

INVITATION TO TENDER:
NATIONAL EVALUATION FOR ADULTS FACING
CHRONIC EXCLUSION PROGRAMME
SPECIFICATION FOR 3 YEAR EVALUATION PROGRAMME FOR 12 PILOT
PROJECTS ACROSS ENGLAND

INTRODUCTION

The Care Services Improvement Partnership invites tenders for a national evaluation of 12 pilot projects which are designed to improve the lives of adults facing chronic exclusion. This tender specification sets out the policy background, evaluation requirements and details of the tendering process for this national evaluation team.

SUMMARY

The current system does not always best serve adults with complex and multifaceted needs often leading to chaotic adults seeking to access chaotic services. The pilots will examine the system and implement changes that will positively affect both the determinants of chaos within adult's lives but also improving the structure and accessibility of services which they use. The evaluation will establish the impact on outcomes which has been made for service users, services and assess the cost effectiveness of the interventions.

BACKGROUND

'Reaching Out, An Action Plan for Social Exclusion' recommended the establishment of 12 pilot sites to test the effectiveness of alternative approaches to improving outcomes for people with chaotic lives and multiple needs – or adults facing chronic exclusion. £6 million has been made available to support this initiative from the Departments of Health, Communities & Local Government, Work & Pensions and the Home Office.

The aims of the pilots are to:

- Improve outcomes for the individuals, their families and communities
- Improve individuals' ability to engage with services
- Increase the support available to excluded adults with multiple needs
- Help people negotiate points of transition in their lives

Ideas for pilots are being invited from Local Statutory Services and Third Sector Organisations. The scope of the pilots is outlined in Annex B) The pilots are due to be announced in the first week of May 2007.

The pilots have the following **scope**:

- a. **System change** – the social exclusion action plan highlighted that it is not only individuals that can be described as chaotic but, at times, so are the services they need to use. There may be gaps in services; services may not join up around the client; agencies may be organised in such a way as to make it very difficult for someone with multiple needs to effectively navigate the system. Our pilots will offer innovative proposals that will implement system change to make local services easier to use for people facing chronic exclusion – particularly those with multiple but low level needs. This could, for example, involve implementing new arrangements that increase collaboration between commissioners to ensure that services are more joined up around an individual.
- b. **Individual support** – We want to ensure that adults facing chronic exclusion improve their ability to navigate the system established for their care and support. Some schemes that provide individual support and advocacy for people facing chronic exclusion have shown evidence of success. These often employ staff with generic skills and have been shown to successfully engage the hard to reach because of their distinct approach. The pilots will develop and extend such interventions and ways to make them sustainable in the long term. We are particularly interested in approaches that combine individual support with the use of individual budgets.
- c. **Transition specific interventions** – There is clear evidence that the lack of appropriate support at key transition points – for example, leaving care or on release from prison – can begin a deteriorating cycle of exclusion. Some projects will focus on interventions that prevent such a cycle of exclusion through appropriate and effective interventions at those key points of transition.

Outcomes and deliverables:

The specific outcomes and measures for each pilot will be agreed between June and August 2007. An outcomes framework has been devised (Annexe A) from which the measures will be decided. These are summarised below.

For individuals

LIVING A HEALTHY LIFE	FEELING POSITIVE AND CONTENT	AT EASE IN MY HOME ENVIRONMENT	CHOOSING TO BEHAVE LAWFULLY	TAKING POSITIVE STEPS.....
I work with health professionals to improve my health	I feel happy	I feel secure and stable in my home and the community	I avoid using anti-social, abusive and violent behaviour	Towards financial stability and economic wellbeing

For families



For communities



For services



A full outcomes framework is attached at Annex A. There are a range of outcomes against which the pilots will be measured. Indicators are being developed for the outcome measures. These will be agreed with the pilot areas and the evaluative team to ensure that outcomes are specific enough to each local area, but common enough for the pilots to be compared.

RESEARCH REQUIREMENT

The pilots will be evaluated in three ways:

1. Pilot projects will gather local data using performance indicators and monitoring systems agreed with the ACE team, in collaboration with the national evaluation team.
2. A national evaluation programme analyse the processes, cost effectiveness and outcomes of the pilots, drawing lessons from across all 12 pilots.
3. A Collaborative Network or forum of service providers, users and other stakeholders will be established for sharing and drawing together the learning from the pilots. Activities of this network will be funded by the programme, but the national evaluation team should expect to participate fully in these activities.

This paper asks for expressions of interest for **point 2 – the national evaluation**, but the tender proposal must also take account of the need to participate in points 1 and 3.

