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Research report

Evaluation of ESF/DWP families with multiple problems/ troubled families initiative

A feasibility study

by Stephen Morris





Department for Work and Pensions

Research Report No 816

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First published 2012.

ISBN 978 1 908523 96 9

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Acknowledgements

This report was commissioned by the Department for Work and Pensions (DWP). The evaluation was part-funded by the European Social Fund (ESF) technical assistance under the 2007-2013 England and Gibraltar ESF programme evaluation strategy.

We would like to thank Ellenor Brooks and Bruce Byrne in DWP's ESF Evaluation Team for their helpful guidance and suggestions throughout the project. Thank you also to the members of the Evaluation Steering Group for their on-going advice and expertise throughout the evaluation.

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Abbreviations and glossary of terms

CFS Contract Funding System

CPA Contract Package Area

CTB Council Tax Benefit

CTC Child Tax Credit

DCLG Department for Communities and Local Government

DWP Department for Work and Pensions

EC European Commission

ESA Employment and Support Allowance

ESF European Social Fund

EU European Union

HB Housing Benefit

HMRC Her Majesty's Revenue and Customs

IB Incapacity Benefit

ILR Individual Learner Record

IS Income Support

JSA Jobseeker's Allowance

NBD National Benefits Database

NPD National Pupil Database

PRaP Provider Referrals and Payments System

RCT Randomised control trial

TF Troubled Families

TFC Troubled Families Coordinator

Summary

This short report considers approaches to evaluating the Department for Work and Pensions (DWP) Families with Multiple Problems/Troubled Families programme. The current government is delivering a wide range of services and support to families in need. The DWP Families with Multiple Problems/ Troubled Families programme is one of a number of such schemes available to families facing multiple problems, and is a key component of the government's wider Troubled Families strategy. It is a complex programme, funded through the European Social Fund (ESF) and delivered on a regional basis through private/not-for-profit organisations on a prime provider/subcontractor basis.

This report first considers the key features of the programme, its targeting and referral processes, monitoring and tracking of participants. This analysis is based on bid documents submitted to the Department by providers during the phase in which the programme was commissioned. The report then sets out the evaluation questions that will need to be addressed, distinguishing between questions of programme impact and programme process. A review of the data that might be available to the evaluation is provided. Two approaches to understanding the effects of the programme are presented as alternatives.

- The first option is an experimental/quasi-experimental approach to identifying the causal effects of the programme.
- The second option is rooted in a theory-based approach, and the extent to which such methods facilitate conclusions regarding causal effects is considered.

Through making use of the data collected by both the Department for Communities and Local Government (DCLG) and DWP, and through linking them, it is concluded that a quasi-experimental impact evaluation of the programme, using a matched comparison group design, may be possible. Given the complexity of the programme, its heterogeneity by area and the significant risk that a valid comparison group cannot be identified, a theory-based approach is put forward as an alternative. It is concluded that a theory-based approach can provide useful evidence of the effects of the programme, but cannot ultimately rule out some of the more important alternative explanations (apart from the programme) for changes in key outcomes observed.

The most important recommendation from this work, regardless of which approach is chosen (quasi-experimental or theory based), is that DCLG and DWP data systems should be designed or altered so that data from both systems can be linked at the level of the individual. Moreover, that taken together, it needs to be possible to identify all troubled families targeted for support, the identities of the adult individuals within them, the programmes families/individuals are referred to, and the programmes to which referred adult individuals attach. At the time of writing, the DCLG Troubled Families Team felt that while collecting data on all adult individuals would be ideal for evaluation, it would be too onerous for practitioners and Troubled Families Coordinators (TFC). The DCLG team was, however, in the process of scoping the possibility of working with a limited number of local authorities to collect data on individual adult members of troubled families.

1 Introduction

The DWP commissioned NatCen Social Research to explore potential approaches to evaluating its Families with Multiple Problems/Troubled Families programme. This brief report presents the outcome of this work.

The study comprised a review of programme documents – in the main bids submitted by providers to deliver services through the programme¹ and a series of informal telephone interviews with a range of stakeholders within the Department.

This study aimed to:

- identify the key questions the evaluation should address;
- understand clearly the nature of the services and support to be delivered through the programme, or at least those services and support that providers intended to deliver;
- examine how providers proposed to identify and recruit potential participants;
- explore how providers aimed to track and record the progress of participants;
- describe the types of data held by the various parties involved in sponsoring and delivering the programme;
- identify the key issues for the evaluation; and
- put forward impact evaluation design options that appear most promising.

This short study was conducted during a period when the programme had been in operation for a number of months. During this time it had faced significant operational challenges. Most notable among these were:

- difficult relations between some providers and local authorities;
- prime providers were experiencing a number of challenges in managing their supply chains;
- structure of provider incentives was in some areas having adverse effects on service delivery;
- low numbers of families were being referred to the programme; and
- in some areas the rate of attachment among referred families was low.

The remit of this study does not extend to commenting directly on these early challenges, though they form an important backdrop to the discussions held. Furthermore, the evaluation designs discussed in this note are based on the assumption that the programme has reached a steady state, early teething problems have been addressed, and the programme is operating more or less as intended. The suggested ways forward are more appropriately applied in circumstances in which early problems have been resolved. A discussion of approaches, such as action research, that may be more relevant to the situation in which the DWP Families with Multiple Problems/Troubled Families programme currently finds itself, are beyond the remit of this study.

This report first considers the key intended design features of the Families with Multiple Problems/ Troubled Families programme, looking specifically at the services and support to be delivered by

Providers were appointed through a competitive tender process to deliver services and support through the Families with Multiple Problems/Troubled Families programme on a prime/sub-contractor model, similar to that adopted by the Work Programme.

providers within contract package areas (CPAs)², targeting and referral processes, and monitoring and tracking of participants. In Chapter 3, attention turns to the evaluation questions that will need to be addressed, distinguishing between questions of programme impact and programme process. A brief review of the relevant data that might be available for the evaluation is provided in Chapter 4. Chapter 5 of this report, outlines in brief two approaches to understanding the effects of the Families with Multiple Problems/Troubled Families programme presented as options or alternatives. The first option is an experimental/quasi-experimental approach. The second option is rooted in a theorybased design, where specific consideration is given to what such an approach can say about the causal effects of the programme. Chapter 6 concludes.

