is a widely used national scheme and it is possible that in the absence of FSWs this service may have been offered to families	30%	As FSWs deliver ROSPA's Safe at Home scheme, which involves installing safety equipment in a home it is assumed that this outcome is well sustained over time. However, the rate of drop off acknowledges that there may be misuse, damage or removal of safety equipment over time.
Reduced numbers of families accessing high level services	80%	It was reported by Barnardo's staff that FSW service provides support for families who are slightly above the threshold at which social services would intervene would otherwise not receive support of this kind and so we assume a high rate of attribution.	40%	A review of literature by the Joseph Rowntree Foundation (Biehz, 2006) found that about a third to half of all children that have been in care and are returned to their parents re-enter care. We have assumed that drop off is within the middle of this range. This is a conservative estimate as it is unusual for families supported by the FSW service to have children that have already been in care

#### 5.4.4 Calculation of benefits over time

Having established rates of attribution and drop off, we are now in a position to calculate the total 'net' value of these outcomes over five years. Our two illustrative outcomes are shown in Table 4.6, with detail for all outcomes provided in Table A3.4.

**Table 5.12 Calculation of benefits over time**

Outcome	Gross value	Attribution	Net value	Drop off	Total net benefit over 5 years
Safe home environment	£40,000	60%	£24,000	30%	£66,554
Reduced numbers of families accessing high level services	£109,959	80%	£87,967	40%	£202,817



## 5.5 Results

Our analysis shows that the approximate social return on investment generated by the FSW service is around **£4.50 for every £1 invested**.

Over five years the value of benefits produced by the FSW service is around £419,000. It should be noted that in line with our conservative approach, a number of benefits have been excluded from the analysis. The wide range of support provided by FSWs means that a wide range of outcomes are met, some of which are likely to produce significant returns to the state in the long term. Two significant benefits have been excluded from the analysis:

- **Reduction in risk / harm to children has been excluded from the calculation** as it was not possible to identify an appropriate indicator and to make a defensible assumption about the number of children that benefited in this way. If we were confident in the number of children who did benefit, it may be possible to place a value on such an outcome using the costs to the criminal justice system of cases of harm to children and the cost of emotional distress caused to children and the family.
- **Increased carer involvement in their children's play and learning has also been excluded from the calculation** as it was not possible to establish the extent to which children had engaged in more play, although it was reported by parents and staff who participated in the research fieldwork.

## 5.6 Sensitivity

In line with our approach to SROI, set out in section 3 we conducted a sensitivity analysis.

The sensitivity analysis showed that overall there was a low sensitivity in the result with most of our tests producing a change of less than 50 pence in the final ratio.

The test that produced the largest change regarded number of children that the FSW service prevented from being taken into care. Assuming that the FSW service prevents just one child being taken into care rather than three, the ratio is reduced to around £3 for every £1 invested. Full detail of all tests performed is provided in Table A4.10 in Annex 4.

**Table 5.13 Sensitivity analysis**

Outcome	Assumption varied	Sensitivity	Return per £1 invested
Reduced numbers of families accessing high level services	Attribution reduced from 80% to 60%	Low	£4
Reduced numbers of families accessing high level services	Reducing the occurrence from 3 children kept out of care to 1	Mid	£3
Reduced numbers of families accessing high level services	Increasing occurrence from 3 children kept out of care to 5	Mid	£5.50
Reduced numbers of families accessing high level services	Drop off rate increased from 40% to 60%	Low	£4
Safe home environment	Attribution reduced from 60% to 40%	Low	£4

## 6 Tiny Toes

The Tiny Toes service, run by Hazlemere and Loudwater Children's Centre in Buckinghamshire, provides support for expectant teenage and young mothers and their babies.<sup>22</sup> The service aims to improve outcomes for local young parents and their children. Tiny Toes brings mothers together in a safe, fun and educational environment. Engaging mothers in this way allows Tiny Toes to address a range of complex issues that mothers experience.

### 6.1 How does the service work?

Tiny Toes is a weekly half-day session at the children's centre and is attended regularly by 12 mothers. There are another six mothers attend occasionally. Mothers attending the service are able to access further support from Tiny Toes staff outside of the weekly sessions. The service is intensive; Tiny Toes staff arrange appointments for service users and make it as easy as possible for them to attend. This includes providing very strong encouragement to mothers and even picking mothers up and taking them to appointments to make sure that they attend.

Mothers are able to refer themselves to the service but can also be referred to attend by health visitors, social services, or after attending other activities at the children's centre. During sessions mothers take part in a number of activities including:

- Cooking and preparing food;
- Supported play;
- Training and working towards AQA accredited qualifications (delivered by Connexions Senior Personal Advisor and Targeted Youth Worker);
- Trips to events and attractions; and,
- Themed weeks, where professionals are invited to talk about particular topics selected by mothers. Themes covered have included healthy eating, careers, return to education, drug awareness, STI's, sexual health, alcohol awareness and breast feeding.

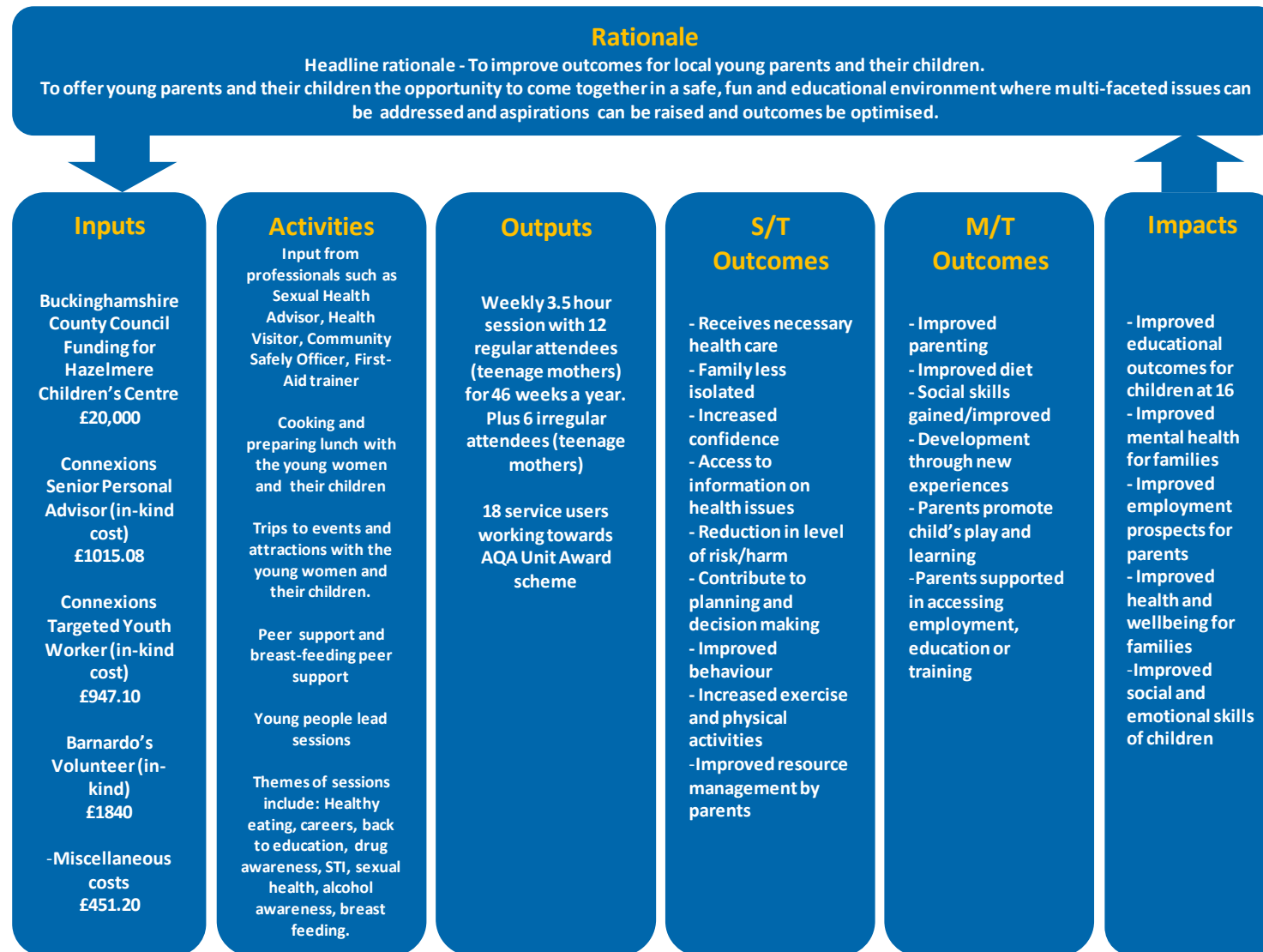
The service is flexible, treating each mother individually and allowing them to move on from Tiny Toes to lower level services as staff and mothers feel they are ready. Tiny Toes is an age and time limited service: Mothers progress to access other forms of support if they reach the age of 21 or if they have attended for a year. When mothers are ready to move on from the Tiny Toes service they are referred to other, less intensive, groups provided by the children's centre. This helps to ensure that outcomes are sustained in the future. Tiny Toes also encourages mothers to build relationships with their peers, providing them with an informal network of support once their involvement with the service has finished.

### 6.2 Logic Model

The logic model (Figure 6.4) is based on data from a range of sources including: financial information provided by Hazlemere and Loudwater Children's Centre; the Barnardo's Outcomes Framework, qualitative interviews with Tiny Toes staff and the Children's Centre Manager. A full description of all the elements of the logic model is included in Annex 5.

<sup>22</sup> for brevity, throughout this section we refer to this group as mothers

Figure 6.4 Tiny Toes Logic Model



### 6.3 Valuing Costs

The inputs, and therefore the costs of the service, were met broadly by two stakeholders: Buckinghamshire County Council and Barnardo's. The table below shows the total costs as they relate to each, in line with the inputs as set out in the logic model.

**Table 6.14 Stakeholders and costs**

Stakeholder	Contribution	Value
	Cash	£20,000
Buckinghamshire County Council	In-kind: professional time	£1,962
Barnardo's	Cash	£451
<b>TOTAL</b>		<b>£22,413</b>

### 6.4 Valuing Benefits

As with the above analyses, the logic model (Figure 6.4) provides the basis for identifying the benefits of the Tiny Toes service. We again make use of two outcomes as examples to illustrate the process of valuing benefits in monetary terms. Information for all outcomes of the Tiny Toes service is provided in Annex 5.

#### 6.4.1 Identifying outcomes

Where possible we identified indicators for each outcome, as shown in Table 6.15. Detail for all of the outcomes of the Tiny Toes service is available in Table A5.11 in Annex 5.

**Table 6.15 Example/illustrative outcomes and indicators**

Stakeholder	Outcome	Indicator	Rationale
Families	Improved resource management by parents	Improved knowledge and understanding of how to manage resources	This outcome was selected by the Barnardo's service manager and project workers as appropriate for the Tiny Toes service and data has been recorded accordingly.
Families	Receives necessary health care	Family attend appointments and receive healthcare from appropriate professionals	This outcome was selected by the Barnardo's service manager and project workers as appropriate for the Tiny Toes service and data has been recorded accordingly.

### 6.4.2 Valuing outcomes

The table below shows the financial proxies that were then used to value the benefit of each outcome for each year of the project. Table 6.16 details the rationale for selecting the particular proxies, with detail for all outcomes of the Tiny Toes service provided in Table A5.11.

**Table 6.16 Gross value of outcomes**

Outcome	Indicator	Financial proxy	Source of proxy	Explanation	No. of times benefit occurs	Explanation	Gross value of benefit
Improved resource management by parents	Improved knowledge and understanding of how to manage resources	£1,000	Save the Children (2007) <sup>23</sup>	£1000 is the premium Save the Children estimate is paid by poor households every year for essential services above that paid by wealthier households.	5	Data taken from the Barnardo's Outcomes Framework, recorded by Barnardo's staff.	£5000
Receives necessary healthcare	Family attend appointments and receive healthcare from appropriate professionals	£128	Curtis (2011) <sup>24</sup>	Health Visitor unit cost is £64 per hour. The visit of a health visitor was most aligned with the outcome information for the project. We are making the assumption that over the time of the parent's interaction with the health visitor, they would spend approx 2 hours with the parent and child.	2	Data taken from the Barnardo's Outcomes Framework, recorded by Barnardo's staff.	£256

### 6.4.3 Attribution and drop off

In Table 6.17 we show how we have worked out how much of each of our example outcomes can be attributed to the Tiny Toes service and the extent to which we expect those outcomes to deteriorate over time. Detail on all outcomes is provided in Table A5.13.

