

**Using randomised controlled
trials in social policy:**

**a case study of mixed methods
research with troubled families**

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Locally-driven evidence-based policy?

- Decentralisation and localism means increased focus on locally-led innovation
- But more fundamentally, potential tensions between decentralisation/localism and effective policy to change outcomes on complex/difficult policy issues (John with Richardson, 2012)
- *If* we believe in evidence-based policy; *if* there is a lack of research & evaluation at a local level
- One route to high quality evaluation is to use experimental methods – seen as the ‘gold standard’ by some

Experiments in public policy, & research about complex families

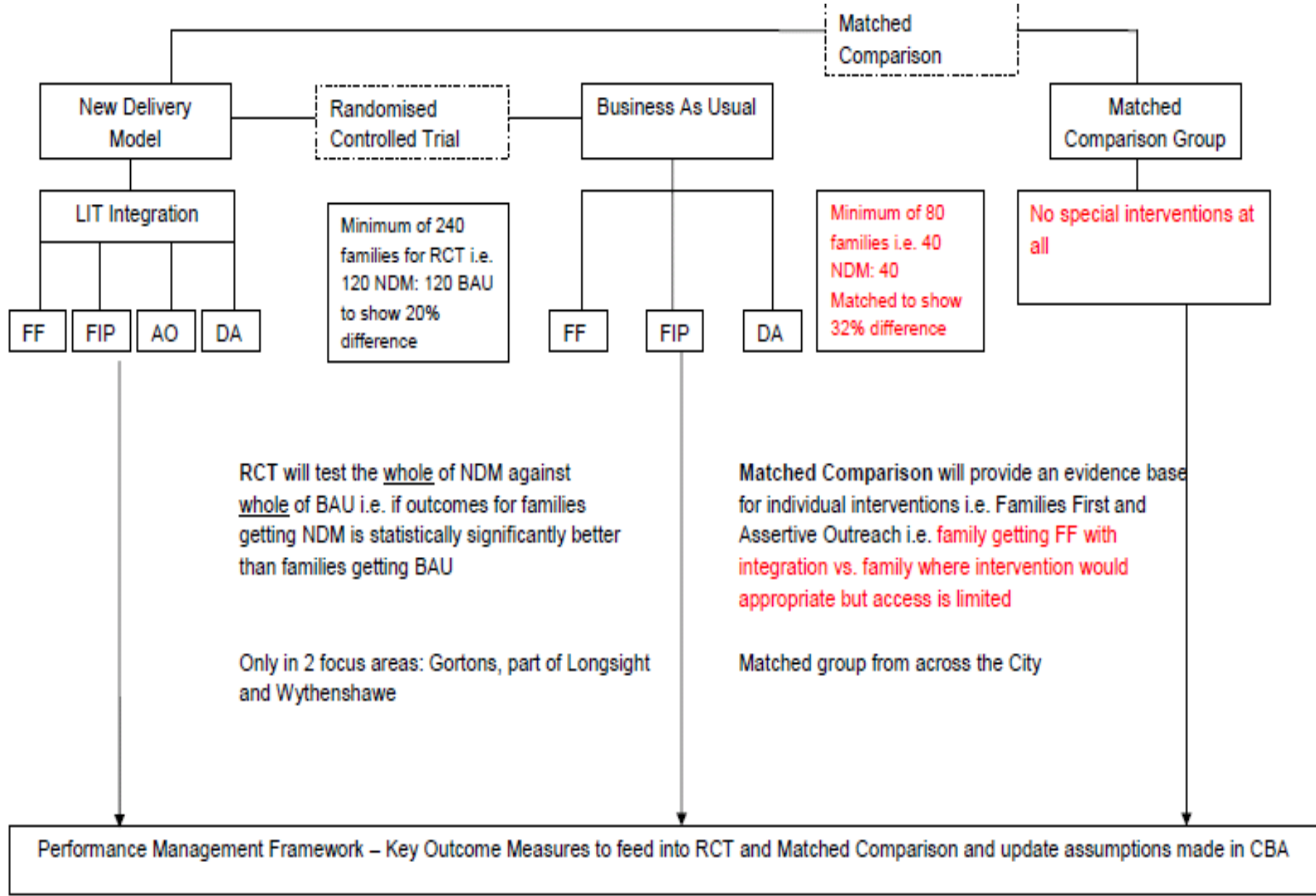
- Some central govt. depts are promoting experiments e.g. BIT (focus on energy/tax avoidance etc)
- Current constraints on centrally commissioned research
- History of promotion/use of field experiments in research about families e.g. Ann Oakley (2000), Surestart
- Growing interest in experimental methods in public policy
- Relatively few experiments done by, for or with local government; local research often less robust
- Benefits of doing experiments locally, with practitioner partners, although it is not easy (Cotterill and Richardson, 2010)