1.1 Overview of the families with Multiple Problems/Troubled Families programme

The current government is delivering a wide range of services and support to families in need. The DWP Families with Multiple Problems/Troubled Families programme is one of a number of such schemes available to families facing multiple problems, and is a key component of the government's wider Troubled Families strategy. It is a complex programme, funded through the ESF and delivered on a regional basis through the private/not-for-profit sectors on a prime provider/subcontractor basis. From the perspective of evaluation, a number of the programmes' high-level features are particularly noteworthy:

- The main objective is to tackle worklessness and dependency that is reducing the degree of dependency on the state in general not just dependency on out of work benefits (though reducing the length time claimants spend unemployed or inactive and in receipt of benefits a key objective). This means that the programme aims to reduce reliance on and interactions with the state more widely; for example reducing the use of health services, social and care services, other services provided by local authorities, the police and courts. This wider focus requires that the evaluation assesses the effectiveness of the programme across a range of outcomes beyond those typically the focus of work-orientated interventions.
- The programme is designed on the basis that reliance on the state results, in part, from dysfunctional family relationships and poor role-modelling. In other words, that family breakdown is one among a number of causes of high state dependency. Therefore a high level of reliance on the state, and worklessness, need to be tackled within the context of the family. Providers' service portfolios should be designed and delivered with this in mind. Moreover, the evaluation will need to be able to assess the effects of the programme at both the level of the individual and family.
- The DWP programme should be designed and delivered in a way which is complementary to other programmes, most notably the Work Programme and the DCLG Troubled Families programme. There is a clear requirement to avoid overlap and duplication. An evaluation will need to carefully assess the nature and use of other services available to families, and how these might relate to, and interact with, the DWP programme. The existence of other interventions is also an important issue in understanding the treatment contrast to be tested.

² CPAs are areas of the country within which either one or a number of prime providers are contracted to deliver services on behalf of the department. Contract packages areas are quite large and can comprise a number of local authorities.

4 Introduction

- As mentioned above, the DWP programme is funded through the European Union's ESF. As
 a condition of funding, DWP is required to collect data on individuals who participate in the
 programme, with obvious potential benefits to the evaluation if these data can be made available.
 Moreover, European Commission is also, therefore, a stakeholder to be considered in the design of
 the evaluation.
- The programme is delivered through private and not-for-profit organisations. Twelve prime providers were appointed through competitive tender, one per CPA. These providers either supply services directly and/or through supply chains comprising subcontractors, which they manage on a CPA basis. Contracts were awarded for a three year period. Providers have considerable flexibility in the delivery of services. Only minimal requirements that providers must adhere to were set out by the Department in the procurement process. This means that the nature of provision both across CPAs and within them can vary markedly and thereby be tailored to local need. As a result, the evaluation will need to be able to accommodate the potential for significant heterogeneity in service provision.
- Prime providers will be paid by results. Their fees will relate to the achievement of 'progress measures' and job outcomes on a 70:30 split. All providers waived their right to claim attachment fees during the bidding process. Providers put forward progress measures for which they would claim payment during the tender process; these were later refined in discussions with the department. A provider can claim payment from the Department where a participant achieves at least three progress measures after a 26 week period subsequent to attachment. Final outcome payments are made where an individual has been in employment and off-benefits for a period of 26 weeks (out of 30) where they previously claimed Jobseeker's Allowance (JSA), or for 13 weeks if they claimed JSA but were previously an Incapacity Benefit (IB) claimant, or on Income Support (IS), or claimed ESA. The variation of payment by benefit type is most likely designed to avert 'cream skimming' or 'parking'. This occurs where providers focus their efforts on those easier to place in work while ignoring those harder to help in order to maximise their returns consistent with the incentives faced. However, given the fact that potential barriers to employment can vary enormously among JSA and ESA recipients, it appears likely that the problem of 'cream skimming' will emerge in some form. The evaluation will need to be designed with potential unintended consequences such as these in mind.
- Finally, participation for families is voluntary. Furthermore, the precise definition of the target group of families varies across CPAs and indeed across local authorities within a CPA. The voluntary nature of the programme means that the evaluation is primarily interested in estimating the effects on those who participate treatment on the treated. Nevertheless, there will also be interest in drawing conclusions as to effects on families eligible but who do not take part, as well as focusing on other aspects of external validity. It is also important to take account of the voluntary nature of the programme in determining how a valid comparison group is to be selected, assuming that it is not possible to adopt a randomised control trial design.

2 The intervention

In this chapter, consideration is given to the types of services proposed by providers. In particular, Prime Providers' bid documents were analysed in order to identify:

- the precise nature and configuration of services intended to be delivered within CPAs;
- the size of teams delivering services;
- referral processes targeting and eligibility criteria deployed;
- tracking processes; and
- progress measures adopted.

In order to develop options for evaluation the nature of the services to be provided need to be understood. More specifically, it is important at a basic level that:

- variations in service provision across CPAs are understood, along with variations in caseloads;
- processes by which providers select and target families to participate are known; and
- how providers track and record progress is understood.

2.1 Services to be delivered by Contract Package Area

The central feature of the programme offer is a key worker, who will devise a package of measures tailored to the needs of individuals and to families in relation to work. In one CPA, however, the key worker role appears to be performed primarily by a volunteer mentor. Despite this one example, a key worker approach appears to be a consistent feature of the programme across providers. Some services will be delivered directly by the key worker, while other specialist services will be brokered by them. The focus on tackling worklessness will be achieved through encouraging job entry or movement toward work. A crucial task is diagnosing barriers to work at both the individual and family-level, and tackling these through developing appropriate action plans. In most CPAs, key workers develop both individual and family action plans. In other areas, it is less clear whether both individual and family action plans will be developed, or whether the focus will be on individual plans only.

Key worker caseloads vary significantly across providers and a variety of assessment and diagnostic tools in order to develop action plans will be used. Most providers also talk of developing programme exit plans for individuals/families that complete the treatment on offer. Provider services are extended to families for a period of 12 months with 'follow-on' support available.

Most providers intend to operate outreach-style models of service delivery, where key workers deliver services on a local basis and work within the community. For example, key workers may be based in local community centres or work peripatetically. In some cases providers offer out of hours care, for example in the form of customer help-lines.

In practice there will be considerable variety in implementation and in the detail of service offerings across CPAs and even within them. A process of adjusting the service offer as knowledge of local need develops during the life of the programme will inevitably take place. Moreover, even if providers specify similar services and support, the emphasis in what is delivered to families may vary considerably. For example, some providers might focus on parenting issues while others more directly on barriers to employment.

2.2 Targeting and referral

The provider bid documents reviewed as part of this study were submitted prior to the development of the DCLG's Troubled Families programme, and therefore discuss a targeting and referral process superseded by the introduction of the TFC.

The TFC plays a key role in DCLG's Troubled Families programme. The DCLG programme represents a significant reform of provision that is overseen by local authorities. Its key feature is payment-by-results within a new Financial Framework. The framework is designed to encourage service reform and redesign in order to help get the 'right kind of support and challenge' to all troubled families. TFCs play a leading role in overseeing this programme at both a strategic and operational level within individual local authorities. There will be one TFC per local authority.