<sup>23</sup> Save the Children, 2007. *Poverty Premium* <http://www.savethechildren.org.uk/resources/online-library/the-poverty-premium-how-poor-households->

<sup>24</sup> Curtis, L., 2011. *Unit Costs of Health and Social Care 2011* <http://www.pssru.ac.uk/archive/pdf/uc/uc2011/uc2011.pdf>

**Table 6.17 Applying attribution and Drop Off**

Outcome	Attribution	Explanation	Drop off	Explanation
Improved resource management by parents	100%	Barnardo's staff reported that there is no other intervention working on this outcome in the area and that the service provides information and support on this subject to the young women who attend. We have therefore assumed that the intervention is solely responsible for achieving the outcome.	40%	Orton (2010) found that the effects of debt advice persist in the long term (3 years) <sup>25</sup> . This would suggest a low rate of drop off for this outcome, backed up by the intensity of the work by service staff and the structured pathways into other services in the Barnardo's Children's Centre once service users have left Tiny Toes.
Receives necessary healthcare	40%	The service has a big input on health with visits from the health visitor; first aider and community nursing team. The young women are also given advice and guidance about general health and are signposted to the correct professionals. However there are other interventions on this outcome available (through NHS services) and it was assumed that the service is slightly less responsible for the outcome than other services.	40%	We assume that there is a fairly middle to low level drop-off rate in this benefit once the service stops working with the family. This is because we assume that the mother and child(ren) will have developed relationships with medical professionals (the GP or Health Visitor) and will have experienced the benefits of the help and advice available.

#### 6.4.4 Calculation of benefits over time

Having established rates of attribution and drop off, we are now in a position to calculate the total 'net' value of these outcomes over five years. Our two illustrative outcomes are shown in Table 6.18, with detail for all outcomes provided in Table A5.14.

**Table 6.18 Calculation of benefits over time**

Outcome	Gross value	Attribution	Net value	Drop off	Total net benefit over 5 years
Improved resource management by parents	£5,000	100%	£5,000	40%	£11,528
Receives necessary healthcare	£256	40%	£102	40%	£236

<sup>25</sup> Orton, M., 2010. *The Long-Term Impact of Debt Advice on Low Income Households*. Internet: [http://www2.warwick.ac.uk/fac/soc/ier/research/debt/year\\_3\\_report.pdf](http://www2.warwick.ac.uk/fac/soc/ier/research/debt/year_3_report.pdf)

## 6.5 Results

Our analysis shows that the approximate social return on investment generated by Tiny Toes is **around £3.50 for every £1 invested**.

This analysis estimates that the total value of benefits produced by the service over five years is around £73,700. This is likely an underestimate of the value of the service, as it was not possible to establish financial values for a number of outcomes including:

- Families having access to information on health issues;
- Families being able to contribute to planning and decision making;
- Improved behaviour of children;
- Increased exercise and physical activities;
- Improved social skills;
- Improved development through new experiences; and,
- Parents promoting children’s play and learning.

Moreover, the analysis made use of outcome data collected by the service which was only available for nine months at the time the analysis was conducted. In the interests of being conservative and measuring only what is material, the analysis considered only the outcomes that were known to have occurred within those nine months, whilst the costs of the service were well established and considered over a year.

If the number of outcomes is scaled up to twelve months, assuming that outcomes would be evenly spread across all four quarters of the years, the approximate social return on investment generated by Tiny Toes is **around £4.50 for every £1 invested**.

## 6.6 Sensitivity

Overall the analysis had a very low sensitivity to changes, with most tests producing a change over less than 50 pence and the ratio remaining at around £3 for every £1 invested.

A technique used to test the sensitivity of findings that is frequently used in cost-benefit analysis (CBA) studies is to find how much the benefits would have to be reduced in order for the ratio to become £1:£1, meaning the return on investment would be £0. In the case of the Tiny Toes service benefits would have to be reduced by around 68% in order for the return on investment to be £0. Full detail of all the tests conducted are provided in Table A5.15.

**Table 6.19 Sensitivity analysis**

Outcome	Assumption varied	Sensitivity	Return per £1 invested
Improved resource management by parents	Attribution reduced from 100% to 80%	Low	£3.50
	Drop off increased from 40% to 60%	Low	£3.50
	3 mothers experience the outcome rather than 5	Low	£3
Receives necessary healthcare	Attribution reduced from 40% to 20%	Low	£3.50
	Drop off increased from 40% to 60%	Low	£3.50
	Assuming this outcome did not occur	Low	£3.50

## 7 Triple P

### 7.1 What is the service?

Triple P is a parenting programme delivered by many organisations and in many settings, including Barnardo's children's centres. This analysis is for the programme provided at Brock House Children's Centre in Somerset. The delivery of Triple P programmes can be more or less intense depending on the level of need it is intended to address. At Brock House, parents attending the programme are those who are in need of additional support to manage their child's behaviour but are not amongst those at risk of having their children taken into care.

Unlike some of the other services that we have considered above, notably Stay and Play, the Triple P programme has been widely and thoroughly evaluated<sup>26</sup>. This is important in this analysis, which is able to benefit greatly from making use of existing literature into the effectiveness of the programme itself.

### 7.2 How does the service work?

Families are referred to the service by a range of agencies including: the children's centre team; social care professionals; health visitors; and schools. In Somerset, early years family outreach services are commissioned to Barnardo's and another voluntary sector organisation and referrals are also received from these services. When spaces on the programme are limited, priority is given to those families who are in the greatest need of support. To enable parents to attend, a crèche is provided during weeks where group sessions are delivered.

The programme is delivered by a Project Worker from the children's centre in partnership with a Parenting and Family Support Advisor (PFSA) from a local school. Four, weekly, group sessions are delivered from the children's centre, followed by two weeks of support over the telephone. If additional support is required then home visits provided by the Project Worker or PFSA are provided. The programme concludes with a whole group session at the children's centre where progress is reviewed and the programme completed.

During the course parents are asked to:

- Monitor and record behaviour at home;
- Attempt to implement parenting techniques in between group sessions; and,
- Provide feedback on their successes and difficulties.

On completion of the Triple P programme, parents are encouraged to continue to access universal services provided by the children's centre (such as Stay and Play). This helps to ensure that outcomes are sustained into the future and staff can continue to provide more informal low level support. Moreover, as with the Tiny Toes service, parents are encouraged to build relationships with their peers, providing them with an informal network of support once their involvement with the programme has finished.

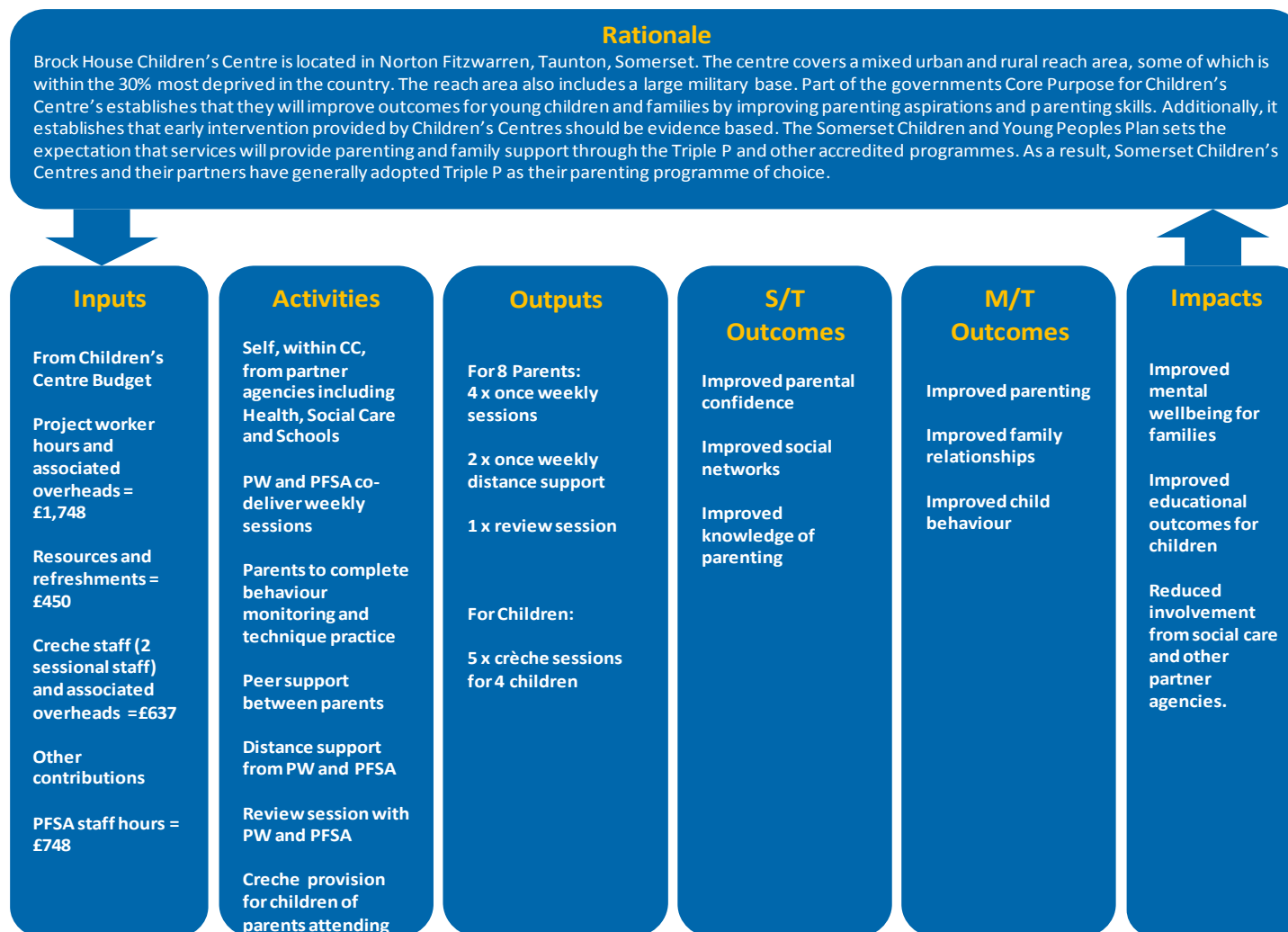
### 7.3 Logic Model

The development of the logic model was informed by data gathered from a range of sources including: the Barnardo's Together4Children Tool; qualitative interview with the Project Worker; parental feedback provided by the children's centre; and, robust academic evidence.

<sup>26</sup> For example, Foster et al., 2008. "The costs of a public health infrastructure for delivering parenting and family support" *Children and Youth Services Review* 30 pp. 493 – 501 and Mihalopoulos et al., 2007. "Does the Triple P-Positive Parenting Program Provide Value for Money?" *Australian and New Zealand Journal of Psychiatry* 41 pp. 239



**Figure 7.5 Brock House Triple P Logic Model**



## 7.4 Valuing Costs

The costs (inputs) of the service are met by two stakeholders, Somerset County Council and a local school who provide support in the form of in-kind professional time. In valuing in-kind support, we established what would need to be paid in order to employ a member of staff to deliver the activity for the same number of hours. The table below shows the value of contributions as they relate to each stakeholder.

**Table 7.20 Stakeholders and costs**

Stakeholder	Contribution	Value
Somerset County Council	Cash	£2,835
Local school	In-kind	£748
<b>TOTAL</b>		<b>£3,583</b>

## 7.5 Valuing Benefits

The logic model (Figure 7.5) provided the basis for identifying the benefits of the Triple P programme. We again make use of two outcomes as examples to illustrate the process of valuing benefits in monetary terms. Information for all outcomes of the Triple P programme is provided in Annex 6.

### 7.5.1 Identifying outcomes

Where possible we identified indicators for each outcome, as shown in Table 7.21. Detail for all of the outcomes of the Tiny Toes service is available in Table A5.11 in Annex 6.

**Table 7.21 Outcomes and indicators**

Stakeholder	Outcome	Indicator	Rationale
Families	Improved child behaviour	The child demonstrates an improvement in behaviour, as reported by the parent.	This is a primary outcome for Triple P intervention. Parents reported improvements in child behaviour in this cohort. Academic evidence also supports this (Thomas and Zimmer-Gembeck, 2007 <sup>27</sup> )
Families	Improved family relationships	The family reports an overall improvement in family relationships.	The feedback from families to the project worker strongly supports this outcome.

### 7.5.2 Valuing outcomes

The table below shows the financial proxies that were used to value the benefit of each outcome for each year of the project. Table 7.22 details the rationale for selecting the particular proxies, with detail for all outcomes of the Triple P programme provided in Table A6.17 in Annex 6.

<sup>27</sup> Thomas, R., & Zimmer-Gembeck, M. J., 2007. "Behavioral outcomes of Parent-Child Interaction Therapy and Triple P - Positive Parenting Program: A review and meta-analysis." *Journal of Abnormal Child Psychology*, 35, 475-495.

