



Pre-Tender Market Engagement

Statement of Requirements (Draft) – Supporting Families Pilot Trial (CPD4124020)

1. PURPOSE

- 1.1. The Department for Levelling Up, Housing and Communities (DLUHC) is seeking to commission a pilot study to test a promising practice model from the Supporting Families Programme: psychologically informed key worker practice. The commission is comprised of two principal elements: (i) practice delivery – where the practice model is manualised and applied in areas taking part in the pilot; (ii) evaluation – where the effect of the practice model is tested.
- 1.2. The pilot study has two primary aims: (i) to establish the feasibility of delivering a full trial of the model, and; (ii) to provide indicative evidence of the impact and efficacy the model delivers on family outcomes compared to other models. The project aims to complete by July 2025 with a budget of up to £1m.
- 1.3. Findings from this project will be used to inform decision making on trial feasibility which could be used to commission a full randomised controlled trial from 2025. Findings will also be used as evidence to provide indications of the impact of the model on keyworker practice and well-being as well as on child and family outcomes such as family functioning and mental health. This will inform understanding of effective systemic practice models and ways of upskilling key workers to support Supporting Families policy development and Care Review recommendations.

2. BACKGROUND TO REQUIREMENT/OVERVIEW OF REQUIREMENT

The Supporting Families Programme

- 2.1. The [Supporting Families Programme](#) (formerly Troubled Families) supports families facing multiple disadvantage make significant and sustained improvements in their lives across a range of issues. The programme also seeks to support local authorities make improvements to the services they deliver to families. The programme is delivered by local authorities and partners across England.
- 2.2. Supporting Families received an additional £200m investment at the 2021 Budget and Spending Round which takes total planned investment to £695 million by 2024-25. This new funding enables the programme to continue until March 2025 and help secure better outcomes for up to 300,000 families over the three-year period. Full details can be found in the [Supporting Families Annual Report 2022](#).
- 2.3. The previous [National Evaluation of the Troubled Families Programme 2015-2020](#) shows the programme delivers positive impacts for families. This includes reductions in the proportion of children being taken into care, juvenile



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sentencing outcomes and adult sentencing outcomes. The programme also represents value for money, delivering £2.23 in economic benefits for every £1 spent. However, there is considerable variation in practice and approaches across local authority areas.

Supporting Families Evaluation 2022-25

- 2.4. In this spending review period, the evaluation is taking a 'what works' approach, with the aim of understanding the effect that different practice models and elements of supports have on families' outcomes. This is intended to help DLUHC identify the most effective practice models, and disseminating this widely to local authorities to improve their delivery of support to families.
- 2.5. A significant amount of work has already been completed to inform our understanding of effective practice models within the Programme.
- 2.6. The Early Intervention Foundation (EIF) has undertaken feasibility and piloting work to support the delivery of efficacy trials. This included a review of existing family support practices being used across the programme and identifying those that are the most promising and most effective in supporting families to make positive improvements to their lives.
- 2.7. From three feasibility studies conducted, EIF identified the psychologically informed keyworker practice model as the most promising, and this has been selected to be taken forward for further testing. Core components of this model were also identified from the EIF studies. This includes: high-quality accredited training in systemic practice for key workers; and systemically trained clinicians embedded in early help teams to deliver group reflective practice sessions, supervision and training in systemic practice and tools.
- 2.8. The feasibility studies showed that these components were well received by practitioners and a wide range of stakeholders. Participants also reported that systemic practice was contributing to positive outcomes for children and families. However, all of the sites delivering this model implemented it in their own way. We are seeking to establish and test an optimised version of the model that combines and applies the elements of the approach to deliver positive outcomes for families.

Next steps: Establishing a model framework and testing efficacy

- 2.9. The project we are commissioning aims to assess the efficacy of one promising practice model within the overall Supporting Families model - the psychologically informed key worker practice model. It will also test the feasibility of running a high-quality trial for this model.
- 2.10. The first task for the supplier will be to establish an agreed delivery model for the psychologically informed key worker practice. This will involve reviewing existing evidence from the feasibility studies and designing and developing a framework for rolling out the practice model. This will include identifying training needed for staff and clinical staff to support key worker teams. The supplier will provide the training to local authority teams and will provide ongoing management and support to areas delivering the practice model to ensure that



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there is high fidelity: that the practice model is being delivered in line with the model definition.