DCLG documents suggest that all troubled families (TFs) within a local authority will be enumerated by the TFC. A proportion of these families will be referred to DWP provision by the TFC's.

According to guidance provided by DCLG (Communities and Local Government, 2012) TFs that automatically qualify for provision are those that meet three criteria (page 3):

- contain individuals involved in crime and/or anti-social behaviour;
- · contain children either excluded from school or with a poor attendance record;
- have an adult on out of work benefits.

For families that qualify on two out of the three criteria, there is also a local discretion criterion, allowing authorities the flexibility to target families according to their own local priorities. The focus for this local 'filter' is those families who impose a 'high cost' on the taxpayer. These high costs could be the result of health problems, domestic violence, care proceedings, or drug and alcohol misuse for example, in addition to meeting two of the three criteria above.

The number of families on the TFC list should match estimates of the total numbers of TFs within each local authority area provided to LAs by DCLG in December 2011. TFC lists of TFs are to be 'refreshed' on an annual basis.

Unlike the DWP programme, which does not impose a 'fixed definition' of what constitutes a family for the purposes of the intervention, DCLG's TFCs are provided with guidance defining what is meant by the term 'family'. To quote from their guidance:

'...families are to be identified on a household basis. For these purposes, the definition used by the Census 2011 may be useful, i.e. a group of people who either share living accommodation, or share one meal a day and who have the address as their only or main residence.'

(Page 13)

The obvious implication of the criteria for identifying TFs is that they contain children – though the capacity for local authorities to exercise discretion may mean that some families do not contain dependent children. The presence of dependent children is not a necessary condition for support under the DWP programme.

The clear intention at the time of writing was for TFs to be referred to the DWP scheme by DCLG TFCs. TFCs are to make judgements as to which TFs are 'stable' and are more work ready, and refer these families to the DWP programme. There is also likely to be considerable variation across local authorities in how assessments are done and referrals made, and therefore variation within CPAs (given that a CPA can be made up of a number of local authorities). In discussions with stakeholders, the potential for sequential treatment was mentioned by several interviewees; whereby a family first received support through the DCLG programme, and after 'stabilisation', would move on to the DWP programme.

2.3 Monitoring and tracking progress

Provider bid documents and informal discussions with department stakeholders revealed that providers have set-up management information systems to monitor progress and action claims for payment, and also track delivery within their supply chains. At a minimum, these systems record attachments, the outcomes of assessments made, achievement of progress measures (usually at monthly intervals), programme exits and follow-up monitoring of job outcomes.

Progress measures articulated at the time of bid submission revealed that a number of the measures put forward by providers were based on outputs rather than outcomes. Measurement of outputs is clearly easier to achieve, so this is not surprising. Examples of progress measures include 'to gain work experience', and this would be evidenced through receipt of a signed confirmation of completion of a work placement. For other measures of progress, such as those around 'improved family dynamics', attendance at a family workshop or completion of a course are taken as indicating progress. Another example of a progress measure being captured by an output was orientation to local labour market conditions being indicated through attendance at a labour market briefing.

2.4 Implications

The review of bid documents and discussions with key department stakeholders revealed a number of challenges that will face the evaluation. The first among these is that little is known about what providers are delivering on the ground and the actual content of their programmes as they materialise and take shape.

Considerable diversity in the definition, recruitment and assessment of the target group, from local authority to local authority, is likely to give rise to within – CPA heterogeneity as well as variation between CPAs in the characteristics of caseloads. Given the encouragement to deliver services which are sensitive to local conditions, it is also likely that the service offer will vary considerably in detail, with different emphases emerging across CPAs and possibly also across local authorities. The review of bid documents did suggest differences in emphasis among providers, with some providing a wider range of family-relationship-type interventions, while others tended to centre more on employment-focused interventions.

In essence, there is a conscious move to create diversity in order to respond to local need. This variety presents considerable challenges for standard evaluation tools and approaches. For example, does it make sense to attempt to obtain a single measure of impact on job entry for the programme as a whole, when there is potentially so much diversity in treatments on offer and in caseload characteristics, compared to what was has been typical in DWP programmes historically? An average effect on employment would lead naturally to the question 'what precisely has given rise to such an effect?' given that there is no consistent uniform 'treatment' being tested. Diversity in contexts, treatments and the types of families targeted suggests that impacts might vary considerably around average effect estimates. Specifying subgroups in advance would be the natural way to tackle such diversity. However, it is not clear whether it would be possible to obtain sample sizes large enough among obvious subgroups for a reasonable cost, particularly if the outcomes of interest require measurement through surveys.

An alternative view in these circumstances is to consider the treatment the provision of funding to a set of prime providers. The objective of the evaluation is to test a funding mechanism, whether it provides value for money and is worthy of replication, not the effects of individual treatments received by participants. In this case estimating average effects for the programme as a whole may make sense. Such a strategy, however, may not enable the effects of what individual providers deliver to be determined.

8 The intervention

This discussion also presupposes that it has been possible to identify a valid comparison group against which to compare outcomes for those treated, and from which unbiased counterfactual estimates might be obtained. Although one source from which a comparison group might be sampled is discussed below, in general it is not easy to see how an untreated comparison group might be identified given that the programme is introduced nation-wide and that all troubled families, are in theory, to be identified and offered treatment.

3 Evaluation questions and hypotheses

Discussions held with stakeholders within the Department covered a range of issues including the questions the evaluation might address. The stakeholders consulted as part of this study covered operational and strategy functions, and therefore interest divided into questions around process (operational stakeholders) and those focusing on programme impact (strategy stakeholders). Having said this, at the time discussions were held, the focus of those consulted was quite reasonably the current operational challenges being faced by the programme. Despite this, an attempt was made to focus discussion on the types of questions an evaluation might address after initial teething problems had been resolved.

The questions set out below are indicative rather than definitive and will require further refinement. The views of the evaluators appointed to conduct the evaluation, on the questions an evaluation will need to address, should also be taken into account.

3.1 Process questions

As might be expected there was considerable interest in questions of programme process. The key questions that a process study should address, from the perspective of departmental stakeholders are:

- How does the process of referring troubled families to the DWP programme, via local authority TFCs, work in practice? How far does the referral process differ from local authority to local authority within CPAs?
- How does the payment by results framework affect provider behaviour?
- How do local authorities assess the quality of provider provision?
- How does the programme interact with other programmes, for example, with the Work Programme? Is the relationship between the Families with Multiple Problems/Troubled Families programme and Work Programme operating as expected?
- Does the fact that DWP's programme commenced prior to DCLG's and the appointment of the Troubled Families Coordinators have implications for service delivery?
- Do families participating in DCLG's programme move on to DWP's programme? What is the relationship between the two programmes?
- Do local authorities and providers understand the nature of provision and the differences between the DCLG and DWP programmes?
- What types of families are being referred to the DWP programme? What impact has this had on providers and their supply chains? How has the composition of the caseload varied between local authorities, within and between CPAs?
- Have TFC referred families in enough numbers to providers? Have referral numbers been lower or higher than expected? Has the financial incentive structure of the DCLG programme affected local authority referrals to the DWP programme?