**Table 7.22 Gross value of outcomes**

Outcome	Indicator	Financial proxy	Source of proxy	Explanation	No. of times benefit occurs	Explanation	Gross value of benefit
Improved child behaviour	The child demonstrates an improvement in behaviour, as reported by the parent.	£280	Estimation based on annual cost of learning mentor (£15,500) being used for 1 hour per week during term time (35 weeks)	This presents a conservative approach to valuing improvements in child behaviour without duplicating what has already been claimed through improved parental confidence and improved parenting behaviour.	4	On the basis of parental feedback and the strength of the academic research we have assumed that 4 children would demonstrate improvements in behaviour.	£1,120
Improved family relationships	The family reports an overall improvement in family relationships.	£270	MB Associates (2011) <sup>28</sup>	This reflects the likely approach to be taken by a family where significant relationship issues are present.	6	As a result of the combination of improved parenting and improved child behaviour, parents reported improved family relationships at home.	£1,080

<sup>28</sup> MB Associates, 2011. *Investing in culture and community The Social Return on Investing in work-based learning at the Museum of East Anglian Life*

### 7.5.3 Attribution and drop off

In Table 7.23 we show how we have worked out how much of each of our example outcomes can be attributed to the Triple P programme and the extent to which we expect those outcomes to deteriorate over time. In 7.5.4 we show how these rates are applied to provide a 'net' total value over five years. Detail on all outcomes is provided in Table A6.18 and Table A6.19.

**Table 7.23 Applying attribution and drop off**

Outcome	Attribution	Explanation	Drop off	Explanation
Improved child behaviour	80%	Evidence supports assumption that child behavioural outcomes improve as a results of Triple P intervention. (Thomas and Simmer-Gembeck, 2007)	40%	A meta-analysis of the effectiveness of Triple P programmes in the management of behaviour problems in children found that the positive effects of Triple P on child behaviour are maintained at 6 and 12 month follow-ups and have also been reported at up 3 years post-intervention. To be conservative we have used a drop-off rate of 40%.
Improved family relationships	40%	Likely to be some other input from family support services or other agencies,.	40%	A meta-analysis of the effectiveness of Triple P programmes in the management of behaviour problems in children found that the positive effects of Triple P on child behaviour are maintained at 6 and 12 month follow-ups and have also been reported at up 3 years post-intervention. To be conservative we have used a drop-off rate of 40%.

### 7.5.4 Calculating benefits over time

Having established rates of attribution and drop off, we are now in a position to calculate the total 'net' value of these outcomes over five years. Our two illustrative outcomes are shown in Table 7.24, with detail for all outcomes provided in Table A6.19.

**Table 7.24 Calculation of benefits over time**

Outcome	Gross value	Attribution	Net value	Drop off	Total net benefit over 5 years
Improved child behaviour	£1,120	80%	£448	40%	£1,033
Improved family relationships	£1,080	40%	£432	40%	£996

## 7.6 Results

The approximate social return on investment generated by the Triple P programme at Brock House Children’s Centre is around **£2.50 for every £1 invested**.

The total estimated value of outcomes over five years is around £9,293, produced for a very small investment of £3,583. Both of these figures assume the programme is run once per year. The costs also do not include staff training costs. This was because the Project Worker and PFSA had already received the necessary training in order to deliver the programme and continue to do so on a rolling basis. In this way, the analysis (as with the other analyses above) presents a snap shot in time.

It is also likely that the Triple P programme could contribute to outcomes over the longer term, particularly with regard to outcomes for children in later life (such as improved educational attainment). This type of outcome would not occur within the five year time frame adopted by the analysis and thus the result is likely an underestimation of the full value of the programme.

## 7.7 Sensitivity Analysis

Overall the analysis had a very low sensitivity to changes, with most tests producing a change over less than 50 pence and the ratio remaining at around £2.50 for every £1 invested.

Even when increasing the rate of drop-off for the largest benefit, improved parental confidence, by 20 percentage points the ratio remains at around £2.50 for every £1 invested. Reducing attribution for the same outcome from 80% to 40% reduces has a similar effect, resulting in a return of around £2.50 for every £1 invested.

**Table 7.25 Sensitivity analysis**

Outcome	Assumption varied	Sensitivity	Return per £1 invested
Improved child behaviour	Attribution reduced from 80% to 60%	Low	£2.50
	Drop off increased from 40% to 60%	Low	£2.50
	2 children experienced improvements in their behaviour rather than 4	Mid	£2
Improved family relationships	Attribution reduced from 40% to 20%	Low	£2.50
	Drop off increased from 40% to 60%	Low	£2.50
	Assuming this outcome did not occur	Low	£2.50

## 8 Conclusion

In the analyses presented in this report we have examined the SROI achieved by four Barnardo's children's centre services. The services all aim to have impacts on the wellbeing and development of children through improvements in: parental skills; social networks; family relationships; parent's ability to manage their; and, a range of other outcomes. The final results of the analysis showed that for every £1 invested in:

- The Stay and Play service there was a social return of around £2;
- The Family Support Worker service there was a social return of around £4.50;
- The Tiny Toes service there was a social return of around £3; and,
- The Triple P programme there was a social return of around £2.50.

Each of the analyses were tested to determine their sensitivity to changes in the assumptions that underpin them. Overall the analyses all showed a low level of sensitivity, increasing our confidence in the results.

The services selected represented the range of services delivered within Barnardo's children's centres. Whilst some parents may access one, others will access several. The close linkages between these services work to provide pathways for referral and contribute to the sustainability of outcomes. This means that there are other outcomes that are not included in the analysis.

In establishing values throughout the analyses we have made use of the Barnardo's Outcomes Framework. This has been an extremely useful tool for this process (as it would be for any evaluation or assessment of value for money), as it allows for a good estimation of how many people have achieved outcomes and can provide some information on the extent to which their situation has improved.

As has been stated throughout, the approach used was in line with our principles of being transparent and conservative. All of the assumptions used in the analyses are presented in the annexes. In valuing outcomes we have taken a conservative approach and where we have not been able to establish a plausible financial valuation we have said so and excluded them from the final ratio. This means that the results presented above are, if anything, an underestimation of the services included. The results show that all of the services assessed in this report provide value for money.

# ANNEXES

## Annex 1 References

This list of references includes references made in the main body of the report and in the remainder of the annexes below.

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## Annex 2 Glossary

This annex draws on the SROI Guide 2009 which can be found here:

([http://www.thesroinetwork.org/component/option,com\\_docman/task,cat\\_view/gid,29/Itemid,38/](http://www.thesroinetwork.org/component/option,com_docman/task,cat_view/gid,29/Itemid,38/))

<b>Activities</b>	The actions that an intervention takes
<b>Additionality</b>	The extent to which something happens as a <i>result of</i> an intervention
<b>Attribution</b>	How much of the outcome was caused by other organisations or people
<b>Avoided Cost</b>	What might have been paid had an intervention not taken place (e.g. the cost of treatment for an old person admitted to hospital if a fall had not been prevented)
<b>Base Case</b>	The findings of an analysis before variables and assumptions are tested for their sensitivity (see sensitivity analysis below)
<b>Deadweight</b>	The amount of the outcome that would have happened even if the activity had not taken place
<b>Discounting</b>	A process in which future financial costs and benefits are recalculated to present day values through the use of a discount rate
<b>Discount Rate</b>	An interest rate used to discount future costs and benefits to find their present value (see net present value). In the UK, the HM Treasury Green Book guidance suggests a rate of 3.5%
<b>Drop-off</b>	The deterioration of an outcome over time
<b>Duration</b>	How long an outcome lasts following an intervention
<b>Impact</b>	Impacts represent the long term difference made by the project
<b>Indicator</b>	A defined measure of an outcome
<b>Inputs</b>	Contributions made by a stakeholder to ensure an activity takes place
<b>Logic Model</b>	An illustration of how the impacts of a project or programme are achieved. Logic Models show the links between inputs, activities, outcomes and impacts within the context in which the project or programme operates.
<b>Monetise</b>	To assign a financial value to something
<b>Net Present Value (NPV)</b>	The value of an investment in today's prices. Net Present Value is found by taking the total value of benefits and costs now and in the future. Future benefits and costs are then adjusted to today's value by applying a discount rate. The costs are then subtracted from the benefits to give the value of an investment in today's prices.
<b>Outcome</b>	The changes that result from an activity
<b>Outputs</b>	A description of activities in quantitative terms
<b>Proxy</b>	An approximation of value where an exact measure cannot be obtained
<b>Scope</b>	The boundaries of an analysis
<b>Sensitivity Analysis</b>	A process in which the effect of changes to variables and assumptions used in a base case are assessed
<b>Social Return Ratio</b>	The total present value of outcomes divided by the total investment
<b>Stakeholders</b>	People, organisations or entities that experience a change as a result of a given activity
<b>Willingness to Pay</b>	A method of placing a monetary value on a given outcome by asking people how much they would be willing to pay in order to achieve that outcome

## Annex 3 Stay and Play Technical Tables

### A3.1 Full description of logic model elements

#### A3.1.1 Inputs

Data on inputs was collated from the 2011-12 Together4Children unit costing toolkits for Queen's Park and Stokewood and the Barnardo's South West practitioner full-cost recovery figures for 2011-12. Discussions with the manager, administrators and project workers from Bournemouth children's centres provided further details and clarification around the allocation of resources at service level.

Inputs to the Stay and Play service include salary costs for direct work plus associated on-costs where appropriate, staff expenses and costs of resources, premises and venue hire, Barnardo's management overheads and contributions from parents.

Salary costs were calculated based on time spent actually delivering, preparing and recording outcomes for Stay and Play sessions. Staff hours were based on the actual numbers of sessions that had taken place over the year, multiplied by the length of each session, plus team leader and manager assessments of average preparation and recording time per session.

The scale points and pension status of each of the workers was taken in to account and allocations for on-costs included standard ratios for IS, insurance, training, office consumables, admin support and line management. Barnardo's Management Charge at 9.65% also applies to this. Admin support and line management costs are applied at the equivalent of 6 hours each per full-time equivalent project worker.

Salary costs for the sessional workers were calculated based on an annual salary of £15,868 only, assuming sessional workers assist in preparation and clearing.

Premises costs for Queen's Park and Stokewood Stay and Play sessions were calculated using the current unit costing toolkits for the two centres. It was estimated by the Children's Centre Manager that 25% of Queen's Park's premises costs could be attributed to Stay and Play, and also that 25% of the venue hire costs for St Michael's could be allocated to the Westbourne sessions. 17% of Stokewood's property costs were estimated to be attributed to Stay and Play sessions by dividing the Stay and Play sessions delivered in to the total of activity sessions at the children's centre.

The Early Years Organiser was able estimate that the cost per Stay and Play session for food, snacks and other regular costs was about £9 per session and also that a voluntary contribution of 60p is often paid by carers. The costs for more permanent resources, such as toys and equipment, were estimated based on proportional allocations of the children's centres annual resources expenditure for all the Stay and Play sessions at all three sites used.

Barnardo's Management Charge is made on top of all expenditure and covers regional and national management and support overheads.

#### A3.1.2 Activities

The activities column describes all the activities undertaken by the service. Activities are set out more fully in the description of the services set out in section 4.1.

#### A3.1.3 Outputs

Data on outputs for 2011 was provided by the children's centres' administrators using Bournemouth Borough Council's eStart system for recording and reporting of the centre's registration and attendance statistics.

- 518 Stay and Play sessions were delivered
- 1335 children attended Stay and Play sessions.
- 298 children attended 10 or more Stay and Play sessions

- 1281 parents and carers attended Stay and Play sessions
- 260 parents and carers attended 10 or more Stay and Play sessions

#### A3.1.4 Outcomes

Outcomes are the results or effects of the activities of the service. Qualitative data on outcomes was established through semi structured interviews with 17 parents and 5 members of the Children's Centres' team. The interviews with parents were carried out during Stay and Play sessions by two volunteer research assistants previously unknown to the parents. Feedback forms completed by parents over the year were collated and analysed to provide quantitative outcomes data.

##### A3.1.4.1 Short Term Outcomes

**Improved confidence of parents.** Workers described very nervous families needing help to get through the door getting more confident the longer they come.

*"When you get a confident mum, you get a confident child. It's lovely to see how their confidence grows week by week"*

Parents also reported increased confidence as a result of the advice they received from centre workers and contact with other parents going through similar experiences. Trips (e.g. to the beach or park) were perceived by staff as being good for building parents confidence for trying out new community activities with their children.

**Improved knowledge of parenting strategies.** Half of the parents interviewed said they had learnt parenting strategies from coming to sessions. Knowledge of parenting strategies covered a wide range of issues from low level child care concerns around sleeping, feeding and weaning and to behaviour management.

First time parents reported that they learnt from the workers about parenting. All workers described how they modelled good parenting.

The result from feedback forms completed by parents was that on average the parents reported that their knowledge of parenting had increased by 1.1 (on a scale of 1 to 10) since attending Stay and Play.

**Improved English language skills for children with English as an Additional Language (EAL).** Workers and parents linked attendance at Stay and Play to improvements in their children's. One Uzbek parent with Russian as the first language stated that he/she sings the English songs learnt at Stay and Play to his child at home;

*"Every day he learns a new word".*

This was typical of the case studies of children with EAL that were shared. Simply by being in an English speaking play setting, parents saw improvements in their children's English.