The Manchester Community Budgets for Complex Families RCT

- Previous joint work between MCC & UoM (John et al 2011)
- Troubled Families Community Budget pilot programme, research initiated & led by MCC, jointly delivered by MCC & UoM
- Interested in improved outcomes for families, but also need solid data for cost-benefit analysis
- Testing the 'New Delivery Model' (NDM) against 'Business as Usual' (BAU)

The Manchester Community Budgets for Complex Families RCT cont.

- NDM = back of house case management and oversight (pulling services together, in the right order, whole family approach, getting right services quickly through an easy route; helping families build their own strengths), *plus* individual services
- BAU = was statutory services, but service re-organisation at same time; so now individual services incl: Families First, Family Intervention Project, Assertive Outreach (housing support with bells on)
- Research: RCT (for NDM versus BAU) + matched comparison (for specific services) + family workshops (to understand statistical results, and test NDM hypothesis)



RCT will test the whole of NDM against whole of BAU i.e. if outcomes for families getting NDM is statistically significantly better than families getting BAU

Only in 2 focus areas: Gortons, part of Longsight and Wythenshawe

Matched Comparison will provide an evidence base for individual interventions i.e. Families First and Assertive Outreach i.e. family getting FF with integration vs. family where intervention would appropriate but access is limited

Matched group from across the City

Performance Management Framework – Key Outcome Measures to feed into RCT and Matched Comparison and update assumptions made in CBA

Sample and % point differences

	80 families (40 treatment/40 control)	120 (60/60)	240 (120/120)	480 (240/240)
Min. % point difference btw T/C (i.e. over deadweight) needed for stat. signif. on binary measures in 2-tail test 80% power	32%	26%	20%	13%
Min. % point for interval measures	29.5%	24.5%	17%	12.65%
Min. % point diff btw T/C (i.e. over deadweight) for CB payback over 3 years, based on NDM cost of £2.5m			30%	
Min. % point diff btw T/C (i.e. over deadweight) for CB payback over 5 years			20%	

Timescales

FEB 2012
160 cases

Yr 1 cases
averaging 3mths
since
intervention
began

Stage 1 RCT
outcome Data –
also fed into
update CBA

MARCH 2012
Qualitative
workshop and
stakeholder
findings

MAY & AUG 2012
240 to 360 cases

Yr 1 cases ave.
6mths
Yr 2 cases ave.
3mths

Stage 2 & 3 RCT
Outcome Data –
also fed into
update CBA

Stage 1 Matched
Comparison Data

NOV 2012 & FEB 2013
360 to 480 cases

Yr 1 cases ave.
9-12mths
Yr 2 cases ave.
3-6mths

Stage 4 & 5 RCT
Outcome Data – also
fed into update CBA

Stage 2 Matched
Comparison Data

MAY & AUG 2013
360 to 480 cases

Yr 1 cases ave.
15-18mths
Yr 2 cases ave.
9-12mths

Stage 6 & 7 RCT
Outcome Data
Stage 3 Matched
Comparison Data –
also fed into update
CBA

Qualitative
workshop and
stakeholder findings

Mar 2012
240 cases

Sept 2012
360 cases

Mar 2013
480 cases

RCT, CBA and Matched Comparison data continues to be collected quarterly until last Yr 2 families reach 2 year point from start of intervention approx. end of 2014

Outcomes Tracked



Reduced Crime and ASB

- Number of Criminal Offences
- Number of Anti-Social Behaviour Incidents



Reduced Homelessness

- Number of approaches to homelessness
- Number of families housed in temporary accommodation



Reduced Domestic Violence

- Number of DV related ASB incidents
- Number of DV related criminal offences
- Number of MARAC referrals



Reduced Drug and Alcohol Dependency

- Number accessing treatment
- Number successfully completing treatment



Reduced Incidents of Children being taken into Care (Safeguarding)