- 10
- Do providers maintain a focus on the family unit? Or are services delivered primarily at the level of the individual?
- What constitutes good practice in provision across providers? Can examples of good practice be identified? Can these good examples inform the delivery of services and support elsewhere among providers?

3.2 Impact questions

The provisional list of questions an impact evaluation might address is set out below and are those questions considered important from the perspective of departmental stakeholders:

- Does the programme reduce the length of time participants spend on benefits?
- Does the programme improve employability and employment?
- Does the programme raise the probability of job entry for participants? And the total amount of time spent in employment?
- Does the programme move participants closer to work?
- Are programme participants more likely to take part in training?
- Are programme participants more likely to engage in job search?
- Does the programme lead to participants reducing their dependence on the state?
- Are programme participants more likely to participate in education?
- Do programme participants report better general health?
- Do programme participants report better mental health? Improved well-being/life satisfaction?
- Are programme participants less likely to be in contact with the police?

These questions represent interest in whether the Families with Multiple Problems/Troubled Families programme can 'turn around the lives' of individual family members. Strategy stakeholders were particularly interested in whether dependency on the state in a wider sense than reliance on out-ofwork benefits, might be addressed through the programme. There was also an issue of attempting to measure long-run benefit dependency as well as wider state dependency. The questions discussed above will require further refinement.

4 Data holdings and available sources

Based on past experience of evaluating DWP programmes and through discussions with stakeholders in both DWP and DCLG, a number of important data sources were identified. These are discussed in this chapter.

4.1 DWP data holdings

The Department has additional obligations to collect accurate data on those who participate in the Families with Multiple Problems/Troubled Families programme, due to its funding through the EU's ESF. During this feasibility study, the system being used by DWP for ESF audit purposes was in the process of being revised. The key change involved the switch to the new Provider Referrals and Payments System – PRaP – from the Contract Funding System (CFS).

Respondents with whom we discussed the likely content of the new data system, indicated that they expected the range of items available to be similar to that available through the current CFS-based system. Therefore, it is reasonable to assume that micro-data will be available on each person who 'attaches' to the DWP programme, that these data will be available relatively quickly, and that the data will contain the items outlined at Appendix A, or items very similar.

Among the key points to note are that a DWP/ESF data source will:

- be based on data from PRaP, LMS and the benefits system;
- identify individuals it will not be possible to identify which individuals are living together as a family (unless address records are available and can be used for this purpose); and
- be updated and available on a monthly basis.

Although provider claims for job outcomes will be made via PRaP, it is not clear whether records of payments for progress measures attained will be available in the finalised DWP/ESF data. This is because recording the achievement of progress measures is not required for ESF auditing purposes.

4.2 DCLG data holdings

At present the DCLG Troubled Families programme is in development. This is particularly so in terms of the data that will be collected and available. However, some initial discussions were held with DCLG analysts in order to get a sense of what relevant data might be available for the evaluation of the DWP programme via the DCLG intervention.

The key link between the DWP and DCLG programmes is the TFC. TFCs are located within each local authority and have a wide range of responsibilities. Among these responsibilities is enumerating all the troubled families known to the authority within each area according to definitions provided by DCLG. As previously noted, the DCLG definition does allow for some local discretion over which families are targeted. Crucially, TFCs refer families to what is deemed to be the most suitable provision, including the DCLG Troubled Families programme and DWP's programme.

As a result, TFCs should have a list of all troubled families within their area and a record of which families have been referred to the DWP programme. DCLG analysts also mentioned the possibility that TFCs would be asked to collect additional data on each family they enumerate. A provisional list of items that might be collected by TFCs, supplied to us at the time of writing, is provided at Appendix B. However, the DCLG Troubled Families Team also felt that while full enumeration of all adult individuals would be ideal for evaluation, it would in practice be too burdensome for practitioners and TFCs. As a result, the DCLG team is in the process of scoping the possibility of working with only a limited number of local authorities who may be asked to collect individual level data. Nonetheless, it is recommend that TFCs are required to record the full names and dates of birth of each family member (ideally also their national insurance number) if at all possible.

4.3 Provider data

As has been mentioned above, providers have established management information systems that will record referrals (in most cases), attachments, capture aspects of actions plans, progress measures, and job outcomes. Most provider systems appear to update monthly. Some provider systems also appear to capture 'baseline' assessment measures such as assessments of employability, skills, etc.

It would be helpful for the Department to obtained further detailed specifications of provider data holdings for the purposes of the evaluation. It is likely, however, that these systems will vary widely in their structure and format. There is merit in the Department attempting to encourage uniformity in the management information collected, such that it can be used systematically in evaluation.

DWP and other administrative sources 4.4

It is assumed that the evaluation of DWP's Families with Multiple Problems/Troubled Families programme will have access to data sources such as the National Benefits Database (NBD), HMRC's P45/6 records and Individual Learner Records (ILR). It would also be beneficial if the evaluation could have access to Child Tax Credit (CTC) data and possibly also Housing Benefit and Council Tax Benefit data. Moreover, DWP have a data sharing agreement with the Ministry of Justice which offers the prospect of access to data from the Police National Computer. These data sources are important because they are national in scope and are available longitudinally. This means they can be used in the selection of comparison groups, ensuring that the comparison and treatment groups are matched pre-treatment on, for example, benefit history. Post-treatment, they can provide outcome measures on employment and benefit receipt, and potentially other outcomes such as participation in training, contact with the policy, and so on.

It may also be worth exploring whether access to other national administrative data sets can be obtained. For example, outcomes on school attendance for children within a family might be extracted from the National Pupil Database.

5 Evaluation design options

This section sets out two possible approaches to evaluating the DWP Families with Multiple Problems/Troubled Families programme. The first option proceeds along familiar lines, specifying impact and process components, though the focus of discussion here is impact evaluation. This is on the assumption that an impact evaluation would be accompanied by a process study conducted alongside it. The second option/approach is centred on a theory-based design.

Although programme theory and process evaluation are often closely linked, some advocates of theory-based methods maintain they can be used to assess programme impact, and therefore offer a potential alternative to impact evaluation based on counterfactual outcome estimates obtained from a comparison group. This is particularly so where programmes are complex, emergent and varied, highly context dependent and where comparison groups are not easily identified. While claiming that 'causal attribution' or 'contribution' is possible using these approaches, advocates of theory-based methodologies, in the main, acknowledge that they do not provide evidence of causal effects as powerful as that from experimental designs (Connell and Kubisch, 1998).