REQUIRED ACTIVITIES FOR THE NATIONAL EVALUATION TEAM

CONTEXT

All the pilots will be in different areas with contrasting approaches to working with groups with specific and varying challenges. The overall aim of the evaluation is to document, analyse and interpret the experiences of implementing the various approaches toward supporting this client group. From here the evaluation will be able to assess how similar client groups elsewhere can be given improved support to generate better outcomes.

It is therefore important that the national programme:

- Provides clear evaluative comparisons using quantitative and qualitative data assessing inputs, user outcomes and ways of delivering services
- Can deliver reliable data on the issue of cost effectiveness and value for money from each pilot and the components of the intervention
- Can identify the changes which the pilots have made to commissioning and systemic processes that other local areas may wish to replicate
- Can advise on implications and limitations of findings within the evaluation

WORKSTREAM

The national evaluation will have three stages.

Phase 1 June to September 2007

The first phase evaluation will run in tandem with the small scale implementation phase of the programme between June and September 2007. The primary task of the first

stage will be to establish baseline data in each area in collaboration with each pilot. This phase will identify the following information:

- Demographics
 - Profile of target community
 - Profile of service user group
- Current availability and use of services by target group
 - Emergency
 - Specialist
 - Mainstream
- Utilising ACE Characteristics model (annex B)
 - Individual baseline profile including Diversity
 - Services accessed
 - Cost of current service usage

The Evaluation Team will be expected to follow the timetable at Annex C. Specifically, the team will be required to:

- Establish with the Adults facing Chronic Exclusion Team which of the outcomes listed in the Outcomes Framework (Annex A) will be used to measure the pilots individually and collectively. All sites will be measured against the core set of outcomes with local flexibility on wider outcomes.
- Attend an all-day meeting of all the pilots on 28th June 2007 and present the planned national evaluation programme, outline the process for local areas to gather baseline data and to offer a first draft common data set which will be used to compare the work of the pilots
- Provide each pilot with a clear research brief detailing what and how research and local data will be collected and analysed. The collection of data will largely be performed by the pilots, but with input from the evaluation team and the analysis by the evaluation team. This data will form the basis for a quarterly report and a summary of qualitative data
- Attend a second meeting of all the pilots on 1st August 2007 to assess the progress of the pilots and to report on the base-line data that has been collected to date. Further information that is needed at this point from specific pilots will be identified and highlighted by the evaluation team. A joint plan to close the information deficits will be devised.
- Produce models which represent the process for each pilot that describes the work of each project and enables comparison
- Devise a cost analysis methodology to demonstrate the system-wide impact of the pilots.

Phase 2

The second stage will last for the duration of the pilots – until May 2010.

The programme wishes to establish

- Whether the pilots enable adults facing chronic exclusion to use more appropriate services in a local area
- What interventions /components of interventions improve outcomes for adults facing chronic exclusion and/or improve cost effectiveness (at both a local and national level)
- How new approaches to engage with this client group have improved outcomes

- How funding programmes can be redesigned nationally and locally to ensure that commissioning provides better value for money when providing for this group
- Whether improved partnership working and information sharing improves outcomes for this group
- Recommendations for local (and potentially national) policies to better support this client group

The national evaluation will be expected to work with the pilots to answer the following questions

Change in use of services

- Have the clients of the pilots begun to use services more appropriately than previously?
- Were there common and specific outcomes which relate to local service use?

Impact on outcomes of client group

- What were the common and specific outcomes on individuals?
- What were the user perspectives of the pilots?

Impact on cost effectiveness

- What impact did the pilots have on cost (including distribution of costs) in relation to the achievement of outcomes and use of services whilst on the programme and also progressing on from the programme?

Process

- How did each pilot perform against its initial plans?
- What are the skills, knowledge and capacity required to offer effective services to the client group? How well did the pilots meet these needs?

Implications for systemic change / funding

- Are the models of working demonstrated by the pilots sustainable and able to be generalised, and if so, in what contexts?
- Did the pilots demonstrate that money for services could be allocated differently to make local or national savings whilst maintaining or improving outcomes?

The national evaluation will be expected to compare across the pilot sites to evaluate best models of intervention

The evaluation team will be required to:

- Collate quarterly data gathered by the pilots on service users and related outcomes as agreed by the performance plans negotiated in phase 1
- Report the above information to the collaborative twice a year at 6 monthly intervals
- Capture issues pertinent to the management of change within the pilots as reported and discussed in the Collaborative and in specific pilot projects
- Produce an annual report summarising the findings from each pilot and the

project to date, to be shared with the pilot staff

- Devise a method for deriving meaningful feedback from users of services, ideally through the involvement of peer-researchers.
- Carry out an impact study of the pilots to examine how each project works with people from different communities, ethnic groups, genders and religious beliefs. This will form the basis of the Equality Impact Report that will be produced on the work of the programme.