**Improved diet.** The workers reported snack time as a way of promoting healthy eating habits amongst children and demonstrating how parents can introduce healthier foods at home. Under "What works well?" section of the parent feedback forms "Snack time" was a common response (38% of responses).

Workers said that children try new foods in snack time that they may not eat at home, because they see other children eating them. This was confirmed by parents in interviews with examples such as.

*"He's eating cheese now because he gets it here and sees other kids eating it."*

*"He started eating fruits like grapes because they have them at snack time here."*

Whilst it was not possible to gather quantitative or objective measures of improved eating habits in the home, qualitative data provided by parents suggested improved eating habits at home. In addition, some parents reported that they learnt how to better promote healthy eating habits.

**Increased access to physical activities.** Whilst parents and workers reported children enjoying the full range of activities offered at Stay and Play, it was the physical activities that were the most commonly mentioned. Messy play came a close second!

Parents valued the opportunity for their children to just “run around” in safe and spacious environment.

*“Mainly he wanders and I just follow him round because he can and grab anything he likes and it’s safe.”*

Stokewood Children’s Centre was particularly noted for this outcome, as it has a large and well equipped garden. Almost everyone interviewed mentioned how good it was to have a garden. Staff reported that many of the families live in flats or bedsits and would not otherwise have access to a garden. One mother mentioned how the climbing frame at Westbourne helps her son develop his balance.

#### **A3.1.4.2 Medium term Outcomes**

**Parents promote children’s play and learning.** Half of parents interviewed said they had learnt more about how to play with their children from coming to sessions. They reported learning from both the centre workers and other parents. Parents and workers reported that they learnt activities which they repeated at home.

Workers observed improvement in how parents played with their children e.g. being more able to be child led in how they played with their child; taking a greater interest in play; understanding the need to persevere with activities and learning; getting greater enjoyment from playing with their children.

**Improved progress in child’s learning and development** was a commonly reported outcome by both parents and workers. Around three quarters of parents interviewed said that Stay and Play had contributed to their child’s progress e.g. developing new interests/skills, progress in speech and language, increased confidence.

On feedback forms on average parent’s said improvement in child’s learning and development was 1.13, putting the average score since coming to sessions at 8.73 (on a scale of 1 to 10). One parent told us;

*“And there’s very good educational toys. It’s good for me because I see my child knowing more – education and play-wise. Its all growth and development. My child is learning here.”*

Many parents observed progress in their children’s social skills;

*“It’s made a difference to [my child]’s development. He’s more sociable and he’s learning. He was really shy before but he’s more used to different people”.*

**Reduced isolation of families.** Parents and workers said that getting out and about was one of the most valuable aspects of the Stay and Play sessions. Meeting and “chatting to other mums” was mentioned by almost all parents.

Workers described how parents come to realise that most parents with young children have feelings of isolation. They particularly identified this as a positive outcome for the many vulnerable parents who attend (some first time mothers, single mums, those living in a refuge, those with mental health issues, those recently moved to the area, EAL families). This was corroborated by many of the comments from parents.

*“I get a bit of adult conversation from time-to-time instead of baby talk”.*

*“Because I am a single Mum if I was just at home all the time I’d be bored out of my brain, there’s only so many times you can nip to the shops and clean and stuff”.*

One worker provided an example of a mother with post natal depression and additional mental health issues, recently arrived in the country, who had now become a regular at the EAL Stay and Play.

**Reduced obesity amongst children.** Given that parents and workers both reported that the sessions provided increased access to physical activities and encouraged healthier eating

habits, it is assumed that this will lead to a reduction in obesity for some children. Workers made a strong link between the benefits of physical outdoor activities in tackling obesity problems.

**Improved parenting** was reported by Barnardo’s staff, who observed improvements in how parents interacted with their children and being more age appropriate in their parenting. Workers noted that parents learnt to use more positive parenting techniques, better understand their children’s needs and manage challenging behaviour more successfully. Parents interviewed also talked about learning from one another and gaining reassurance from finding out that other parents were tackling similar challenges.

### A3.1.5 Impacts

Impacts represent the broader, longer term improvements which logically lead on from the medium term outcomes. These tend to be more difficult to measure accurately, as they may occur long after the support to the family has ended. However, where there is evidence that outcomes are achieved, there is a logical expectation of some long term impact in the future. Improved progress in children learning and development contributes towards improved educational outcomes in nursery/primary school settings. Reduced obesity should lead to improved health and physical development outcomes for children. Reduced social isolation of parents within the children’s centre reach area would be expected to contribute towards greater social community cohesion.

- Improved educational outcomes in nursery/primary school settings
- Improved health and development of children
- Improved community cohesion

## A3.2 Technical Tables

The rationale for inclusion of outcomes and indicators in the analysis is given in the tables below. Outcomes excluded from the analysis are highlighted in grey, those included are shown in normal text.

**Table A3.1 Outcomes and Indicators**

Stakeholder	Outcome	Indicator	Rationale
Parents	Improved confidence of parents	Increased confidence reported	Findings from interviews with staff and parents, who both reported increased confidence in parents
Parents	Improved knowledge of parenting strategies.	Increased range of positive parenting strategies are used	Findings from interviews with staff and families. Data on “distance travelled” provided by feedback forms completed by parents.
Children	Improved English language skills for children with English as an Additional Language.	Children communicate more effectively in English	Findings from interviews with staff and parents, who observed significant progress in English for children with EAL.
Children	Improved diet	Increased number of children show preference for and are offered healthier diet	Findings from interviews with staff and families. Children tried and developed a taste for healthy foods.
Children	Increased access to physical activities	More opportunities to be physically active	Findings from interviews with staff and families, who reported limited access to physical activities in the home
Parents	Parents promote children’s play and learning		This outcome was thought to be overlapping with improved progress in child’s learning and development. As a result we have chosen to value the outcome with a greater degree of data available.

Stakeholder	Outcome	Indicator	Rationale
Children	Improved progress in child's learning and development	Improved EYFS scores	Findings from interviews with staff and families who observed progress in children's learning and development that they linked to Stay and Play activities and experiences.
Parents	Reduced isolation of families	Reduced number of families report isolation and associated issues e.g. family breakdown, stress, depression	Findings from interviews with staff and parents around parents feeling isolated, benefiting from socialising and with other adults and talking to parents going through similar experiences.
Children	Reduced obesity amongst children		Whilst this is an important medium term outcome for the Stay and Play, it was not possible within the scope of this study to obtain meaningful data on levels of obesity over time following the intervention. In addition, by valuing improvements in diet and activity we provide some value to behaviours likely to lead to this outcome occurring.
Parents	Improved parenting		This is the longer term outcome of improved knowledge of parenting strategies. We have valued the knowledge, but do not have enough data to value the parenting.

**Table A3.2 Gross value of outcomes**

Outcome	Indicator	Financial proxy	Source of proxy	Explanation	No. of times benefit occurs	Explanation	Gross value of benefit
Improved confidence of parents	Increased confidence reported	£200	Figures from Family Spending Survey - 2009 prices	Average spending per person for 10 weeks. Using spending on eating and drinking out as revealed preference.	52	20% of those that have attended 10 times or more - based on Jones (2011) which found that 1 in 5 parents to be group phobic	£10,400
Increased knowledge of parenting strategies	Increased range of positive parenting strategies are used	£16	Average price based on prices of Amazon's 10 most popular parenting books in 2012	Qualitative data gained from interviews suggested that a small improvement in knowledge of parenting strategies occurred. We have assumed a low proxy, recognising that this is of some benefit but not a large change that might be expected from a more intensive intervention.	52	20% of those attending 10 times or more. Given that the session does not specifically focus on parenting strategies, but were reportedly picked up through discussions with workers & parents or by observing others, the proportion of parents who benefit from improved knowledge of parenting is likely to be relatively small and restricted to those not accessing advice/guidance elsewhere.	£832
Improved English language skills for children with English as an Additional Language	Level of English language improves for EAL children	£240	NALDIC (2011)	Illustrative costing taken from NALDIC for high % EAL primary advanced learner for Year 2 (closest age group) per annum per student	15	Children attending Stay and Play regularly, whose families speak use English at home, will experience greater exposure to English. We assume those attending 10 times or more will benefit. This is a targeted group where families come to expose their children to an English speaking environment and parents with EAL are also comfortable. In the interests of being conservative, we have not counted EAL children who attend other "non-EAL" Stay and Play groups. The CSM reports that there are many other EAL children attending other groups, particularly in the Westbourne	£3,600



Outcome	Indicator	Financial proxy	Source of proxy	Explanation	No. of times benefit occurs	Explanation	Gross value of benefit
Improved diet	Increased number of children show preference for and are offered healthier diet	£348	Family Spending Survey <a href="http://www.ons.gov.uk/ons/taxonomy/index.html?nscl=Food+Consumption">http://www.ons.gov.uk/ons/taxonomy/index.html?nscl=Food+Consumption</a>	Average spend by families on fresh fruit and vegetables per year	30	area. 10% of those attending 10 times of more. Repeated exposure to vegetables over a 14 day period shown to improve children's acceptance of vegetables in a randomised controlled trial (Wardle et al., 2003).	£10,440
Increased access to physical activities	More opportunities to be physically active	£144	PWC (2010)	Estimate of the value of one additional active person per annum	41	Only counted attendance (10 times or more) at Stokewood Children's Centre where there is a large garden and outdoor play facilities and significant number of families living in bedsits and flats. Assumes that 70% of children will take part in some form of physical activities at sessions.	£5,904
Improved progress in child's learning and development	Improved EYFS scores	£370	Liverpool Victoria 2010 survey on the cost of a child	Cost of bringing up a child - leisure and recreation (per child) - Per child for 21 years is £7,772 - therefore is £370 per year.	298	Those attending 10 times or more. The benefits of play on children's learning and development are well documented. We have assumed that the children attending the stay and play session regularly will benefit from improved progress in learning and development as a result of exposure to a new environment, a wide range of resources, stimulation and skilled play workers.	£110,260
Reduced isolation of families	Reduced number of families report isolation and associated issues e.g.	£520	Expenditure and Food Survey taken from the WikiVois database	Average expenditure on social activities per family per annum	130	50% of those attending 10 times or more. Sessions provide access to peers and workers. Three sources of evidence - Barnardo's outcomes framework in Bournemouth CC's indicates that 75% of parents identify family isolation as a need, this was the strongest message from	£67,600



Outcome	Indicator	Financial proxy	Source of proxy	Explanation	No. of times benefit occurs	Explanation	Gross value of benefit
	family breakdown, stress, depression					<p>qualitative data and the CSM reported that workers and parents perceived this to be an important benefit of Stay and Play. In interviews this was the most commonly reported benefit by parents. This is conservative as those that attend less than 6-9 times are still likely to benefit and parents indicated that even though they may attend less than monthly, they had been coming to sessions over a 1-2.5 years.</p>	

**Table A3.3 Applying attribution and drop off**

Outcome	Indicator	Attribution	Explanation	Drop off	Explanation
Improved confidence of parents	Increased confidence reported	20%	It was reported by parents in the qualitative work that they felt more confident as a result of the advice, guidance provided by workers and contact with other parents. However, this is not a targeted intervention and therefore many parents may already have had adequate levels of confidence and we assume some parents improved confidence through other interventions and support from families/friends. We have also assumed that the main benefit is in relation to confidence in attending groups and taking part in play activities with their children.	60%	We assume a reasonably high drop off 29 once the parent has stopped attending. However, around half of parents interviewed reported that they had attended Stay and Play sessions over a period of 1 to 3 years and we assume that whilst parents continue to attend, they continue to enjoy the benefits of confidence. NICE found the drop off of mental well-being after treatment for depression to be 50-70%, providing a good indication of potential deterioration in mental health and well being
Improved knowledge of parenting strategies	Increased range of positive parenting strategies are used	20%	Parents reported receiving guidance on a wide range of low level parenting issues - both from workers and one another. Where higher level concerns are identified parents are referred on or signposted to another service.	40%	We assume that as children get older, foundations laid for good parenting strategies and skills will be built upon. Strategies may be used with subsequent children, given that most parents interviewed were first time parents. We assume the strategies support that lasting foundation for good parent/child relationship. Lower drop off also assumes that skills deteriorate over time when you don't use them, and parents will continue to make use of their parenting skills.
Improved English language skills for children with English as an Additional Language.	Level of English language improve for EAL children	60%	We recognise that factors will influence a child's English language. However, we have given fairly high attribution as evidence from workers and parents is that families come to this group specifically to improve their children's at English when English is not spoken at home. No other equivalent provision for EAL provision for this age is available.	50%	We assume that those children, who stay in a English speaking country, are likely to retain and build their language skills through further exposure; and that continued use of English e.g. at school/pre school will ensure early learning of English is built upon.
Improved diet	Increased number of children show preference for and are	20%	Low rate of attribution because other services and societal pressures are working towards achieving this outcome. However in qualitative work parents	80%	In being conservative we assume that changes in diet are rarely sustained – and therefore have assumed a high rate of drop off.