In the presentation of options that follows, a clear distinction is drawn between the two approaches. It is worth considering a theory-based approach, it is contended, because of the complex nature of the programme; local variation in implementation, client characteristics and the potential diversity in services supplied; the potential difficulties in identifying a valid comparison group as well as pragmatically, the limited resources available with which to evaluate.

Before turning attention to these two options, a brief discussion of some of the issues in selecting a unit of analysis for the evaluation is presented.

5.1 A unit of analysis

For the DWP Families with Multiple Problems/Troubled Families programme, a question which has arisen is whether the primary unit of analysis for the evaluation should be the family or the individual. If the individual is to be the primary unit of analysis, outcomes at the family level will still need to be incorporated into the analysis.

As a key aspiration of the programme is to deliver family-level services in order to tackle entrenched worklessness, it might be supposed that the unit of analysis for the evaluation should be the family. This could be a mistake for a number of reasons and it is recommended that data collection and analysis proceed on the basis that the individual is the **primary** unit of analysis, but that a range of outcomes are measured that relate to the position of the family unit in which the individual resides. This is because:

- many of the outcomes of interest are defined at the individual level (or benefit unit level not analogous to the family as defined for this programme). For example, duration of benefit receipt, job entry, job retention, progress toward work measures, and so on;
- as discussed above, many of the services specified by providers are targeted at individuals and not at whole families;
- the fundamental decision of whether to participate in the programme is made at the level of the individual, not the family. Not all members of a family might participate in the programme;
- family composition is dynamic. Families dissolve and form, adult members leave the family and new adults join; and

• if family membership for each adult individual is known at enumeration, it may be possible to aggregate individual outcomes to the level of the family unit as long as data are collected from, or about, each family member.

These observations mean that both DCLG and DWP data sources should, in our view, identify both adult individuals and the families they belong to. From DCLG's perspective, this would mean the TFCs recording the identities of each adult individual within the enumerated family – at minimum noting their full name and date of birth, but also recording, if possible, their national insurance number. DWP data sources already record individual identities as part of the requirements of ESF funding but are not able to identify families.

5.2 Option 1 – Quasi-experimental impact evaluation

As discussed previously, evaluation designs typically proceed by specifying impact and process components. The focus of this section is how a quasi-experimental impact evaluation might be designed in very broad terms.

The assumed objective is to obtain estimates of impacts on key outcomes of interest for the programme as a whole; that is nationwide – despite limitations as to what might be learnt about effectiveness through such a design, given the diversity in programme content/caseloads. It is assumed that there will be insufficient budget available to conduct a separate impact evaluation within each CPA, unless it is possible to avoid collecting primary data.

Discussion commences by recognising that the most desirable approach to identifying the causal effects of the scheme is through a randomised control trial (RCT) design. For a variety of reasons, the implementation of an RCT is assumed not to be possible. Therefore, consideration needs to be given to quasi-experimental approaches, and how best a comparison group might be selected from which counterfactual estimates might be obtained.

In essence, quasi-experimental approaches attempt to mimic randomisation as closely as possible without constructing a control group at random. A number of studies over the last ten years have considered what design features improve the quality of quasi-experimental evaluations relative to randomised experiments (see Cook, et al., 2008; Glazerman, et al., 2003; Bifulco, 2012; and Michalopoulos, et at., 2004). The findings of these studies can be summarised very broadly as follows:

- Obtaining pre-treatment measures on key outcomes (e.g. historic benefit claim records) for both the treatment group and potential comparisons is very important.
- Selecting comparisons from the same geographical areas as the treatment group, or from areas closely matched to them is also crucial.
- Sufficient similarity there should be overlap in the distribution of important prognostic factors in treatment and control groups.
- It should be possible to administer the same sampling plans and research instruments to both comparison and treatment groups.

The precise method of statistical estimation is less important than the richness and quality of the available data, and the degree of similarity between treatment and comparison groups along important dimensions (Bifulco, 2012). It is worth noting, however, that quasi-experimental evaluations of labour market training programmes have struggled to replicate findings from randomised trials, even after selecting samples and conducting analyses consistent with the conditions noted above (see Glazerman, et al., 2003 and Michalopoulos, et al., 2004). More success at using quasi-experimental methods in replicating results from experiments has been achieved in evaluating education programmes (Cook, et al., 2008).

In general, it is important in any study to be clear about the assumptions that have been made and upon which identification of causal effects and the design rest; moreover, to justify assumptions made.

In reviewing the potential available data and taking into account the considerations discussed in the preceding section, it appears that a potential source for comparisons are those families on the TFC's list who are referred to or identified as potentially benefiting from the DWP programme but who fail to attach to the programme – that is, fail to take part. Such a group might contain what are often referred to as 'no-shows' (Raphael and Stoll, 2006). This strategy exploits the fact that participation in the programme is voluntary and that some portion of the target group will fail to take part, and under certain conditions might provide a pool of potential comparisons.

Early, informal estimates of programme take-up suggest that participation among those referred to the DWP programme is likely to vary across local authorities. DWP officials suggest that on average about a third of early referrals were attaching to the programme – that is commencing treatment. Although this proportion might rise as the programme matures and beds-down, this does suggest that a significant number of the families identified as troubled, and deemed as likely to benefit from the programme may not take part, thereby forming a pool of potential comparisons. In selecting a comparison group from those who fail to attach, it is vitally important that there is a clear understanding of why some families/individuals do or do not go on to take part, that there is enough overlap between potential comparisons and the treated in important prognostic factors, and that data are sufficiently rich to adjust impact estimates for any biases.

Figure 5.1, shows how participants and potential comparisons from among eligible or referred non-participants might be identified. It also shows how pre-treatment outcome data might be added to the treatment/comparison group data so that comparisons might be refined through case matching on pre-treatment outcome measures.

1. Local authorities -2. DWP Programme Troubled participation **Families** records Link records Coordinators (name and Treated individuals date of birth) Family level data Micro-data. Demographics Good baseline data, Only works if TFs fully e.g. benefit records CLG TFCs enumerated Required for ESF enumerate Referral details individuals Which services 3. To give us: 4. DWP admin NBD • All troubled families P45/6 by local authorities IIR? Individual persons Other, e.g. NPD Baseline data 5. Surveys for Referrals measuring Participation in outcomes DWP/ESF programme Referred non-participants

Figure 5.1 Linking data sources to make impact evaluation feasible

Box 2 in Figure 5.1 represents the data capturing programme attachments by individuals. These data are held by DWP and were discussed at Section 4.1. They contain the identities of those individuals that start the programme and who are defined as 'treated'. Box 1 in Figure 5.1 represents the data collected by local authority TFCs and discussed at Section 4.2 (it is assumed these data can be collated centrally by DCLG). These data are family-level and at present the individual identities of adult family members – their names and dates of birth – are not collected; though consideration is being given by DCLG to asking TFCs to record the identities of individual adult family members in a limited number of local authorities.