Phase 3

We are seeking imaginative ways of disseminating the findings of the evaluation to local, regional and national government.

The final findings will include

- Thorough cost analysis of the pilots including: how much was spent; how much was saved; comparisons of the individual's service use before during and **after** contact with the pilots; a calculation of how local and national commissioning could be redistributed to lead to better outcomes for this group and improved value for money
- A clear narrative which demonstrates how the schemes have impacted on local communities
- A descriptive analysis of the models employed in the pilots encompassing an assessment of what worked and what did not
- Quantitative (and where possible, comparative) data on outcomes such as client numbers, outcomes, demographics, engagement and retention rates as agreed with the pilots in phase 1
- Summary of qualitative data as agreed in phase 1.
- Recommendations for local and national commissioners as to how the pilots should inform service delivery nationwide. Recommendations must be based on a cost-benefit analysis to demonstrate how value for money will improve

METHODOLOGY

Those wanting to tender for this work are asked to set out their proposals for an evaluation design that will best address the evaluation's aims and objectives as set out above. The evaluation should also demonstrate how it can undertake the following:

- Plan local needs assessments which give each pilot evaluative criteria which are relevant to the service, but can also be combined to provide a coherent national picture of what the 12 pilots are delivering. This would be based on the outcomes framework.
- Measure quantitative outcomes – reduction in crime, drug use, homelessness – as well as qualitative outcomes – engagement with services, improving relationships with families, feeling happy. In particular, ability to identify the quality of life improvements that result from engagement with pilot services.

Provide clear measures of cost effectiveness and value for money for successful pilots. For example, demonstrating that the client group are using more appropriate services (which therefore provide a better service) at less cost, would be the key aim. Evidence

is needed to demonstrate how resources can be better spent to ensure that chronically excluded people use appropriate services as opposed to sporadic engagement with crisis or criminal justice services.

- Systems analysis of the way that services are delivered and any changes to commissioning, procurement and joint working.
- Will involve service users in the evaluation throughout the 3 year programme.
- Can take into account diversity and disability. The overall evaluation must be able to provide a clear indication of how the pilots have engaged with people from different communities and backgrounds. A developed dynamic for diversity is at annex B. This coupled with the target group characteristics (also annex B) provides the basis for identification and impact of the various interventions.

Analysis

Anyone tendering should outline how they intend to analyse the different types of data collected and the different elements of the evaluation in order to draw overall conclusions and make recommendations.

Ethics

Tenders should address in full how it will be ensured the research is conducted in an ethically sound way including setting out any anticipated ethical issues and how they will be dealt with. This should include proposals and timetable for obtaining the necessary ethical clearances integrated into the overall evaluation timetable.

Data protection

Anyone tendering should be aware of the requirements of the Data Protection Act in terms of holding and processing information on participants and should state how this will be managed as part of their bid.

STAFFING –

The pilots will be evaluated in three primary ways:

- Analysis of cost / financial data – particularly calculating the local costs/savings made as a result of the pilot
- Qualitative information from both service users and service providers
- Quantitative information on client outcomes and performance of pilot.

Consequently, the team will need to include support from a professionally trained analyst who can collect, analyse and defend robust cost data; Service User involvement in both the evaluation team and the evaluation process; A person who can understand local and national commissioning processes and propose responsible suggestions for changing existing procurement arrangements.

APPLICATION PROCESS AND DEADLINES

Applicants should complete the attached pro-forma and return to the Adults facing Chronic Exclusion Team by **10am on Tuesday 15th May**. **Applications received after this time will not be accepted.** Short-listing and peer-review will be completed by 18th May. Short-listed applicants will be invited to interview on either **Thursday 24th or Friday 25th May**, in London. We will expect the successful applicants to begin work at the beginning of June.

Helen Cash and Nick O'Shea, Programme Managers, can be contacted for further information if required. The office number is 020 7944 8332, or you can e-mail to Helen.cash@communities.gsi.gov.uk or nick.o'shea@communities.gsi.gov.uk

ANNEX A - OUTCOMES FRAMEWORK

ANNEX B – DIVERSITY DYNAMIC and TARGET GROUP CHARACTERISTICS

ANNEX C - TIMETABLE