- Number of Children In Need
- Number of Children on Protection Plans
- Number of Looked After Children



Improved Mental Health

- Number accessing crisis treatment
- Number successfully completing/remaining in treatment



Reduced School Attendance and Behaviour

- Number of Persistently Absent children
- Number of Fixed and Permanent Exclusions



Reduced Benefit Payments

- Number claiming workless benefits
- Number of NEET young people



Challenges and surprises

- Won practitioners over – not as bad as expected but...
- Had a big list, but problems about data sharing & consent for project (not research)
- So went to referral system (Troubled Families Unit has both)
- Ethics committee surprise
- Data collation from partners was hard work (getting hold of it; standardising; time periods etc)
- Doing the randomization: handover & taxi rank method
- Policing the BAU group
- Timetable (for service and policy development)
- Demand now for experiments in return for investment

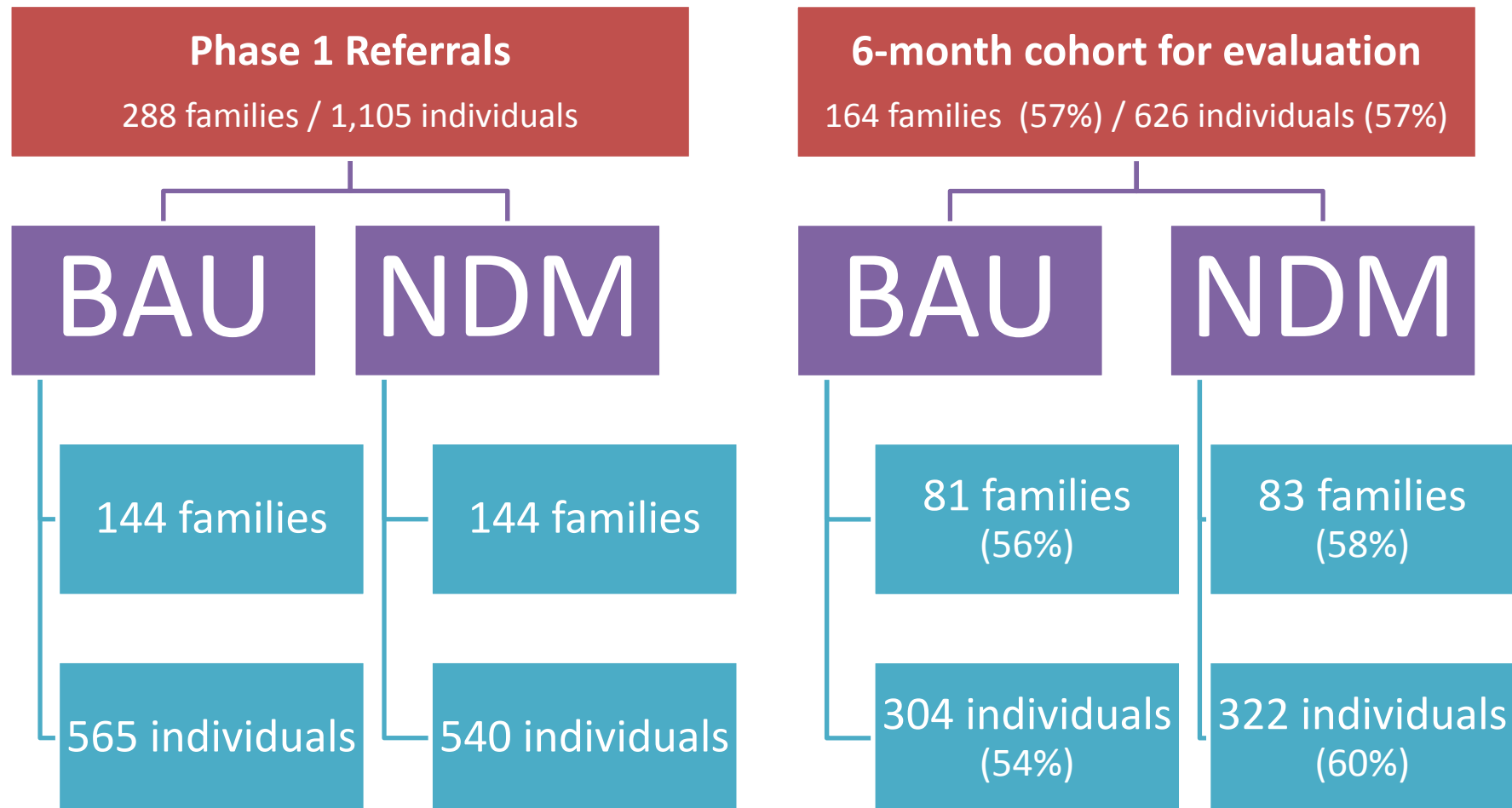
Mid-Point Evaluation Findings

Caveats

- 1. Timeframe** - *there is a lead in time for new approaches to become embedded - **don't measure too soon and measure for long enough to track sustainability of outcomes***