Linking DWP and DCLG data (represented by Boxes 1 and 2 – using full name and date of birth), assuming that DCLG TFCs are required to record the full names and dates of birth of each family member, would provide a single data source that would contain:

- the identities of individual participants those who attach (obtained directly from DWP records);
- for each individual participant respectively, by comparing and linking DCLG and DWP sources (assuming TFCs record the identities of all adults within families), the identity of the family (at enumeration) in which they reside, thereby indicating for each referred family the individuals that have attached to the DWP programme and those that have not;
- an indicator of which programme each family/individual on the TFC's list has been referred
 to (from DCLG data), including the identities of those families/individuals referred to the DWP
 programme;

 by comparing DWP and DCLG data, an indicator of which individuals have been referred to the DWP Programme, or deemed to potentially benefit from it, but who have not attached or commenced treatment.

Therefore, by linking DCLG and DWP data at the level of the individual, participants and eligible non-participants are identified. Records from the data set that results from this linking process can, therefore, form the core sampling frame/analytical data set for an impact evaluation, represented by Box 3 in Figure 5.1 – these data are referred to as the 'sampling frame' in what follows.

Further records can be linked to the sampling frame in order to add data to facilitate case matching and statistical adjustment. For example: for each individual referred to or deemed to potentially benefit from the DWP programme (regardless of whether they participate), their pre-treatment benefit claim history can be extracted from the National Benefits Database. Therefore, treated individuals can be matched to non-participants within the same locality (local authority) based on their benefit histories. Other measures such as data on pre-treatment employment from P45/6 data might be obtained. Therefore, through linking records from existing administrative data, a range of measures on pre-treatment outcomes might be made available. It is important to note that continuing to link these data sources to the sampling frame during the post-treatment period means that these same sources provide post-treatment outcomes (for example benefit off-flow, job entry, and so on).

Finally, as Box 5 in Figure 5.1 indicates, the sample frame can be used to select samples for surveys, assuming contact details are available from the records supplied by TFCs. Therefore, outcome measures can also be obtained from surveys of treated and potential comparisons, for example, 12-months post-programme attachment. Surveys could also be administered closer to attachment in order to collect additional variables for matching, where it is felt that measures from administrative data are insufficient. The capacity to select samples for primary data collection would enable the collection of measures capturing a wider range of outcomes which are of interest to the Department.

Whether it is possible to conduct an impact evaluation as envisaged here will depend on a number of factors. Among these are whether:

- TFCs collect data on the identities of individuals within troubled families, or at least do so in some areas of the country and for a sufficient number of families and individuals;
- data will be of sufficient quality and complete;
- TFCs control all referrals to the DWP programme, or whether providers will be able to recruit independently of them;
- it is possible to link across data sources;
- referred non-participating individuals can be identified and used as a pool of potential controls, and that such a group contains comparisons that meet the conditions for rigorous control discussed previously;
- adequate data will be available at baseline to construct a valid comparison group(s) through case matching.

One further important consideration is whether those individuals who do not participate but who reside within a family where other members do take part can be used as comparisons, given that they are likely to be affected by the programme. For example, if treated individuals within a family enter work, thereby raising family income, non-treated individuals within the same family are likely to benefit from the extra resources, therefore, potentially influencing their outcomes. There may also be other ways in which the treatment received by one family/individual might affect outcomes among the untreated.

5.3 Option 2 – Evaluating the families with Multiple Problems/ Troubled Families programme using a theories of change approach

Given the potential heterogeneity of treatments and variety in families targeted, the complexity of the programme and the potential challenges in identifying a comparison group, this section considers a theory-based approach to evaluating the impact of the DWP Families with Multiple Problems/Troubled Families programme. Given these challenges, a theory-based approach is presented as an alternative to conducting a counterfactual-based impact evaluation.

It is important to point out, that the requirement for 'rich' data, discussed in the previous section in relation to a quasi-experimental design, also applies to the design approach discussed in this section. A theory-based approach would benefit enormously from development of the data structures depicted in Figure 5.1. The previous discussion of data sources and the importance of developing them further to aid the evaluation, applies equally to theory-based as to quasi-experimental design options.

5.3.1 What are theories of change?

Theories of change were first developed to evaluate complex, community based interventions. A theory based approach to evaluation, as conceived of here, is 'a systematic and cumulative study of the links between activities, outcomes, and contexts of the initiative' (Connell and Kubisch, 1998: 2). The central idea is that programmes are established upon an underlying 'theory' of operation, which can be either implicit or explicit. This theory links resources and activities to programme outputs and outcomes, specifically acknowledging aspects of context that modify or influence these links, and key assumptions that are made. One method of articulating a theory of change is to develop a programme logic model. Figure 5.2 illustrates this approach:

Inputs Outputs **Outcomes Activities** Participation Short-term Medium-term Long-term What we do Who takes What we invest part Clients Action Conditions Staff Workshops Learning Time Meetings **Funders** Awareness Behaviour Social Services Knowledge Economic Money Contractors Practice Materials **Products** Skills **Decisions** Civic Equipment Training Aspiration **Environment** Buildings Counselling Motivation Technology Orientation Assessment **Partners** Advice **Assumptions** Context/external factors

Figure 5.2 Developing a theory of change using a logic model approach

The idea is to get programme designers and stakeholders to articulate the long-term outcomes they are seeking to change or influence. Working back, to get programme designers and managers to be specific on how final outcomes link with medium-term and short-term outcomes, developing in the process a series of 'pathways to change'. These pathways are the routes by which the programme seeks to influence outcomes and the conditions that must be attained if final or long-term outcomes are to be realised.

Once a programme's 'pathways to change' have been clearly 'surfaced', researchers then work with programme designers and stakeholders to help them articulate the connections between programme activities and outcome pathways. For example, linking, in the case of DWP's programme, activities such as 'relationship support services' or 'labour market briefings' to specified short, medium and long-term outcomes. Within this process assumptions underpinning activities are made explicit as well as the contextual factors that influence the programme. Finally, the resources required by the programme and the activities specified are identified.

As Connell and Kubisch (1998) state, a good theory of change should be:

- plausible evidence and common sense should suggest that the activities described will lead to the outcomes specified;
- **do-able** the resources, available skills and institutional settings should enable the activities specified to be carried out;
- **testable** the theory should be specific and complete enough for a credible test.

Benefits of this approach

Theory-based or theories of change approaches were specifically designed to enable complex, emergent interventions to be evaluated. The approach fits neatly into a case-study design and can therefore be implemented cost-effectively, as well as able to accommodate significant diversity across a programme.