<sup>29</sup> (2009) *Depression: the treatment and management of depression in adults*

Outcome	Indicator	Attribution	Explanation	Drop off	Explanation
	offered healthier diet		attributed the introduction of healthier foods to the fact that children had tried these at Stay & Play, particularly as a result of seeing other children eating healthy foods.		
Increased access to physical activities	More opportunities to be physically active	60%	Stay and Play attendance would represent an increase in physical activity for those that may not have opportunities due to housing. From qualitative interviews we received a really strong message that parents perceived that children benefited from being able to run around in safe environment.	80%	Environment created by the service allows them to physically active. Whilst we are not able to evidence if increased activities are sustained once children are not attending Stay and Play, physical activity in pre-school activity sets a pattern for basic movement which sets a foundation for later life - helping to ensure that physical activity becomes habitual (Strong W.B. et al., 2005).
Improved progress in child's learning and development	Improved EYFS scores	40%	Fairly low attribution given that attendance at Stay and Play groups represents a maximum of 1.75 hours per session once or twice or week. Parents and staff interviewed did make explicit links between activities and areas of learning and development observed in children. The CSM feedback that parents indicate they replicate activities in the home, thereby extending benefits beyond sessions.	50%	It is well documented that learning and development in the first three years is sustained and that play is a major factor in improved learning and development. Knowledge and strategies will be retained to some degree. Evidence that parents are repeating activities learnt at sessions at home, shows an increased awareness amongst parents of importance of promoting Stay and Play, which is likely to be sustained.
Reduced isolation of families	Reduced number of families report isolation and associated issues e.g. family breakdown, stress, depression	40%	We are assuming that social isolation as a parent will be alleviated to a significant degree by being around other parents who will be having similar experiences. Simply by attending the sessions, parents are guaranteed social contact and some will make friendships/acquaintances. Perceived by the Workers as an important part of their role to ensure that all parents are made welcome. Parents remarked on this.	80%	High drop off as social contact will only continue where attendance continues or parents exchange contact details and follow up. However, around half the parents interviewed reported attending for 1-3 years and therefore will continue to feel benefits of contact with other parents. Responses also indicated that parents attend less than 10 times per year, but had attended over more than a period of a year or more and benefited from the social contact.

**Table A3.4 Calculating benefits over time**

Outcome	Indicator	Gross value (p.a.)	Attribution	Net Value (p.a.)	Drop Off	Total Net Benefit over the 5 year period
Improved confidence of parents	Increased confidence reported	£10,400	20%	£2,080	60%	£3,431
Improved knowledge of parenting strategies	Increased range of positive parenting strategies are used	£832	20%	£166	40%	£384
Improved English language skills for children with English as an Additional Language.	Level of English language improve for EAL children	£3,600	60%	£2,160	50%	£4,185
Improved diet	Increased number of children show preference for and are offered healthier diet	£10,440	20%	£2,088	80%	£2,609
Increased access to physical activities	More opportunities to be physically active	£5,904	60%	£3,542	80%	£4,427
Improved progress in child's learning and development	Improved EYFS scores	£110,260	40%	£44,104	50%	£85,452
Reduced isolation of families	Reduced number of families report isolation and associated issues e.g. family breakdown, stress, depression	£67,600	40%	£27,040	80%	£33,789
<b>Total</b>		<b>£209,036</b>		<b>£81,181</b>		<b>£134,276</b>

**Table A3.5 Sensitivity analysis**

Outcome	Assumption varied	Sensitivity	Effect on result per £1 invested
Improved progress in child's learning and development	Attribution reduced from 40% to 20%	Low	£1.50
Improved progress in child's learning and development	Drop off increased from 50% to 70%	Low	£1.50
Improved progress in child's learning and development	Occurrence reduced by 40%	Low	£1.50
Improved progress in child's learning and development	Occurrence increased by 20%	Low	£2.50
Reduced social isolation	Attribution reduced from 40% to 20%	Low	£1.50
Reduced social isolation	Occurrence reduced by 40%	Low	£2
All outcomes	Attribution reduced by 20%	High	£1
All outcomes	Drop off increased by 10%	Low	£1.50
All outcomes	Drop off increased by 20%	Medium	£1.50
All outcomes	Occurrences reduced by 20%	Medium	£1.50
All outcomes	Occurrences reduced by 50%	High	£1

## Annex 4 Evergreen Technical Tables

### A4.1 Logic Model

#### A4.1.1 Inputs

Information on inputs was provided by Evergreen Children's Centre. Inputs to the FSW service include: salary costs; staff travel expenses; Barnardo's management overheads; venue hire; Barnardo's funds; and the in-kind contribution of a venue.

Salary costs include:

- Three FSWs with one working full time (37 hours per week) and two working part time (30 hours per week and 15 hours per week);
- 40% of the Centre Managers time in order to manage the FSW service; and
- The time of an Administrative Assistant who provide around 4 hours per week of administrative support to the FSW service.

A fee is paid by Evergreen Children's Centre to Barnardo's to cover management overheads. This fee is around 8% of the children's centre's annual spend.

The service makes use of a Scout Hut every Friday during term time. The venue is used to provide group sessions delivered by FSWs and is provided at the market rate every Friday during term time at a yearly cost of £777.

Barnardo's has been supporting the cost of delivery by covering the premises costs. Funding from Worcestershire County Council does not cover the rental costs of a property in addition to service provision. For this reason, Barnardo's provides additional funding in order to cover the costs of renting the children's centre building. The total rental cost of the building is £12,000 per year. It was estimated by Barnardo's staff that around 80% of the use of the building is taken by the FSW service. The FSW offices are located within the building and many of the groups run by FSWs are hosted within the building. We have therefore estimated the cost of use of the building by the FSW service to be £9,600. We have also assumed that 80% of the building's associated overheads are also accounted for by the FSW service.

Since April 2011 St Joseph's School Hut has been provided free of charge to the FSW service in order to run group sessions on Thursday mornings during term time. We have included this as an in-kind cost for the whole year at the market value of £580.

#### A4.1.2 Activities

##### Support offered by the FSW service

- working with extended families;
- advice, support and listening;
- preventing and working to stop feelings of isolation;
- teaching behaviour strategies and techniques;
- support with bedtime routines
- promoting initiatives such as Change4Life, Healthy Start etc.;
- signposting to other services and community activities;
- supporting families where there is domestic violence;
- promoting praise and play;
- providing parent and child group sessions, e.g. stay and play, baby massage;
- developing coping strategies for parents;
- advice on home safety, including ROSPA home safety checks;
- supporting parents to get back into work;
- support for families with drug and alcohol dependency;
- supporting families where English is an additional language; and
- supporting families where there are mental health issues.

#### A4.1.3 Outputs

Data on outputs was provided by Barnardo's. Over the period 1<sup>st</sup> April 2010 – 31<sup>st</sup> March 2011:

- the FSW service supported 115 families and received 72 referrals;
- 52 families accessed the FSW administered baby massage groups;
- 16 families accessed the FSW administered family learning groups;
- 7 families accessed the FSW administered family links groups; and
- 115 families were signposted to further support.

#### A4.1.4 Outcomes

Outcomes are the results or effects of the activities of the service. They may be short term or long term, and in many cases are measured by the Barnardo's outcomes framework. The FSW service achieves a wide variety of outcomes for the families it supports. The outcomes included in the logic model above represent a core set of outcomes as reported in qualitative work with Barnardo's staff, FSWs and families and quantitative outcome data provided by Barnardo's.

##### A4.1.4.1 Short Term Outcomes

**Improved parenting skills** were reported by participants in qualitative work with FSWs and families as being an important outcome. This outcome includes improved skills in managing the behaviour of children (e.g. effective use of 'time-out') and improved skills with regard to managing children at bedtime. It was reported by FSWs that providing impartial, non-judgemental advice was an important aspect of the FSW service which works to empower parents to implement techniques that are tailored and appropriate to their lifestyle. One parent who had been struggling with the behaviour of their eldest child stated that the support of the FSW had helped to improve their management of the child's behaviour:

*"I'm now in control and not being controlled by my kids"*

**Improved confidence** was also reported as an important outcome in fieldwork with FSWs and families. Indeed, it was stated that improving the confidence of families underpins the achievement of other outcomes. It was reported that much of the emotional support provided by FSWs to parents worked to increase the confidence of parents to implement behaviour strategies, access group sessions, access other services etc.

**Reductions in the level of risk / harm to children** was one of the most common outcomes reported in quantitative outcome based data provided by Barnardo's. Whereas the safe home environment considers the risk to the child of accidental injury within the home, this outcome is concerned with the level of risk / harm to children in the form of abuse or neglect. Over the period of a year and six months 14 instances of improved outcome scores were reported to have been achieved by families.

**Safe home environments** were another commonly reported outcome under the Barnardo's outcomes framework. Data provided by Barnardo's showed that over the period of a year and six months 13 families saw an improvement in this outcome. As is stated above, this outcome considers the risk of accidental injury to a child within the home.

**Improved access to information on housing, health, benefits, rights or support needs.** Data provided by Barnardo's showed that over a period of a year and 6 months this outcome was reported to have improved for 21 families.

#### A4.1.4.2 Medium term outcomes

**Reduced number of families accessing 'high level' services** was reported as an important outcome by Barnardo's staff. In many cases, families supported by FSWs are just above the threshold at which intervention by social services would be necessary. Indeed, an element of the service that was seen as being particularly important Barnardo's was preventing the deterioration of outcomes experienced by families, and therefore ensuring that families continue to remain above the threshold at which the intervention of social services is necessary.

**Families feel less isolated.** Improvements in this outcome were the most common in reporting against the Barnardo's outcomes framework. According to data provided by Barnardo's 28 families reported improved scores in relation to this outcome over a period of a year and six months.

**Improved family relationships** were also commonly reported against the Barnardo's outcomes framework, with enhanced parent/carer/adult – child relationships having improved in 17 cases over the period of a year and six months.

**Carers promote children's play and learning.** According to data provided by Barnardo's 15 families experienced improvements in this outcome against the Barnardo's outcomes framework. Moreover, parents reported in qualitative interviews that they had accessed reading groups through the FSW and that this had, had a positive impact on the children's attitude to reading. One parent stated that:

*"The reading group made reading a lot more fun and encouraged the children to read books which is really brilliant"*

#### A4.1.5 Impacts

Impacts represent the long term improvements contributed to by the FSW service. These tend to be more difficult to measure accurately, as they may occur long after the support to the family has ended. However, where there is evidence that outcomes are successfully achieved, there is a logical expectation of some long term impact in the future.

The expected impacts of the FSW service included:

- **Reduced number of children going into care**
- **Families improve their economic and social wellbeing**
- **Improved child health and development**



## A4.2 Technical Tables

The rationale for inclusion of outcomes and indicators in the analysis is given in the tables below. Outcomes excluded from the analysis are highlighted in grey, those included are shown in normal text.

**Table A4.6 Outcomes and indicators**

Stakeholder	Outcome	Indicator	Rationale
Families	Improved parenting skills	Parents are better able to manage behaviour	Families and FSWs reported in qualitative interviews that families had improved their parenting skills
Families	Improved confidence	Parents have increased confidence	Families and FSWs reported in qualitative interviews that families improved their confidence.
Families	Reductions in the level of risk / harm to children		Though data was provided by Barnardo's it was not possible to identify an appropriate indicator. It is assumed that families with children with a reduced level of risk were less likely to access higher level services.
State and Families	Safe home environment	Reduced number of accidents in the home	Data on outcomes provided by Barnardo's showed that families' homes were safer.
Families	Improved access to information on housing, health, benefits, rights or support needs		Though this outcome is likely to be important, we do not know the number of families who actually take up additional services, or what services these might be. We have therefore excluded this from our analysis
State	Reduced numbers of families accessing high level services	Reduced number of children going into care	It was reported by Barnardo's staff that many of the families that the FSW service works with are close to the threshold of going into care. The support provided by the service prevents them from falling below that threshold.
Families	Families feel less isolated	Reduction in social isolation	Data on outcomes provided by Barnardo's showed that families were less isolated.
Families	Improved family relationships	Relationships between family members improve	Data on outcomes provided by Barnardo's showed that relationships within families had improved.
Families	Carers promote children's play and learning		Though this outcome is likely to be important, we do not know the number of children who actually increased their levels of play. In being conservative we have not included this in the analysis.
Families	Improved parenting skills	Parents are better able to manage behaviour	Families and FSWs reported in qualitative interviews that families had improved their parenting skills
Families	Improved confidence	Parents have increased confidence	Families and FSWs reported in qualitative interviews that families improved their confidence.
Families	Reductions in the level of risk / harm to children		Though data was provided by Barnardo's it was not possible to identify an appropriate indicator. It is assumed that families with children with a reduced level of risk were less likely to access higher level services.
State and Families	Safe home environment	Reduced number	Data on outcomes provided by Barnardo's

Stakeholder	Outcome	Indicator	Rationale
Families		of accidents in the home	showed that families' homes were safer.
Families	Improved access to information on housing, health, benefits, rights or support needs		Though this outcome is likely to be important, we do not know the number of families who actually take up additional services, or what services these might be. We have therefore excluded this from our analysis
State	Reduced numbers of families accessing high level services	Reduced number of children going into care	It was reported by Barnardo's staff that many of the families that the FSW service works with are close to the threshold of going into care. The support provided by the service prevents them from falling below that threshold.