- 2.11. The second element of the commission will be to conduct an evaluation of the practice model. This has two primary aims: (i) to establish the feasibility of delivering a full trial of the model, and; (ii) to provide indicative evidence of the impact and efficacy the model delivers on family outcomes compared to other models. These research questions will be answered through process and impact evaluations.
- 2.12. By testing this approach, key learning from within the project on recruitment, capacity of LAs to implement systemic practice, fidelity, dosage, feasibility of data collection and appropriateness of measures, sample size for statistical power, follow-up timing, and any unintended consequences can be used to help inform future projects.

Implementation support for local authorities

- 2.13. The project will involve close working with local authorities. DLUHC and DfE have close working relationships with local authorities in England and can support the supplier to engage with local authorities.
- 2.14. During the feasibility work, relationships were formed with a number of local authorities with promising practice to be tested. These contacts and background information will be passed to the new supplier with the consent of the local authority.
- 2.15. The project will involve testing already existing interventions or transporting the intervention to new areas. Our ambition with this project is to test the effectiveness of the psychologically informed keyworker practice model through a pilot study. The central team will work with you and the local authority to provide support for implementing approaches we would like to test. DLUHC may be able to provide some funding for innovative practices for testing.

Other evaluation work over this spending review period.

- 2.16. The efficacy trials are one element of a wider programme of evaluation work over this spending review period. The most significant other element is a spend study looking at what the up lift in programme funding has been spent on and what effects that may have had.

3. DEFINITIONS

Expression or Acronym	Definition
DLUHC	Department for Levelling Up, Housing and Communities
DfE	Department for Education



4. SCOPE OF REQUIREMENT

Funding

- 4.1. The budget for this work is up to £1m (approx.) to fund the delivery and evaluation of a one-year pilot study by July 2025.

DLUHC and Supplier activities

4.2.

Owner	Activity
DLUHC	<ul style="list-style-type: none">• Provide extensive briefing on the psychologically informed key worker practice model and its components.• Provide briefing on the previous feasibility work for the model, including all relevant reports and documentation, and support engagement with the local authorities that participated in this work.• Support the supplier to engage with upper tier local authorities in England to identify, select and invite them to participate in the trial.• Support the implementation of the approach that we would like to test in local areas.
Supplier	<ul style="list-style-type: none">• Review existing literature on psychologically informed key worker practice model.• Design intervention model, manualise and prepare it for testing.• Research design for the trial, including selecting appropriate data collection and research methods, outcome measures and sample selection for the intervention group and the comparison group.• Engage with the Independent Advisory Group for the trial and any other relevant specialists DLUHC decides it would be helpful to consult.• Devising and delivering training of local authority teams in psychologically informed key worker practice model.• Where necessary, identifying and recruiting clinical staff to local authorities participating in the trial.• Information governance arrangements with local authorities.• Data collection at a local level and collation of data.• Ongoing support and monitoring of model implementation in local authorities.



	<ul style="list-style-type: none">• Engagement with local authorities and other partners on the intervention and on setting up and reporting on the trial.• Reporting findings in written reports produced at intervals across the course of the project.• Present findings to DLUHC and DfE, outline and explain key insights.
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4.3. Further information to assist Potential Suppliers:

- 4.4. All bidders will be assessed against the suitability and relevant experience of their proposed team; the coherence of the project plan, risk register and mitigations; the plans and structures in place to ensure there is coherence and collaboration across trials (where appropriate) and across consortium members (if relevant); our confidence in their ability to conduct research to the highest ethical standards; their ability to meet data security requirements; and the coherence and suitability of their approach to meet the associated objectives and their proposed methodology.
- 4.5. We welcome bids from consortia and would expect to see clear indication of the division of responsibility and lines of accountability between members to be confident that this had been thought through and structured appropriately.
- 4.6. The project will be overseen by DLUHC and DfE colleagues including policy officials and analysts. The successful supplier will be expected to have regular meetings with DLUHC and DfE colleagues to discuss progress and expectations. The successful supplier will have access to expert knowledge of the programme.