Because a theory-based approach takes as its starting point the nature of the programme itself rather than a particular method or data collection strategy, any subsequent evaluation designed to test the theory is rooted in programme design intentions. Instead of trying to get a methodology or approach to fit retrospectively around a complex and diverse programme, a theory-based approach takes as its starting point the programme and what it sets out to achieve.

What does a theory-based approach tell us about impact?

Essentially, building a theory of change involves making predictions about what a programme will achieve. On the basis of the theory, hypotheses are developed which represent these predictions. Data are then collected such that these hypotheses can be tested empirically. On this basis, can testing a theory of change tell the policymakers anything about impact?

In relation to community interventions, Connell and Kubisch (1998) suggest that the following conditions will provide evidence that a programme or intervention has worked within the context of a theory-based approach:

- A theory can articulate a plausible causal pathway linking activities with final outcomes.
- Activities were implemented as anticipated and at expected specified thresholds/intensities.
- Magnitudes of changes and sequencing of short, medium and long-term outcomes following activities meet expectations.
- No contextual changes occurred that might act as alternative explanations for the changes in outcomes observed.

In short, attribution of impact is based on the specificity of predictions from the theory and whether any evidence can be found that outcomes have changed in ways consistent with the theory.

As Connell and Kubisch state, these criteria might not be enough to convince some that the programme concerned has 'worked'. Not all explanations (beside the programme itself) for any changes in outcomes observed can be ruled out as being the cause of those changes. Therefore, the quality of evidence available in terms of inferring cause is diminished relative to that which might be obtained through a randomised control trial. However:

'The theory of change approach for establishing impact draws on tried and true scientific traditions of testing hypotheses about cause and effect relationships, including methods used in physical, biological and other social sciences.'

(Page 10)

5.3.2 What might a 'theories of change' design for Families with Multiple Problems/Troubled Families look like?

To make the issues more concrete, in this last section some consideration is given to what a theory-based evaluation design might look like in practice. It is important to acknowledge at the outset, that the precise nature of the evaluation design required (and data collection strategy) in order to test a theory will depend on the content of that theory, the range of hypotheses it yields (specifically their specificity and complexity), the types of data and the available budget.

In the case of the DWP Families with Multiple Problems/Troubled Families programme, it would appear sensible to proceed on the basis of a case-study approach. Therefore, at a high level, an evaluation design might comprise the following elements in sequence:

- Mapping Families with Multiple Problems/Troubled Families provision assessing the variety in provision and target group characteristics across CPAs (possibly CPA/local authorities in combination though this adds considerably to the scale of the task).
- Select areas for case studies in order to capture variation in practice across CPAs and enable comparisons to be drawn.
- Within each selected case study area, review project documentation and conduct workshops with key stakeholders in order to develop area-specific theories of change.
- Within each area conduct an implementation study to test whether programmes are implemented as intended.
- Adjust theories in the light of findings from the implementation study and develop hypotheses and data collection mechanisms in order to test hypotheses using a mix of methods depending on the nature of the theory and hypotheses. One might imagine a combination of observation, depth interviews and quantitative longitudinal sample surveys of participants.

6 Summary and recommendation

This short paper has drawn on the limited information available to develop ideas for how the DWP Families with Multiple Problems/Troubled Families programme might be evaluated. It has considered in broad terms the nature of the intervention and the types of data that might be available to the evaluation. It has considered some of the evaluation questions the Department wishes to address. Two options for understanding the effects of the programme have been suggested.

Through making use of the data being collected by DWP and the types of data DCLG might collect, and through linking them, it may be possible to conduct a quasi-experimental impact evaluation of the programme using a matched comparison group design. Given the complexity of the programme, its heterogeneity by area and the significant risk that a valid comparison group cannot be identified due to a lack of appropriate data, a theory-based approach is put forward as an alternative design option. It is contended that such an approach can provide some useful information regarding the effects of the programme. But such approaches cannot in the final analysis rule out all alternative explanations (alternative to the programme) for changes in outcomes observed. Furthermore, estimates of deadweight and additionality might not be obtained as straightforwardly from such an evaluation as from an experimental or quasi-experimental design.

The most important recommendation from this work, regardless of which approach is chosen (quasi-experimental or theory based), is that DCLG and DWP data systems should be designed such that they are able to be linked with each other. Moreover, that taken together, it needs to be possible to identify all troubled families targeted for support, the identities of the individuals within them, the programmes families/individuals are referred to, and the programmes to which referred individuals actually attach. It is important that the two Departments worked together to achieve this.

Appendix A Content of DWP's payment and referral database

Variable name	Туре	Size	Description	Derived?	Source
orcid	N	8	ORC client identifier	Υ	
clientno	Ν	8	LMS generated client number	Ν	CFS
ccnino	А	9	Claimant National Insurance Number	Ν	LMS
title	Ν	8	Claimant title	N	LMS
cxfname	А	30	Claimant forename	N	LMS
cxsname	А	30	Claimant surname	Ν	LMS
cxadd1	А	30	Claimant address line 1	N	LMS
cxadd2	А	30	Claimant address line 2	N	LMS
cxadd3	А	30	Claimant address line 3	N	LMS
cxadd4	А	30	Claimant address line 4	N	LMS
ccpcode	А	8	Claimant postcode at programme start	Ν	LMS
pcodetidy	А	7	Postcode – cleaned version	Ν	LMS
ccsex	Ν	8	Claimant gender	Ν	LMS
cddob	Ν	11	Claimant date of birth	Ν	LMS
empstat	Ν	8	Employment status of claimant	Ν	LMS
ndealno	N	8	New Deal stage of client	Ν	LMS
ccethnic	N	8	Claimant ethnicity	Ν	LMS
disabled	N	8	Claimant is disabled or not	Ν	LMS
cclmoff	N	8	Claimant owning office at programme start	N	LMS
lang_spoken	N	1	The preference of the customer as to which language they would like to be spoken to in	N	LMS
lang_written	N	1	The preference of the customer as to which language they would like to be corresponded with in	N	LMS
lang_date	N	11	The date the insert/update occurred of the language preference data	N	LMS
contid	Ν	8	Unique contract id number	Ν	CFS
contract	А	9	ESF contract number	N	CFS
region	А	50	ESF region	Υ	
district	А	100	ESF district	Υ	
provid	Ν	8	Provider ID number	N	CFS
provname	А	100	Name of provider	Υ	
				(Continue