- 2. Cohort** – *ensuring that we have the right sample size, we are looking for a total of 480 families – **questions now about which elements of NDM: planning matched comparison group to look at individual services***
- 3. Case Status** - *at the point of this evaluation only one-thirds of the cases reviewed had completed the intervention - **although some outcomes should be realised during the intervention, many will not be achieved until completion of the intervention, therefore some outcomes may not be evident yet***
- 4. Randomisation & Complexity** – *ensuring that the analysis takes into account the differences in household composition and circumstances – **pre-post measure so differences do not matter, but groups started at different points***

Cohort

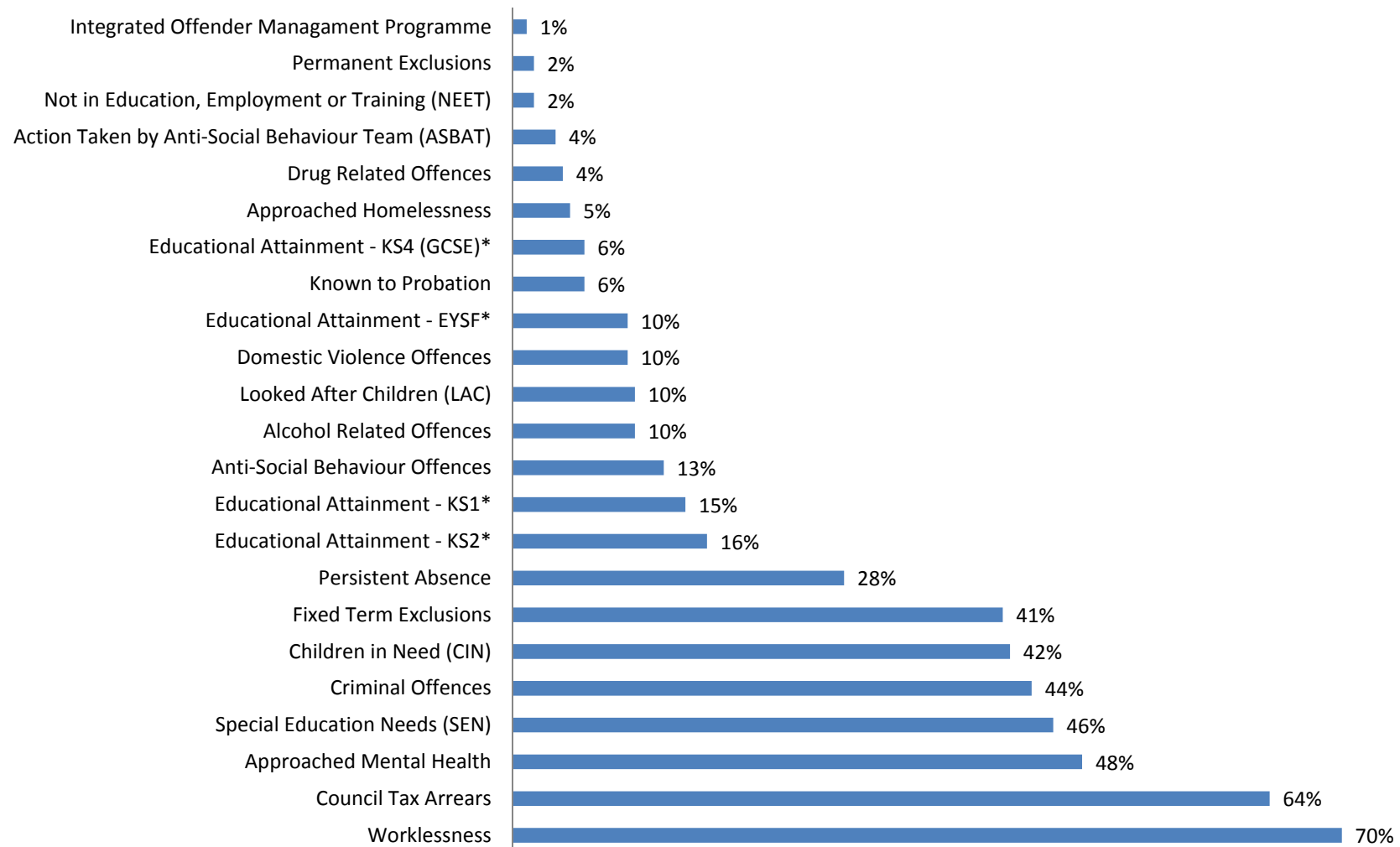
A total of **288 families** have been referred into the Phase 1 programme at the point this evaluation started. This evaluation itself only considers those cases that have been open for 6-months or more, therefore the total number of cases considered is **164 families** - this represents **57%** of all cases.