**Table A4.7 Gross value of outcomes**

Outcome	Indicator	Unit Value of Benefit	Source of financial proxy	Explanation	No. of times benefit occurs	Explanation	Gross value of benefit
Improved parenting skills	Parents are better able to manage behaviour (e.g. bedtime routines)	£3,000	DfE Family Savings Calculator <sup>30</sup>	This represents the cost of a Local Authority delivering an in-home parenting programme to improve the skills of parents	29	Improved parenting skills were reported in interviews with FSWs and families. The level of occurrence here assumes that 25% of all those families supported by FSWs improve their parenting skills	£87,000
Improved confidence	Parents have increased confidence	£318	Various confidence workshop providers	This figure is the mean average taken from the price of various workshops: www.crackingconfidence.co.uk - £394. life4coaching.co.uk - £450. glows-coaching.co.uk - £87. Reedlearning.co.uk - £479. recrion.co.uk - £180.	38	Improved confidence of parents was reported in interviews with FSWs and families as one of the most common outcomes achieved by the FSW service. The level of occurrence here assumes that a third of all those families supported by FSWs improved their confidence.	£12,084
Safe home environment (state)	Reduced number of accidents in the home	£1,200	Walter (2010) Re-valuation of home accidents	This represents the average cost of medical and support costs provided by the state.	4	Data on outcomes provided by Barnardo's indicated that this outcome was achieved by 13 people over the period of 1 year and 6 months. We assume that half of these accidents would have required hospital treatment	£4,800
Safe home environment (family)	Reduced number of accidents in the home	£10,000	Walter (2010) Re-valuation of home accidents	This represents average value of avoiding injury relative to the value of saving a fatality.	4	Data on outcomes provided by Barnardo's indicated that this outcome was achieved by 13 people over the period of 1 year and 6 months. We assume that half of	£40,000

<sup>30</sup> The Department for Education Family Savings Calculator and guidance notes are available at <http://www.instituteofhealthequity.org/Content/FileManager/pdf/fairsocietyhealthylives.pdf>

Outcome	Indicator	Unit Value of Benefit	Source of financial proxy	Explanation	No. of times benefit occurs	Explanation	Gross value of benefit
						these accidents would have required hospital treatment	
Reduced numbers of families accessing high level services	Reduced number of children going into care	£36,653	DfE Family Savings Calculator	This represents the average cost of a child being taken into care	3	Data on outcomes from Barnardo's suggests that 14 children were at a reduced risk or had reduced levels of harm over the period of 1 year and 6 months. Moreover qualitative interviews reported that one of the key elements of the service is preventing families from falling below the threshold at which intervention of social services would be necessary. We have assumed that not all of those with reduced risk / harm would have gone into care, but that 3 children would have. We vary this assumption in our sensitivity analysis	£109,959
Families feel less isolated	Reduction in social isolation	£520	Food and Expenditure Survey <sup>31</sup>	This represents the average spend on social activities according to the Food and Expenditure Survey	19	Data on outcomes provided by Barnardo's indicated that this outcome was achieved by 28 people over the period of 1 year and 6 months	£9,880
Improved family relationships	Relationships between family members improve	£270	MB Associates (2011) Investing in culture and community The Social Return on Investing in work-based learning at the Museum of East Anglian Life	Family Therapy sessions at Relate cost £45 per session, the value here assumes a course of 6 sessions	11	Data on outcomes provided by Barnardo's indicated that this outcome was achieved by 17 people over the period of 1 year and 6 months.	£2,970

<sup>31</sup> Taken from the SROI Network database

**Table A4.8 Applying attribution and drop off**

Outcome	Indicator	Attribution	Explanation	Drop off	Explanation
Improved parenting skills	Parents are better able to manage behaviour	60%	A number of families have multiple agencies involved in supporting them. FSWs can often be providing support as part of a CAF process. However, it assumed that the FSW service is the most responsible agency in improving behaviour management and bedtime routines as it is the responsible service for delivering interventions in this regard.	40%	A study into the Triple-P Parenting Programme carried out by the University of Queensland and published as part of the National Institute for Health and Clinical Excellence's (NICE) Health Technology Assessments found that parenting interventions have been proven to have sustained effects on parenting skills over time. The Triple-P Programme has been rigorously studied and has showed particularly low rates of drop off. In being conservative we have assumed a drop off rate that is slightly higher than that of the Triple P Programme
Improved confidence	Parents have increased confidence	60%	It is possible that parents could have improved their self confidence through engagement with other interventions or events in other areas of their life. However, parents reported that engagement with the project had increased their self confidence.	60%	We assume that there is a fairly high drop-off in confidence once the service stops working with a family.
Safe home environment (state)	Reduced number of accidents in the home	60%	The FSW service delivered this intervention but the ROSPA Safe at Home scheme is a widely used national scheme and it is possible that in the absence of FSWs this service may have been offered to families	30%	As FSWs deliver ROSPA's Safe at Home scheme, which involves installing safety equipment in a home it is assumed that this outcome is well sustained over time. However, the rate of drop off acknowledges that there may be misuse, damage or removal of safety equipment over time.
Safe home environment (family)	Reduced number of accidents in the home	60%	The FSW service delivered this intervention but the ROSPA Safe at Home scheme is a widely used national scheme and it is possible that in the absence of FSWs this service may have been offered to families	30%	As FSWs deliver ROSPA's Safe at Home scheme, which involves installing safety equipment in a home it is assumed that this outcome is well sustained over time. However, the rate of drop off acknowledges that there may be misuse, damage or removal of safety equipment over time.
Reduced numbers of families accessing high level services	Reduced number of children going into care	80%	It was reported by Barnardo's staff that FSW service provides support for families who are slightly above the threshold at which social services would intervene would otherwise not receive support of this kind and so we assume a high rate of attribution.	40%	A review of literature by the Joseph Rowntree Foundation (Biehz, 2006) found that about a third to half of all children that have been in care and are returned to their parents re-enter care. We have assumed that drop off is within the middle of this range. This is a conservative estimate as it is unusual for families supported by the FSW service to have

					children that have already been in care
Families feel less isolated	Reduction in social isolation	60%	It was reported by families in qualitative work that FSWs provide an impartial point of advice that they would not otherwise be provided by other services and that through family support workers they have accessed groups and other services.	60%	We assume that there is a fairly high drop-off in this benefit once the service stops working with a family.
Improved family relationships	Relationships between family members improve	60%	A number of families have multiple agencies involved in supporting them. FSWs can often be providing support as part of a CAF process. However, as families reported the high level of involvement of FSW and ability to approach FSWs with problems it assumed that the FSW service is the most responsible agency in improving this outcome.	60%	We assume that there is a fairly high drop-off in this benefit once the service stops working with a family.

**Table A4.9 Calculating benefits over time**

Outcome	Indicator	Gross value (p.a.)	Attribution	Net Value (p.a.)	Drop Off	Total Net Benefit over the 5 year period
Improved parenting skills	Parents are better able to manage behaviour	£87,000	60%	£52,200	40%	£120,352
Improved confidence	Parents have increased confidence	£12,084	60%	£7,250	60%	£11,960
Safe home environment (state)	Reduced number of accidents in the home	£4,800	60%	£2,880	30%	£7,987
Safe home environment (family)	Reduced number of accidents in the home	£40,000	60%	£24,000	30%	£66,554
Reduced numbers of families accessing high level services	Reduced number of children going into care	£109,959	80%	£87,967	40%	£202,817
Families feel less isolated	Reduction in social isolation	£9,880	40%	£3,952	60%	£6,519
Improved family relationships	Relationships between family members improve	£2,970	60%	£1,377	60%	£2,940
<b>TOTAL</b>		<b>£266,693</b>		<b>£179,626</b>		<b>£419,129</b>

**Table A4.10 Sensitivity analysis**

Outcome	Assumption varied	Sensitivity	Effect on result per £1 invested
Reduced numbers of families accessing high level services	Attribution reduced from 80% to 60%	Low	£4
Improved parenting skills	Attribution reduced from 60% to 40%	Low	£4
Safe home environment	Attribution reduced from 60% to 40%	Low	£4
Reduced numbers of families accessing high level services	Reducing the occurrence from 3 children kept out of care to 1	Mid	£3
Reduced numbers of families accessing high level services	Increasing occurrence from 3 children kept out of care to 5	Mid	£5.50
Improved confidence	1 in 5 parents experience improved confidence rather than 1 in 3	Low	£4
Reduced numbers of families accessing high level services	Drop off rate increased from 40% to 60%	Low	£4
Improved parenting skills	Drop off rate increased from 40% to 60%	Low	£4



## Annex 5 Tiny Toes Technical Tables

### A5.1 Logic Model

#### A5.1.1 Inputs

Information on inputs was provided by Hazlemere and Loudwater Children's Centre. Inputs to the service included:

- Funding from Buckinghamshire County Council;
- In-kind professional time from a Connexions Senior Personal Advisor and a Targeted Youth Worker.

In-kind support was also provided in the form of volunteer time. A number of volunteers assisted in the delivery of Tiny Toes sessions. Volunteers were not included in the analysis, although it is likely that there are both costs and benefits associated with them. This is because we assumed that volunteers would act in line with a rational model of behaviour. In such a model it is assumed that the time given by volunteers would be equal to the benefits that they obtain. Where benefits outweighed the time that volunteers input, they would invest more time until benefits matched inputs and vice versa. This means that the values would work to cancel one another out in the final analysis in which costs are compared against benefits. We did determine the total value of volunteer time, which was around £1840.

#### A5.1.2 Activities

The activities column in Figure 6.4 describes all the activities undertaken by the service. These activities are set out more fully in the description of the service set out in section 6.1.

#### A5.1.3 Outputs

Data on outputs was provided by Barnardo's. Over the nine months for which data was utilised in the analysis:

- 18 young women and their children attended the service;
- 18 young women were working towards AQA Unit Award Qualifications

#### A5.1.4 Outcomes

The analysis made use of existing data collected by the service under the Barnardo's outcomes framework. This data was used in establishing the extent to which outcomes occurred. Further information on the extent to which outcomes could be attributed to the service were underpinned by interviews with Tiny Toes staff. A more thorough and well resourced analysis would have conducted qualitative interviews directly with beneficiaries of the service. Outcomes recorded against the Barnardo's outcomes framework are listed in the logic model presented at Figure 6.4.

#### A5.1.5 Impacts

Impacts represent the long term improvements contributed to by the Tiny Toes service. These tend to be more difficult to measure accurately, are very long term and not captured within the Barnardo's outcomes framework. However, where there is evidence that outcomes are successfully achieved there is a logical expectation of some long term impact in the future.

The expected impacts of the Tiny Toes service included:

- Improved educational outcomes for children at 16;
- Improved mental health for families;
- Improved employment prospects for parents;
- Improved health and wellbeing for families;
- Improved social and emotional skills of children

### A5.1.6 Technical Tables

The rationale for inclusion of outcomes and indicators in the analysis is given in the tables below. Outcomes excluded from the analysis are highlighted in grey, those included are shown in normal text.

**Table A5.11 Outcomes and indicators**

Stakeholder	Outcome	Indicator	Rationale
Families	Improved parenting skills	Parents are better able to manage behaviour	Families and FSWs reported in qualitative interviews that families had improved their parenting skills
Families	Families feeling less isolated	Reduction in social isolation	This outcome was selected by the Barnardo's service manager and project workers as appropriate for the Tiny Toes service and data has been recorded accordingly.
Families	Receives necessary health care	Family attend appointments and receive healthcare from appropriate professionals	This outcome was selected by the Barnardo's service manager and project workers as appropriate for the Tiny Toes service and data has been recorded accordingly.
Families	Increased confidence	Increase in confidence of mother	This outcome was selected by the Barnardo's service manager and project workers as appropriate for the Tiny Toes service and data has been recorded accordingly.
Families	Access to information on health issues	N/A	This is an important outcome for the Tiny Toes service but the data available was limited and it was not possible to identify an appropriate monetary valuation.
Families	Reduction in level of risk/harm	Level of risk/harm reduced	This outcome was selected by the Barnardo's service manager and project workers as appropriate for the Tiny Toes service and data has been recorded accordingly.
Families	Contribute to planning and decision making	N/A	This is an important outcome for the Tiny Toes service but the data available was limited and it was not possible to identify an appropriate monetary valuation.
Families	Improved behaviour	N/A	This is an important outcome for the Tiny Toes service but the data available was limited and it was not possible to identify an appropriate monetary valuation.
Families	Increased exercise and physical activities	N/A	This is an important outcome for the Tiny Toes service but the data available was limited and it was not possible to identify an appropriate monetary valuation.
Families	Improved resource management by parents	Improved knowledge and understanding of how to manage resources	This outcome was selected by the Barnardo's service manager and project workers as appropriate for the Tiny Toes service and data has been recorded accordingly.
Families	Improved parenting	Increase in levels of good parenting	This outcome was selected by the Barnardo's service manager and project workers as appropriate for the Tiny Toes service and data has been recorded accordingly.