Variable name	Туре	Size	Description	Derived?	Source
refid	N	8	Unique identifier for referral record	N	CFS
refdate	Ν	11	Date of initial referral	Ν	CFS
cdpstart	Ν	11	Actual start date	Ν	CFS
nostart	Ν	11	Date client did not start	Ν	CFS
cdpend	Ν	11	Actual end date	N	CFS
orfresul	Ν	8	Referral result	Ν	CFS
lvreason	Ν	8	End reason code for referral	N	CFS
otptype	Ν	8	Opportunity type	N	CFS
oplno	Ν	8	Opportunity identifier	N	CFS
orfno	Ν	8	Referral identifier	Ν	CFS
oplecmid	Ν	8	Owning office of opportunity	Ν	CFS
quallev1	Ν	8	Qualification level achieved (before ESF)	Ν	LMS
qualout1	Ν	8	Qualification outcome (before ESF)	Ν	LMS
qualst1	Ν	11	Qualification start date (before ESF)	Ν	LMS
qualend1	Ν	11	Qualification end date (before ESF)	Ν	LMS
qualid1	Ν	8	Qualification id number (before ESF)	Ν	LMS
quallev2	Ν	8	Qualification level achieved (after ESF)	Ν	LMS
qualout2	Ν	8	Qualification outcome (after ESF)	Ν	LMS
qualst2	Ν	11	Qualification start date (after ESF)	Ν	LMS
qualend2	Ν	11	Qualification end date (after ESF)	Ν	LMS
qualid2	Ν	8	Qualification id number (after ESF)	Ν	LMS
jobstart	Ν	11	Date job started	Ν	CFS
jobtype	Ν	1	Type of Job Outcome	Ν	CFS
claimst	Ν	11	Claim Start Date	Ν	GMS
claimend	Ν	11	Claim End Date	Ν	GMS
bentype	А	10	Benefit Type	Ν	GMS
lenunemp	Ν	1	Length of unemployment prior to ESF start	Υ	
opjcdist	N	8	Opportunity Jobcentre Plus District	N	DWP Lookup
opjcreg	N	8	Opportunity Jobcentre Plus Region	N	DWP Lookup
stmonth	N	8	Month started ESF	Υ	
lvmonth	N	8	Month left ESF	Υ	
startdt2, startdt3	N	11	Subsequent start dates	Ν	CFS
enddt2, enddt3	Ν	11	Subsequent end dates	Ν	CFS
opptyp2, opptyp3	Ν	3	Subsequent opportunity types	Ν	CFS
jobst2, jobst3	Ν	11	Subsequent job start dates	Ν	CFS
jobtyp2 jobtyp3	Ν	1	Subsequent job types	Ν	CFS
plpflag	Ν	1	Possible record to delete from ESF extract	Υ	
-					Continued

Variable name	Туре	Size	Description	Derived?	Source
plprefdt	N	11	Provider Led Pathways to Work (plptw) referral date	N	LMS
plpstdt	N	11	Provider Led Pathways to Work (plptw) start date	N	LMS
plpenddt	N	11	Provider Led Pathways to Work (plptw) end date	N	LMS
plpexit	N	11	Provider Led Pathways to Work (plptw) exit date	N	LMS
plpstat	N	1	Provider Led Pathways to Work (plptw) status	N	LMS
plpcont	Α	9	Provider Led Pathways to Work (plptw) contract number	N	LMS

Appendix B Proposed content of the DCLG Troubled Families Coordinator's database

Domain	Issue	Measurements
Family characteristics	Family make-up	No of adults
		No of children
		Lone-parent household
	Unique Family REF No	
	Postcode	Postcode
	Housing Status	Housing Status
Education	School Exclusions	Number of children excluded from school
	School Absence	Number of children with less than 85 per cent attendance
	Special Educational Needs	Number of children with SEN
	Pupil Referral Unit	Number of children attending PRU
	Bullying	Number of children victim or perpetrator bullying
Employment and financial	Employment	Number of adults in employment
	Benefits	Number of adults receiving working-age benefits
	Debt	Level of family debt
	Rent arrears	Is family in rent arrears
Crime and ASB	Criminal convictions	Number of adults convicted of criminal offence in last 12?
		Number of yp (11-17) convicted of crime offence in last 12?
	Police call outs	Number of police call outs to household
	Prolific Offenders (PPO)	Number of family member identified as PPO
	ASB	Number of adults subject to ASB sanction
		Number of yp (11-17) subject to ASB sanction
		Household subject to housing ASB sanction
	Domestic Abuse	Member of household known to MARAC as DV victim
		Member of household assessed as suffering Domestic Abuse
	Gangs	Household identified as known gang nominal (EGYV areas)
		Continued

Domain	Issue	Measurements
Health	GP/Dentist registration	Family Registered with GP
		Family Registered with Dentist
	Learning difficulties	Number of adults with learning difficulties
		Number of children with learning difficulties
	Mental Health	Number of adults suffering mental health
		Number of children suffering mental health
	ADHD	Number of children diagnosed with ADHD
	Alcohol	Number of adults misusing alcohol
		Number of children misusing alcohol
	Drugs	Number of adults misusing drugs
		Number of children misusing drugs
	Physical health	Number of adults with long-standing illness/disability
	Hospital admissions	Family number of hospital admissions
		Family number of hospital admissions for violence
		Family number of hospital admissions for drugs/alcohol
	Under 18 conceptions	Number of under 18 conceptions in 15-17s
Housing	Eviction	Family at risk of eviction?
	Housing quality	Family live in poor quality/overcrowded housing?
	Homelessness	Family at risk of homelessness?
Child protection/parenting	Parenting	Family assessed as having parenting problems?
	Child Protection	Number of children living in Care
		Number of children on Child Protection Plan
		Number of children safeguarding risk
Contact with agencies	Agency contact	Number of agencies in contact with?
	Interventions	Receiving 'named' intervention?

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This short feasibility study considers approaches to evaluating the Department for Work and Pensions (DWP) Families with Multiple Problems/Troubled Families programme. The current government is delivering a wide range of services and support to families in need. The DWP Families with Multiple Problems/Troubled Families programme is one of a number of such schemes available to families facing multiple problems, and is a key component of the Government's wider Troubled Families strategy. It is a complex programme, funded through the European Social Fund (ESF) and delivered on a regional basis through private/not-for-profit organisations on a prime provider/subcontractor basis.

This report first considers the key features of the programme, its targeting and referral processes, monitoring and tracking of participants. The report then sets out the evaluation questions that need to be addressed, distinguishing between questions of programme impact and programme process. A review of the data that might be available to the evaluation is provided. Two approaches to understanding the effects of the programme are presented as alternatives. The first option is an experimental/quasi-experimental approach to identifying the causal effects of the programme. The second option is rooted in a theory-based approach, and the extent to which such methods facilitate conclusions regarding causal effects is considered.

The feasibility study was part funded by the ESF technical assistance under the 2007-2013 England and Gibraltar ESF programme evaluation strategy.

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Published by the Department for Work and Pensions November 2012 www.dwp.gov.uk Research report no. 816 ISBN 978-1-908523-96-9