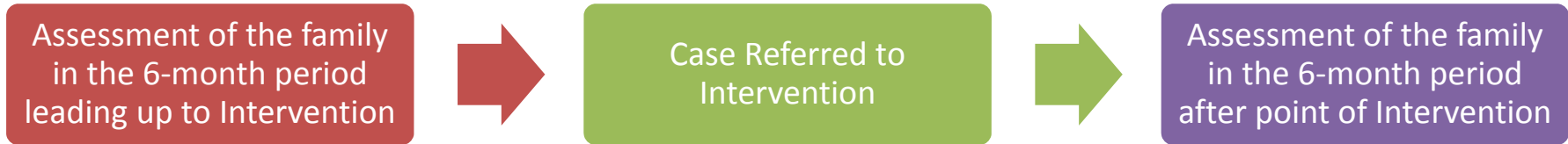
Quantitative Outcomes

Presenting Needs

Issues observed in the 6-months before referral (% of all households)



Outcomes



Theme	Overall	Notes
Worklessness	4% reduction	
Debt	10% reduction	
Mental Health	49% reduction	Access to crisis services
SEN	7% increase	Access to additional support, therefore increase could be seen as positive
Crime	24% reduction	
CIN	43% increase	Potentially positive measure, as could reflect earlier intervention/assessment
Exclusions	50% reduction	
School non-attendance	44% reduction	

Qualitative findings

Families Workshops

General issues

1. Recognition and desire to deal with issues
2. Parents' pride
3. Managing negative social networks and peer pressures

Negative perceptions of services

1. Delays in referrals & diagnosis of mental health
2. Child focused – response times vary
3. Statutory services seen as judgmental & less effective
4. Communication
5. Case closure process

Families Workshops

Positive perceptions of services

1. Role of schools
2. Support for Child Mental Health
3. Strong encouragement (“forced”) to take up support
“I should have/wish I'd done it before”
4. Parenting courses - specific & practical tools
5. Relationship with case workers - joined up approach

Link to those areas where we have seen the biggest improvements - helping families deal with parenting, mental health and integration of services

Lots of bits to NDM, but is it prioritisation that is key? If so, what happens when everyone is NDM?

Feedback from Partners

- **Worklessness** - what is driving the change?
- **Debt** - what will welfare reform lead to?
- **Mental Health** - are we avoiding crisis cases?
- **SEN** - helping children stay in school?
- **Crime** - is there a single reason for improvement?
- **CIN** - supporting families rather than abandoning?
- **School Attendance** - link to SEN and parenting?

Policy Influence & Investment Decisions

Impact

- **Partners beginning to invest**
- **Evidenced based commissioning of services**
- **Driving efficiency in services**
- **Dealing with dependency**
- **Contributing towards national objectives**

All of these require ongoing monitoring and evaluation

- Further use of control groups
- Checking what works
- Informing financial models

References

- Cotterill, S. and Richardson, L. (2010) 'Expanding the use of experiments on civic behavior: experiments with local government as research partners', *Annals of the American Academy of Political and Social Science*, 628, 1: 148-164.
- John, P. et al (2011) *Nudge, nudge, think, think: experimenting with ways to change civic behaviour*, London: Bloomsbury Academic.
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- Oakley, A. (2000) *Experiments in knowing*, Cambridge: Polity Press