Stakeholder	Outcome	Indicator	Rationale
Families	Improved diet	Increase in healthy eating	This outcome was selected by the Barnardo's service manager and project workers as appropriate for the Tiny Toes service and data has been recorded accordingly.
Families	Social skills gained/improved	N/A	This is an important outcome for the Tiny Toes service but the data available was limited and it was not possible to identify an appropriate monetary valuation.
Families	Development through new experiences	N/A	This is an important outcome for the Tiny Toes service but the data available was limited and it was not possible to identify an appropriate monetary valuation.
Families	Parents promote child's play and learning	N/A	This is an important outcome for the Tiny Toes service but the data available was limited and it was not possible to identify an appropriate monetary valuation.
Families	Parents supported in accessing employment, education and training	Increase in parents accessing employment, education and training	This outcome was selected by the Barnardo's service manager and project workers as appropriate for the Tiny Toes service and data has been recorded accordingly.

**Table A5.12 Gross value of outcomes**

Outcome	Indicator	Unit Value of Benefit	Source of financial proxy	Explanation	No. of times benefit occurs	Explanation	Gross value of benefit
Receives necessary healthcare	Family attend appointments and receive healthcare from appropriate professionals	£128	Curtis (2011) <sup>32</sup>	Health Visitor unit cost is £64 per hour. The visit of a health visitor was most aligned with the outcome information for the project. We are making the assumption that over the time of the parent's interaction with the health visitor, they would spend approx 2 hours with the parent and child.	2	Data taken from the Barnardo's Outcomes Framework, recorded by Barnardo's staff.	£256
Family less isolated	Reduction in social isolation	£520	Family Income and Expenditure Survey 2009.	Yearly spend on social activities per family. £520 per annum (Wikivois). There was a higher value available for this proxy - £14,900 per annum <sup>33</sup> – but in order to be conservative we chose to use the lower value proxy which was more aligned to the Barnardo's outcome.	13	Data taken from the Barnardo's Outcomes Framework, recorded by Barnardo's staff.	£6,760
Increased confidence	Parents have increased confidence	£318	GHK estimate established for FSW service	Improved self confidence (per person per intervention) from revealed preference data for what individuals are prepared to pay for confidence classes. There was a higher value available for this proxy - £520 per annum – but in order to be conservative we chose to use the lower value proxy which was more aligned to the Barnardo's outcome.	1	Data taken from the Barnardo's Outcomes Framework, recorded by Barnardo's staff.	£318
Reduction of level of	Level of risk/harm reduced	£8372	Curtis (2011)	Mean weekly cost of support to families at risk of abuse/neglect is £161. £161 x 52	4	Data taken from the Barnardo's Outcomes	£33,488

<sup>32</sup> Curtis, L., 2011. *Unit Costs of Health and Social Care 2011* <http://www.pssru.ac.uk/archive/pdf/uc/uc2011/uc2011.pdf>

<sup>33</sup> CLG 2010 *The New Deal for Communities Programme: Assessing impact and value for money*

Outcome	Indicator	Unit Value of Benefit	Source of financial proxy	Explanation	No. of times benefit occurs	Explanation	Gross value of benefit
risk/harm				weeks = £8372 per family per year.		Framework, recorded by Barnardo's staff.	
Improved resource management by parents	Improved knowledge and understanding of how to manage resources	£1,000	Save the Children (2007) <sup>34</sup>	£1000 is the premium Save the Children estimate is paid by poor households every year for essential services above that paid by wealthier households. pay-more-for-essential-goods-and-services	5	Data taken from the Barnardo's Outcomes Framework, recorded by Barnardo's staff.	£5000
Improved parenting	Increase in levels of good parenting	£1,200	DfE Family Savings Calculator <a href="http://www.c4eo.org.uk/costeffectiveness/edgeofcare/costcalculator.aspx">http://www.c4eo.org.uk/costeffectiveness/edgeofcare/costcalculator.aspx</a>	Cost to local authority of a group in-community parenting programme (per programme).	5	Data taken from the Barnardo's Outcomes Framework, recorded by Barnardo's staff.	£6,000
Improved diet	Increase in healthy eating	£348	Family Spending Survey <sup>35</sup>	Families in the UK spend on average £348.4 on fresh fruit and vegetables per year.	10	Data taken from the Barnardo's Outcomes Framework, recorded by Barnardo's staff.	£3,484
Parents supported in accessing employment, education or training	Increase in parents accessing employment, education and training	£4,900	Communities and Local Government (2010)	Unit benefit per annum of being employed.	3	Data taken from the Barnardo's Outcomes Framework, recorded by Barnardo's staff.	£14,700

<sup>34</sup> Save the Children, 2011. 'Poverty Premium' <http://www.savethechildren.org.uk/resources/online-library/the-poverty-premium-how-poor-households->

<sup>35</sup> <http://www.ons.gov.uk/ons/taxonomy/index.html?nscl=Food+Consumption>

**Table A5.13 Applying attribution and drop off**

Outcome	Indicator	Attribution	Explanation	Drop off	Explanation
Receives necessary healthcare	Family attend appointments and receive healthcare from appropriate professionals	40%	The service has a big input on health with visits from the health visitor; first aider and community nursing team. The young women are also given advice and guidance about general health and are signposted to the correct professionals. However there are other interventions on this outcome available (through NHS services) and it was assumed that the service is slightly less responsible for the outcome than other services.	40%	We assume that there is a fairly middle to low level drop-off rate in this benefit once the service stops working with the family. This is because we assume that the mother and child(ren) will have developed relationships with medical professionals (the GP or Health Visitor) and will have experienced the benefits of the help and advice available.
Family less isolated	Reduction in social isolation	80%	Barnardo's staff have reported (in qualitative interviews) that the rural location of the villages that the children's centre serves mean that the young women are extremely socially isolated as they often don't have transport and public transport is not available. The age of the young women also contributes to their isolation as their contemporaries are at school and college. The service is often the only peer interaction the mother and her baby will have in the week. We have therefore assumed that the service has the most responsibility for the outcome.	40%	We assume that there is a fairly low drop-off rate in this benefit as the service provides very high levels of intervention during the service and also provides a structured pathway, through the Barnardo's children's centre, into more informal groups and linked services. This helps to ensure that the outcomes are sustained in the future.
Increased confidence	Increase in confidence of mother	60%	Barnardo's staff have reported that there is massive change in the level of confidence in the young women since starting at the service. The CSM felt that the service makes a big difference to the confidence of the young women. We have therefore assumed that the service has the most responsibility for the outcome but in being conservative we have assumed that there may be other contributions to the outcome.	60%	We assume that there is a fairly high drop-off rate in confidence once the service stops working with the family.
Reduction of level of risk/harm	Level of risk/harm reduced	40%	Barnardo's staff reported that in the group they discuss issues related to child safety and talk about drugs, alcohol and safe relationships. Issues surrounding risk and harm are also tackled by staff	60%	A review of literature by the Joseph Rowntree Foundation (Biehasz, 2006) found that about a third to a half of all children that have been in care and are returned to their parents re-enter care. We have assumed that drop off is at

			and by the professionals who come into the group. We have assumed that as there are other agencies that provide services in this area, the service is slightly less responsible for the outcome than other services.		the higher level of this range. This is a conservative estimate as the service is not tightly focused on this outcome but its intervention does cover this in the spectrum of its work.
Improved resource management by parents	Improved knowledge and understanding of how to manage resources	100%	Barnardo's staff reported that there is no other intervention working on this outcome in the area and that the service provides information and support on this subject to the young women who attend. We have therefore assumed that the intervention is solely responsible for achieving the outcome.	40%	Evidence from long term evaluations of debt advice suggest that the effects persist in the long term (3 years), particularly that targeted advice helps people manage their resources better in the long term and not fall further into debt (though does not help them reduce overall indebtedness). This would suggest a low rate of drop off for this outcome, backed up by the intensity of the work by service staff and the structured pathways into other services in the Barnardo's children's centre once service users have left Tiny Toes (Orton, 2010).
Improved parenting	Increase in levels of good parenting	80%	Barnardo's staff reported that there is no other intervention working on this outcome in the local area and that the service provides information, advice, support and role modelling for the young women. We have therefore assumed that the service has the most responsibility for the outcome but in being conservative we have assumed that there may be other contributions to the outcome.	30%	A study into the Triple-P Parenting Programme carried out by the University of Queensland and published as part of the NICE Health Technology Assessments found that parenting interventions have been proven to have sustained effects on parenting skills over time. The Triple-P Programme has been rigorously studied and has showed particularly low rates of drop off. Furthermore because of the high levels of intervention of the service and the structured pathways that are provided through the Barnardo's children's centre after the service users have left the service, outcomes are likely to be sustained into the future. .
Improved diet	Increase in healthy eating	60%	The service dedicates a significant amount of its time to teaching the young women to prepare and cook healthy meals, and works with the mothers to establish healthy eating habits with their babies. There are also no other services that are working specifically on this outcome in the local area. We have therefore assumed that the service has the most responsibility for the outcome but there may be other interventions (such as GPs and Health Visitors working on this outcome).	50%	We have made the assumption that after the mothers and children leave the service they will no longer be supported to maintain their healthier diets and lifestyles. Consequently drop off is likely to be relatively high but approximately half may continue to prepare and eat healthier meals.

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<p>Parents supported in accessing employment, education or training</p>	<p>Increase in parents accessing employment, education and training</p>	<p>60%</p>	<p>The service has a very intense focus on accessing education, employment and training and parents are very strongly encouraged by the Tiny Toes staff (including being picked up and driven to and from appointments that tiny toes staff make for service users with other professionals and agencies) to access other EET services. If this focused intervention did not take place it would be unlikely that this client group would access these other services and therefore this outcome has a high level of attribution.</p>	<p>60%</p>	<p>Research has found that there are often challenges with regard to maintaining employment <sup>36</sup>. Moreover, the evaluation of Intensive Family Interventions suggested that only around 35% of families had maintained employment related outcomes. As a result, we have assumed a relatively high rate of drop off.</p>
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<sup>36</sup> Dixon, J. Et al. (2010) *Monitoring and evaluation of family interventions (information on families supported to March 2010)* Department for Education



**Table A5.14 Calculating benefits over time**

Outcome	Indicator	Gross value (p.a.)	Attribution	Net Value (p.a.)	Drop Off	Total Net Benefit over the 5 year period
Receives necessary healthcare	Family attend appointments and receive healthcare from appropriate professionals	£256	40%	£102	40%	£236
Family less isolated	Reduction in social isolation	£6,760	80%	£5,408	40%	£12,469
Increased confidence	Increase in confidence of mother	£318	60%	£191	60%	£315
Reduction of level of risk/harm	Level of risk/harm reduced	£33,488	40%	£13,395	60%	£22,097
Improved resource management by parents	Improved knowledge and understanding of how to manage resources	£5,000	100%	£5,000	40%	£11,528
Improved parenting	Increase in levels of good parenting	£6,000	80%	£4,800	30%	£13,311
Improved Diet	Increase in healthy eating	£3,484	60%	£2,090	50%	£4,050
Parents supported in accessing employment, education or training	Increase in parents accessing employment, education and training	£14,700	60%	£8,820	60%	£14,549
<b>TOTAL</b>		<b>£70,006</b>		<b>£39,807</b>		<b>£78,555</b>

**Table A5.15 Sensitivity analysis**

Outcome	Assumption varied	Sensitivity	Effect on result per £1 invested
Employment	Reduce Employment outcome from 60% to 40%	Low	£3
	Increase drop off of Employment outcome from 60% to 80%	Low	£3.50
Level of risk / harm	Reduce Reduction of level of risk/harm outcome from 40% to 20%	Low	£3
	Increase drop off of Reduction of level of risk/harm outcome from 60% to 80%	Low	£3
Family less isolated	Reduce Family less isolated outcome from 80% to 40%	Low	£3
	Increase drop off of Family less isolated outcome to from 40% to 80%	Low	£3
	Family less isolated outcome occurrences reduced from 13 to 7	Low	£3
Improved parenting	Reduce Improved parenting outcome from 80% to 40% (-40)	Low	£3.
	Increase drop off of Improved parenting outcome from 30% to 40%	Low	£3.50
Improved diet	Improved diet outcome reduced to from 10 to 5	Low	£3.50
Attribution (all)	Attributions all reduced by 20 percentage points	Mid	£2.50
	Attributions all reduced by 40 percentage points	High	£1
Drop off (all)	Drop Off all increased by 10 percentage points	Low	£3
	Drop Off all increased by 20 percentage points	Mid	£2.50

Outcome	Assumption varied	Sensitivity	Effect on result per £1 invested
	Drop Off all increased by 40 percentage points	High	£2

## Annex 6 Triple P Technical Tables

### A6.1 Logic Model

#### A6.1.1 Inputs

The cost of delivering the programme is met primarily by the children's centre which is funded by Somerset County Council. There are staff time contributions from a Parenting and Family Support Advisor who is employed by the school.