5. THE REQUIREMENT

DELIVERY

- 5.1. This trial will require a delivery supplier to undertake delivery of the psychologically informed keyworker practice model in selected LAs. The supplier will need to establish an agreed and clearly defined model so that it can be implemented effectively and consistently across key workers and LAs involved in the study.
- 5.2. The supplier will need to identify and recruit areas to participate in the pilot, including those that will form the intervention group (5-7 areas delivering the psychologically informed practice model) and the comparison group (5-7 areas that deliver a generic programme model).
- 5.3. They will then need to deliver training and support to the selected intervention group LAs to enable them to implement the model. This will include procuring high-quality accredited training in systemic practice for all key workers delivered



by an accredited training partner. The supplier will need to hire systemically trained clinical staff who will be embedded in key worker teams to provide training and consultation to key workers. The supplier will also need to provide management and support to LAs delivering the model throughout the trial and monitor fidelity across LAs to ensure the practice model is being delivered in line with the model definition.

EVALUATION

- 5.4. The evaluation supplier will need to design and deliver a one-year pilot impact evaluation alongside an implementation and process evaluation on the psychologically informed keyworker practice model. The impact evaluation will be conducted with the 5-7 LAs implementing the intervention and the LAs in the control group.
- 5.5. This will include gathering data from those participating in the pilot and conducting analysis and reporting results which indicate the impact of the model on key worker practice and wellbeing, and child and family outcomes relevant to the programme.
- 5.6. The implementation and process evaluation should examine implementation challenges and enablers, fidelity, mechanisms and any unintended consequences.
- 5.7. Results and findings will enable assessment on whether this practice model shows enough promise to be taken forward to a full trial at a later date.
- 5.8. Key research questions include:
 - a) is it feasible to implement the model approach?
 - b) what evidence is there that the approach can have a positive impact?
 - c) is the approach ready for full-scale trial?
- 5.9. A significant amount of feasibility work has already been completed on psychologically informed keyworker practice. Piloting work has also been undertaken which will inform the design and approach of the trials.
 - 5.9.1. **Psychologically informed keyworker practice** – to test approaches for using insights from psychology and psychotherapy in practice with families. Some of the root causes of poor outcomes for vulnerable families are driven by a complex interaction of different needs. The hypothesis is that providing support to key workers from clinicians via training, supervision and psychological tools, to build supporting relationships and help families identify strengths at the child, family, service/school and community level can support families with complex needs to develop strategies specific to their needs will strengthen family relationships and make positive change. The trial will provide



implementable and well evidenced models of psychologically informed practice than can be implemented across the country.

Research design

- 5.10. The contractor will design the trial including which research methods are most appropriate.
- 5.11. DLUHC is seeking to commission a rigorous evaluation designed to determine if the intervention works under ideal circumstances. The successful design should do this by systematically reducing all sources of potential study bias, to attribute causality to the intervention model¹, where possible.
- 5.12. The research will need to test implementation and initial impact of the practice model. It will need to provide critical learning about recruitment, capacity of LAs to implement systemic practice, fidelity, dosage, feasibility of data collection and appropriateness of measures, sample size for statistical power, expected effective size, follow-up sequencing, and identify any unintended consequences. This will inform feasibility to commission a full RCT from 2025. It will also need to provide evidence of the impact of the model on keyworker practice and well-being and initial indications of impact on child and family outcomes such as family functioning and mental health.

Independent Advisory Group

- 5.13. DLUHC will organise an advisory group of researchers to provide advice, guidance and scrutiny on plan. DLUHC would expect the successful supplier to present to this group and potentially other specialists in this field if it is considered helpful.

Working with local authorities

- 5.14. The supplier will have to work effectively with local authority areas to participate in the trial. This will include agreeing the scope of the project and ensuring well defined implementation of the approach, it will include data collection and information governance agreements.
- 5.15. The supplier should encourage participation by providing specific reports to the local authority for their learning.
- 5.16. We will use various methods to recruit areas / encourage participation:
- 5.16.1. Good practice funding (separate fund) will incentivise areas to adopt the model. We will provide good practice funding on the condition that areas are willing to work with us on research.
 - 5.16.2. Earned autonomy areas are more advanced local areas that get money up front rather than via the payment by results system. In the

¹ Reference: [Early Intervention Foundation's 10 steps for evaluation success](#)



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next SR period, we are asking areas to work with us on research as a condition for being an earned autonomy area.

5.16.3. Good will of areas already implementing innovative practice suitable for testing. We are confident that some areas would be willing to work with us to test their approaches as it is in their interest to build the evidence base.

5.17. DLUHC and DfE will work closely with the successful supplier to select local areas to work with and encourage participation and adoption of activities for testing if they are not already in use in the area.

Data and measures

5.18. The trials will gather longitudinal data, with a minimum of two waves of data collected at baseline and at least one year after the start of the intervention/treatment.

5.19. We will gather data from families in each group at two time points: at the start of the trial, and at a second follow up, one year after the start of the trial. A gap of this length will ensure sufficient time has passed to assess the impact of the programme over the medium term. Ideally, we would look to gather data over a longer time span, however we are keen to gather insights from the trials in a timely manner and feed this back to local authorities promptly, therefore this timeframe is a good compromise between robust evaluation and timely, impactful policy findings and recommendations. We recognise that some of the outcomes of interest may take up to a year (or longer) to materialise, therefore we will use a range of proxy measures that are good indicators of outcomes and provide an indication of likely outcomes that are likely to be realised over a longer timeframe.

5.20. The data that will be gathered will relate to outcomes of interest relevant to the programme. This could include data covering contact with the criminal justice system; children's social care status; health and access of health services; school attendance; housing and homelessness; employment and benefits; wellbeing; parenting and family relationships. We will develop a core survey to be used across all trials that will seek to capture data on outcomes common to all trials. Where trials have a more specified or targeted approach, the survey will include additional sections that cover outcomes relevant to the aims of that particular trial. This will be decided and designed on a case-by-case basis for each trial. The same corresponding questions will be included in the comparison group for each trial.

5.21. Data will be gathered via surveys with families; we intend to use tested and standardised questions where they already exist; new questions will be tested with families for validity to ensure that respondents understand what information is being sought and that they are capable of answering the questions.

Data analysis



- 5.22. Once data has been gathered across both waves, it will be analysed with QED techniques. This could be difference-in-difference, which allows us to control for differences between treatment and comparison groups, to isolate the impact of different trialling conditions. We will consult with the successful supplier to decide on the best approach to take and will appraise bids on the feasibility and quality of their analytical plan.

Outputs

- 5.23. We expect the successful supplier to provide regular updates on the progress of the evaluation, and informal insights when they emerge. Formal reporting will be agreed during the setup of the evaluation; as a minimum we would expect a final report that provides an overview of all research activities and reports key findings and insights.
- 5.24. We will be particularly focussed on showing how to practically implement any of the findings with local authorities, so that they can see how to adapt their practices and offer to reflect the results from this study. We will develop a compelling narrative with actionable advice for how they can do this, and the impacts this could deliver for each area.
- 5.25. The project will be reviewed by the independent advisory group, with results and outputs scrutinised in depth before being shared with policy colleagues, local authorities and other government departments.
- 5.26. Study reports will be published on the DLUHC pages of GOV.UK. We aim to publish these reports within three months of their completion and ministerial approval.
- 5.27. Data gathered from the project will be stored by the successful supplier; DLUHC will not have access to the raw outputs. Data will be held securely up to six months after the final report is published, and then destroyed securely.

5.28. Additional Requirements

- 5.29. The successful supplier will be expected to allow some flexibility throughout the contract for DLUHC and the Successful Supplier to react to emerging matters and changing priorities. Potential Bidders will be asked to provide prices for meeting the key project components as well as day rates for different levels of staff input (to create a rate card that will be used to cost new project components that may arise from the collaborative engagement).
- 5.30. The successful supplier will be expected to work collaboratively with DLUHC taking on board comments and suggestions, whilst also providing constructive challenge on methods of research delivery and interim conclusions drawn from the different sources of information and stages of analysis.



6. KEY MILESTONES AND DELIVERABLES

6.1. The following Contract milestones/deliverables shall apply:

Milestone / Deliverable	Description
1	Contract awarded to delivery LAs
2	Systemic practices preparation to embed
3	Evaluation preparation
4	Go live date
5	Implementation
6	Endline
7	Analysis
8	Reporting

7. VOLUMES

7.1. The project consists of:

- 7.1.1. An initial meeting
- 7.1.2. Provision of a project outline
- 7.1.3. Fortnightly video conferencing meetings
- 7.1.4. Development of research design.
- 7.1.5. Fieldwork and Data collection for stage one and two of the research
- 7.1.6. Analysis and discussion of findings for the trials
- 7.1.7. Initial report following completion of the project.
- 7.1.8. Final draft report following completion of the project.
- 7.1.9. Final Report and presentation

7.2. The Contract will terminate upon completion of the final report and sign-off from the Project Lead or Minister.