The children's centre carries out an annual unit-costing exercise using a model that was developed specifically for children's centres by Together4Children (the DfE delivery partners during the implementation of the children's centre programme). This model has been adopted by many local authorities and now forms part of the regular monitoring and evaluation. The costs used in this analysis are taken from the 2011-12 version of Brock House Children's Centres unit costing exercise.

- Project worker hours and associated overheads (£1,748): Including time for preparation, review and recording. A proportion of all children's centre overheads is allocated (calculated per hour of direct service delivery), including buildings, admin, management and organisational overheads.
- Resources and refreshments (£450): Including materials used in the delivery of the service, such as Triple P licensed materials, session refreshments and stationary.
- Creche staff and associated overheads (£637): This is the cost of running a crèche for the children to attend whilst their parents attend the Triple P sessions at the children's centre.
- Parenting and Family Support Advisor (£748): This is the estimated cost of the staff time contribution from the school. This is based on the same hourly cost as a Barnardo's Project Worker.

#### A6.1.2 Activities

The activities column in Figure 7.5 describes all the activities undertaken by the service. These activities are set out more fully in the description of the service set out in section 7.1.

#### A6.1.3 Outputs

Data on outputs was provided by Barnardo's:

- 8 parents attended 4 weekly sessions and follow up support for 2 weeks;
- 8 parents attended 1 review session; and,
- 4 children attended crèche for 5 weekly sessions.

#### A6.1.4 Outcomes

As part of the Triple P programme, parents were regularly asked to review their progress in terms of their knowledge and application of learning at home. The project worker recorded observations regarding progress and changes in knowledge and behaviour at group sessions, during distance support and finally at the review session. Outcomes were established by making use of evidence from the literature regarding the effectiveness of the programmes. References from literature that have found the programme to be effective in producing particular outcomes within the analysis are identified in the 'rationale' column of Table A6.16. In addition to quantitative data used to establish outcomes, qualitative data provided by the project worker was used to support assumptions regarding occurrence, attribution and drop off throughout the analysis. Outcomes established from the review of literature and interview with the project worker are listed in the logic model presented at Figure 7.5.

A qualitative interview with the Project Worker provided some insight regarding parental feedback provided to the service. A more thorough and well resourced analysis would have conducted qualitative interviews directly with beneficiaries of the programme. However, the parental feedback provided through the Project Worker indicated that:

- Parents had **improved confidence** as a result of receiving guidance and support to deal with parenting difficulties. Moreover, the social network parents developed with others on the programme allowed them a space to share difficulties and solutions. Lasting relationships were built and these social networks were maintained beyond the life of the programme. This worked to support improvements in parental confidence and sustain them into the future.

- Parents also reported an **improvement in knowledge of parenting skills** over the course of the programme to the Project Worker. In addition to reports from parents, the Project Worker also recorded observations throughout the programme and the outcome of activities parents took part in as part of the programme that suggested improvements in knowledge.
- This improvement in knowledge were followed up by **improvements in parenting behaviour** for some parents, this logical conclusion is also supported by evidence from the literature<sup>37</sup>
- With regard to **improvements in family relationships**, qualitative evidence from the project worker suggested that there had been fewer incidences of conflict within families due to behaviour problems or disagreements regarding an approach to parenting.

## A6.2 Technical tables

The rationale for inclusion of outcomes and indicators in the analysis is given in the tables below. Outcomes excluded from the analysis are highlighted in grey; those included are shown in normal text.

**Table A6.16** Selecting outcomes

Stakeholder	Outcome	Indicator	Rationale
Families	Improved parental confidence	Parents report an increase in confidence Project workers report an increase in confidence	Confidence was commonly reported as a positive outcome, both by the workers and through the feedback from parents.
Families	Improved social networks	Parental feedback reports an improved social network.	The feedback from families and the project worker suggest that the formation of the group created a network of support to share parenting concerns and solutions.
Families	Improved parenting knowledge	Parents demonstrate an improvement in knowledge of parenting	This was a core outcome for the service. Supported by research. (Wyatt Kaminski et al., 2008) This meta-analysis of parent training programmes showed bigger effect sizes for parenting outcomes than child outcomes, and for parent knowledge compared to parent behaviour.
Families	Improved parenting behaviour	Parent demonstrates an improvement in parenting behaviour.	Supported by research. (Wyatt Kaminski et al., 2008)
Families	Improved child behaviour	The child demonstrates an improvement in behaviour, as reported by the parent.	This is a primary outcome for Triple P intervention. Parents reported improvements in child behaviour in this cohort. Academic evidence also supports this (Thomas and Zimmer-Gembeck, 2007)
Families	Improved family relationships	The family reports an overall improvement in family relationships.	The feedback from families to the project worker strongly supports this outcome.

<sup>37</sup> Wyatt Kaminski J, Valle L A, Filene J H & Boyle C L (2008) "A meta-analytic review of components associated with parenting training program effectiveness" *Journal of Abnormal Child Psychology*, Vol 36, pp567-589

**Table A6.17 Gross value of outcomes**

Outcome	Indicator	Unit Value of Benefit	Source of financial proxy	Explanation	No. of times benefit occurs	Explanation	Gross value of benefit
Improved parental confidence	Parents report an increase in confidence Project workers report an increase in confidence	£318	This figure is the mean average taken from the price of various workshops: www.crackingconfidence.co.uk - £394. life4coaching.co.uk - £450. glows-coaching.co.uk - £87. Reedlearning.co.uk - £479. reccion.co.uk - £180.	Confidence was reported to be key factor in the progress made by parents involved in the programme. The mean cost of a confidence workshop would be a realistic alternative for these parents who are receiving intensive support through the Triple P group.	6	Based on feedback provided by parents we have assumed that most parents attending the programme achieve this, therefore we have assumed 6.	£1,908
Improved social networks	Parental feedback reports an improved social network.	£520	Yearly spend on social activities per family. Yearly spend on social activities. £520 per annum (wikivois) uses data from Family Income and Expenditure Survey 2009	The feedback from families and the project worker suggest that the formation of the group created a network of support to share parenting concerns and solutions.	6	Based on feedback from parents we have again assumed, that most, but not all, parents would have improved social networks.	£3,120
Improved parenting behaviour	Parent demonstrates an improvement in parenting behaviour.	£500	DfE Family Savings Calculator	There is evidence to show the positive effects of Triple P on parenting were maintained for 3 to 12 months (de Graaf et al., 2009)	4	We have suggested that 4 out of 8 parents would achieve an improvement in parenting knowledge and confidence, but on the basis of the project worker feedback and other research have assumed that not all of	£2,000

Outcome	Indicator	Unit Value of Benefit	Source of financial proxy	Explanation	No. of times benefit occurs	Explanation	Gross value of benefit
						those parents would go on to demonstrate behaviour changes	
Improved child behaviour	The child demonstrates an improvement in behaviour, as reported by the parent.	£280	Estimation based on annual cost of learning mentor (£15,500) being used for 1 hour per week during term time (35 weeks)	This presents a conservative approach to valuing improvements in child behaviour without duplicating what has already been claimed through improved parental confidence and improved parenting behaviour.	4	On the basis of parental feedback and the strength of the academic research we have assumed that 4 children would demonstrate improvements in behaviour.	£1,120
Improved family relationships	The family reports an overall improvement in family relationships.	£270	MB Associates (2011)	This reflects the likely approach to be taken by a family where significant relationship issues are present.	6	As a result of the combination of improved parenting and improved child behaviour, parents reported improved family relationships at home.	£1,080

**Table A6.18 Applying attribution and drop off**

Outcome	Indicator	Attribution	Explanation	Drop off	Explanation
Improved parental confidence	Parents report an increase in confidence Project workers report an increase in confidence	80%	This is in most cases the primary intervention with the family. However, the family may also be receiving one to one support from a family support worker, either alongside the Triple P programme, or before/after Triple P. In addition, it is likely that the family will be in receipt of support from other agencies, such as the school, social care or health.	40%	The logic we have used based on the feedback and evidence is that parental confidence is one of the factors that contributes to improved parenting. The evidence suggests that improved parenting can be sustained for up to 1 year, which would maintain levels of parental confidence. However, some of the confidence reported is as a result of the supporting being received by the service, which does not continue to the same extent beyond the duration of the intervention.
Improved social networks	Parental feedback reports an improved social network.	40%	The existence of the group is a contributor to an improvement in social networks. However, there may be other services that families are accessing, such as stay and play. These will account for some of the improvement in social networks.	80%	Because parent's report that their attendance at the group develops their social networks, and we have no evidence to what extent this continues beyond
Improved parenting behaviour	Parent demonstrates an improvement in parenting behaviour.	80%	Supported by the background research, but allowing for other service input and parents own knowledge development over time. This was a core outcome for the service. Supported by research. (Wyatt Kaminski J, Valle L A, Filene J H & Boyle C L, 2008) This meta-analysis of parent training programmes showed bigger effect sizes for parenting outcomes than child outcomes, and for parent knowledge compared to parent behaviour.	40%	A meta-analysis of the effectiveness of Triple P programmes on parenting styles and parental competency found that the positive effects of Triple P on dysfunctional parenting styles and improved parental competency were maintained well through time (de Graaf et al 2008). There is evidence to show the positive effects of Triple P on parenting were maintained for 3 to 12 months (de Graaf et al 2009). To be conservative we have used a drop-off rate of 40%.
Improved family relationships	The family reports an overall improvement in family relationships	40%	Likely to be some other input from family support services or other agencies.	40%	A meta-analysis of the effectiveness of Triple P programmes in the management of behaviour problems in children found that the positive effects of Triple P on child behaviour are maintained at 6 and 12 month follow-ups and have also been reported at up 3 years post-intervention. To be conservative we have used a drop-off rate of 40%.
Improved child behaviour	The child demonstrates an improvement in	80%	Evidence supports assumption that child behavioural outcomes improve as a results of Triple P intervention. (Thomas and Zimmer-Gembeck, 2007)	40%	A meta-analysis of the effectiveness of Triple P programmes in the management of behaviour problems in children found that the positive effects of Triple P on child



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behaviour, as reported  
by the parent.

behaviour are maintained at 6 and 12 month follow-ups  
and have also been reported at up 3 years post-  
intervention. To be conservative we have used a drop-off  
rate of 40%.

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**Table A6.19 Calculating benefits over time**

Outcome	Indicator	Gross value (p.a.)	Attribution	Net Value (p.a.)	Drop Off	Total Net Benefit over the 5 year period
Improved parental confidence	Parents report an increase in confidence Project workers report an increase in confidence	£1,908	80%	£1,526	40%	£3,519
Improved social networks	Parental feedback reports an improved social network.	£3,120	40%	£1,248	80%	£1,560
Improved parenting behaviour	Parent demonstrates an improvement in parenting behaviour.	£2,000	80%	£1,600	40%	£1,153
Improved family relationships	The family reports an overall improvement in family relationships	£1,080	40%	£432	40%	£996
Improved child behaviour	The child demonstrates an improvement in behaviour, as reported by the parent.	£1,120	80%	£896	40%	£2,066
<b>TOTAL</b>		<b>£9,228</b>		<b>£5,702</b>		<b>£9,293</b>

**Table A6.20 Sensitivity analysis**

Outcome	Assumption varied	Sensitivity	Return per £1 invested
Improved child behaviour	Attribution reduced from 80% to 60%	Low	£2.50
	Drop off increased from 40% to 60%	Low	£2.50
	2 children experienced improvements in their behaviour rather than 4	Mid	£2
Improved family relationships	Attribution reduced from 40% to 20%	Low	£2.50
	Drop off increased from 40% to 60%	Low	£2.50
	Assuming this outcome did not occur	Low	£2.50
Improved parental confidence	Attribution reduced from 80% to 60%	Low	£2.50
	Drop off increased from 40% to 60%	Low	£2.50
	4 parents experienced improvements in their confidence rather than 6	Mid	£2
Improved social networks	Attribution reduced from 40% to 20%	Mid	£2
	Drop off increased from 80% to 100%	Low	£2.50
	4 parents experienced improvements in their social networks rather than 6	Mid	£2
Improved parenting behaviour	Attribution reduced from 80% to 60%	Low	£2.50
	Drop off increased from 40% to 60%	Low	£2.50
	2 parents experienced improvements in their parenting rather than 4	Low	£2.50



In partnership:

