

**Worcestershire Areas of High Need
Learning & Development Framework
including
Case Studies
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Introduction

This framework has been developed for the Worcestershire Areas of High Need initiative in order to enable sustainability through local change.

It is built around three main principles. Whatever you might choose to measure and however you might choose to measure it, it is worth keeping these three principles in mind. They are

- **Attitude:** are you working in a culture where learning and development is desired and encouraged, or is the approach very defensive?
- **Assessment:** what progress do you want to measure, and how do you want to measure it?
- **Action:** how do you implement the changes that are needed through what you've learnt?

Attitude

Learning and development is dependent upon partners being willing to take an appropriately honest look at how things are going. Someone once said

“We have replaced a light burden, namely self-criticism, with a heavy burden, namely self-justification”

This encapsulates the culture needed within local partnerships to enable development. It needs all partners working together with a common goal of achieving and sustaining a different way of working at a neighbourhood level that will give a return on investment through reducing duplication by effective partnership working.

Measures for assessing attitude could include:

- Do partners engage willingly?
- Do the right people turn up (ie those with authority)?
- Are residents able to raise pertinent issues?
- What changes are achieved through sharing insight?
- Are people willing to share information?
- Do people give credibility to your local partnership?

Assessment:

In this toolkit, the assessment criteria are

- *Feasibility*
 - How does what we are doing link to what we want to achieve?
- Outcomes
 - What are we achieving?

- *Process*
 - How are we doing against the enabling factors for locality working?
- *Mainstreaming*
 - What's changing locally in the way that mainstream services deliver?

Action:

The final stage of the process is to build the 'next steps' into an action plan. It may be that you have a range of issues that have arisen and you need to prioritise. Some actions will be easy to do, and some not so. Some actions will have higher impact than others.

The framework in section 5 outlines a process that takes you through from 'next steps' to completion:

- **Next Steps:** Actions from L&D process. Some with short term impact and some long term in tackling chronic problems. All actions should be *SMART, that is Specific, Measurable, Achievable, Realistic, Time-scaled*
- **Responsibility:** Who's accountable for this in terms of person and / or organisation?
- **Resources:** What's needed in terms of time and money? Who's providing this?
- **Target:** What will completion or success look like, and by what date?
- **Priority:**
 - High is high impact and easy to deliver;
 - Medium is high impact but difficult to deliver;
 - Low is low impact but easy to deliver.

Risk analysis is another essential aspect of action planning. Breaking down the jargon once again, this hinges around 3 basic questions.

- How likely is it that something could go wrong?
- What impact would it have if it did?
- What can we do to mitigate risk?

Good practice: Also appended to this framework are:

- An analytical approach to capturing good practice (Appendix 1).
- A benchmark example to a neighbourhood approach to tackling financial inclusion (Appendix 2).

Section 1: Assessing Rationale - Feasibility of Approach

| <p>A feasible approach – The things that are being done to achieve the desired outcomes will deliver them because there are clear links between actions and what you want to achieve. The approach to what is being done is effective and logical and takes account of good practice. It will positively impact on BME and other excluded groups, and above all it is being delivered well.</p> | | |
|--|-----------------------------|-------------------|
| Gold standard indicators | Evidence of progress | Next steps |
| All the partners needed are on board. | | |
| Our Partnership has a very clear idea, based on evidence, of what the problems are locally, and what is causing them. | | |
| There is a clear link between what we are doing, and the outcomes we want to achieve. | | |
| Where we are having an impact we know why, so that we can sustain success | | |
| We use evidence logically to prioritise activity | | |
| The things we are doing, or are asking our partners to do, are good ways of tackling the problems. | | |
| The effect of local problems on disadvantaged groups is being assessed based on good quality evidence. What is being done will have a positive impact on the most disadvantaged. | | |
| As well as being the right things to do, they are also being done very well | | |
| Responses have been assessed to ensure that actions do not have an adverse knock-on effect on neighbouring areas (“displacement”) | | |

Section 2: Assessing Outcomes - Progress against Desired Achievement

| <p>Outcomes achieved so far – The Partnership has set itself outcome targets, milestones and a profile of how it needs to see achievement moving. It is regularly monitoring these outcomes with accurate data. It is on track towards its targets in all areas.</p> | | |
|---|----------------------|------------|
| Gold standard | Evidence of progress | Next steps |
| All the outcomes/milestones that the partnership said would be achieved by now have been. | | |
| Some outcomes have exceeded what was targeted. | | |
| The targets set were challenging, yet realistic and achievable. | | |
| Local people feel that things have clearly improved. | | |
| Local service providers are changing their ways of working in response to the partnership priorities. | | |
| Partnership initiatives are built into mainstream service provision and procedures where there is a clear cost benefit for doing so. | | |

Section 3: Assessing Process - Progress against Enabling Factors in Neighbourhood Development

| Criteria | Evidence of Progress | Next Steps |
|--|----------------------|------------|
| Residents identify with the 'natural' neighbourhood, in which we are operating. | | |
| Local residents are engaged in decisions that affect their lives including both the allocation and use of resources and the design and delivery of services. | | |
| There is effective leadership via officers and elected members working in a complementary manner to enable a focus on the needs of community members. | | |
| We use an evidence base that is capable of measuring change and its impact with particular reference to narrowing the gap for disadvantaged communities. | | |
| We are developing a partnership approach in which local service providers are committed to changing the way they deliver services at a neighbourhood level. | | |
| There is the presence of a single ('one stop') point of contact for residents and other service providers. | | |
| We are striving for sustainability over time through mainstreaming and changing organisational culture of service providers. | | |
| There is a learning culture that focuses on developing the assets within a community with a view to improvement. | | |
| There is a limited amount of project funding which residents can influence and achieve some very visible 'quick hits', which make a difference in their neighbourhood. | | |

Section 4: Sustaining development - impact on changing mainstream local delivery of services

| Sustainability is primarily dependent on influencing mainstream delivery. | | |
|---|-----------------------------|-------------------|
| Criteria | Evidence of progress | Next steps |
| What's different now from when we started? <ul style="list-style-type: none"> ▪ How are we acting as agents of positive change in how partners work together; ▪ residents are viewed and engaged; ▪ priorities are decided upon? | | |
| We can see resources being reallocated to meet the needs of the most disadvantaged. | | |
| We can identify shifts in policy, which might give a greater focus to the needs of specific neighbourhoods. | | |
| Services are being reshaped to reflect local needs. For example: <ul style="list-style-type: none"> ▪ The removal of organisational frictions which stop people working together ▪ More effective targeting of services ▪ Improving access to services | | |
| Inter-departmental action and multi-agency delivery in leading to the joining up of services, programmes and targets. | | |
| We are learning good practice from elsewhere, and have the opportunity to share what's being learnt in our neighbourhood? | | |
| There is a structure in place to succeed after the initial funding period? | | |

Section 5: Improvement planning template

Next steps: Actions from PM process. Some with short term impact and some long term in tackling chronic problems. All actions should be *SMART, that is, Specific, Measurable, Achievable, Realistic, Time-scaled*

Responsibility: Who's accountable for this in terms of person and / or organisation

Resources: What's needed in terms of time and money? Who's providing this?

Target: What will completion or success look like, and by what date?

Priority:

- High is high impact and easy to deliver;
- Medium is high impact but difficult to deliver;
- Low is low impact but easy to deliver

| Next steps | Responsibility | Resources | Target | Priority (High, Med, Low) |
|------------|----------------|-----------|--------|------------------------------|
| | | | | |

Appendix 1 – Framework for analysis of success stories

A success story...

Some of the best stories about great work might only be known to a very few people. You may be one of those. It's important to capture some of that quality that has made a difference to the lives of families and individuals via the AoHN initiative. We also know that some of this work will also have saved on more costly interventions at a later stage.

- What happened?

- Who else was involved?

- What was your role?

- What did other people do?

- How did you and other people feel about it?

- What did it stop happening further down the road?

What was the key to success in your story? What made it possible for you (or the person you are talking about) to do your (or their) best work?

What do you most value about the person in your story (even if that person is yourself)?

If you could wave a wand and make every day as good as the day in your story, what is the first thing that you would change?

Appendix 2: **A locality example of a Financial Inclusion initiative**

Value: An initiative developed via a tenant organisation to provide advice and access to services and to counter doorstep lenders.

Location: Childwall Valley, Liverpool

The aim of the Childwall Valley study was to explore ways to increase the financial capability of residents living in the Hartsbourne area of Liverpool. The study has become particularly pertinent given the global financial situation, but it has to be recognised that the issues facing people in a disadvantaged area will be ongoing and not necessarily linked to the recession except in situations where family circumstances change due to unemployment.

The study was conducted through

- Engaging with residents using surveys and consultation events to grasp the level of concern with regard to debt and financial capability
- Forming a working group of stakeholders which included service providers and residents
- Clarifying existing provision including arrangements with landlords
- Learning from good practice through visiting projects with similar aims
- Gauging level of interest in the development of a community led support service
- Developing relationships with financial providers to provide an alternative to “loan sharks” and other door-step lenders.

The Hartsbourne estate is a clearly identified geographical area and ‘natural’ neighbourhood. There is mixed tenure across the approximate 1300 properties, including a large sheltered housing scheme, which are predominately 1950s and 1960s, with a sprinkling of new build. Along with the mixed tenure comes a range of social and private landlords, with nearly half the properties being owner occupied. The stock transfer occurred in 2003, with a repeat survey conducted in 2006 with regard to ‘right to manage’ returning a 92% positive response regarding continuing management.

The area also benefits from a long established community with minimal churn. Part of the area is being redeveloped through the demolition of unsustainable blocks of flats and maisonettes, which are being replaced by family houses and bungalows. Over 50% of residents are in receipt of some form of benefit and the area is ranked the 174th most deprived Super Output Area (SOA) according to the 2007 Index of Multiple Deprivation (IMD).

The drive behind the project application came from a survey conducted by the Riverside Group, which put the ‘flesh on the bones’ of anecdotal evidence:

- 59% of residents said they were ‘just getting by’
- 43% were worried about getting into debt
- 13% said they didn’t have any form of current account
- 40% did not have any method for saving money, either formally or informally

This was complemented by an updated baseline survey as part of stage one of this project (155 returns were submitted which was a 12% rate).

- 84% of residents do not have a bank within ‘walking distance’, with 77% wanting more banks in the area

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- 30% said they were finding difficulty in prioritising payments, and finding it difficult to make key payments such as mortgage, rent and utility bills
- 18% of residents did not have a bank account
- 10% had borrowed from a door-step lender
- 4% had used a 'loan shark'
- 60% did not know of any locally available debt advice
- 40% who were aware of debt advice only identified the Citizens Advice Bureau.
- 49% said they would welcome a community-led advice service

The "My Money Matters" event provided a practical focus to the initiative. Agencies involved include

- Credit Union
- Barclays Bank
- Jobcentre Plus
- Pensions Service
- Liverpool City Council (One stop shop advice)
- Citizens Advice Bureau

Agencies feedback back that the 53 attendees had raised a number of relevant and significant issues to indicate the event was worthwhile in terms of investment of time and resources. Specific measurable outcomes for the event included

- 8 people opening a Credit Union account
- 4 people making appointments with Barclays to open a bank account
- 17 people receiving advice from Job Centre Plus
- 14 people receiving advice from the Pensions Service
- 7 people making appointments with CAB for further debt advice
- The production and use of a budget planner to enable prioritisation for household spend.

The project has a range of clear sustainability aspects to it through the development of the 'natural' resources and abilities that lie within communities themselves. In relation to this initiative, these include:

- Mentoring (the development of the community-led aspect)
- Advice (via formal and informal networks)
- Support (even just through knowing that 'you're not alone')
- Protection (providing alternatives to the most vulnerable)

The project continues to support through:

- Repeating the 'My Money Matters' on an annual basis
- Training to community volunteers to be informal advisers
- Running workshops for residents on money management skills
- Providing advice to new tenants as part of the service agreement
- Continuing to lobby financial institutions to provide services locally
- Influence the school curricula to promote budgeting and saving.

Appendix 3: Case Study Worcestershire Family Intervention Project

Vulnerable Families referred by partner agencies (Housing Associations, Police, Children’s Services, Schools, Youth Offending Services, Job Centres, multi-agency panels eg MARACs to reduce domestic abuse and violence).

Objectives:

To work intensely with families in order to achieve a lifestyle change via support workers who are locally based and able to give 80% of their time to the referred families. It is not a signposting service – but seeks to deal with the underlying problems.

Outcomes achieved:

- Improved personal and family health and hygiene
- Sustaining the tenancy by repairing and maintaining home
- Increased confidence and self-esteem
- Identified and managed risks
- Mother access support to deal with domestic abuse
- Mother now looking to access training and find work

Using the Coalition Government ‘family savings calculator’ it estimates it has saved £3.5m since April 2009.

23 case studies successfully closed as at August 2009 demonstrate:

- ASB has reduced by 80%
- Threat of eviction reduced by 60%
- Threat of enforcement (eg ASBOs, referral orders, etc) reduced by 55%
- School behaviour and attendance improved by 40%
- Debt and rent arrears cleared in all 23 families

Cost avoidance is calculated as:

| | |
|----------------------------|-------------------|
| Criminal Justice System: | £1,345,000 |
| Drug and Alcohol Services: | £4,800 |
| Education and Employment | £948,200 |
| Health Care | £47,500 |
| Housing | £379,530 |
| Social Care | £1,007,250 |
| Total | £3,732,280 |

Case study

A family was referred to the WFIP by their landlord as a result of complaints of ASB and criminal damage. The family had been served with a Notice of Seeking Possession for ASB and were at risk of losing their home. At the time of referral, two children had spent time in a young offender institute and the mother had been served with a parenting order. Apart from the youngest child, the four older children were not attending school or college. Over the last ten years the family had moved 11 times around the West Midlands.

Outcomes achieved:

- Improved family budgeting and reduced debt.
- Mother understands and abides by tenancy agreement.
- Improved health and hygiene within their home.

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- Supported to access Social Care, Learning Disability Services and Mental Health Service.
- Children returned to full time education.
- Adult family members accessing training and looking for employment.
- Family have developed and maintained positive relationships with neighbours.
- Parents have attended Triple P Parenting training.

Family Cost Avoidance:

Saving per family member

| | |
|-----------|----------|
| Parent | £46,300 |
| Child – 1 | £8,300 |
| Child – 2 | £77,650 |
| Child – 3 | £77,200 |
| Child – 4 | £55,400 |
| Child – 5 | £55,350 |
| Total | £320,200 |

Saving by sector

| | |
|------------------------|----------|
| Community Safety | £50,100 |
| Health Care | £2,050 |
| Housing | £39,050 |
| Social Care | £99,500 |
| Education & Employment | £129,500 |
| Total | £320,200 |

Appendix 3: Case Study - St Matthew's Ward, Walsall

A full evaluation of this pilot is also available. The cost savings (indicative and defined) were identified by an external consultancy and quantified internally by the Council finance department.

Client Group/Topic:

- Adult Social Care
- Children's centres and think family

Objectives:

- General:
 - Working smarter using the 'four level model' (see below)
 - Cost savings
 - Increased customer satisfaction
- Adult social care purpose:
 - To re-design adult social care around a more flexible, immediate and appropriate to customer needs.
- Children's centres and think family purpose:
 - To test the validity of intervening at an earlier stage to prevent families needing complex and costly support services in the longer term.

Outcomes: - in particular is work delivering efficiencies/ and could it be replicable elsewhere:

- A borough wide roll out of the adult social care project estimates savings of just under £1.5m. The figures are verified by the Finance.
- Increased staff job satisfaction and motivation.
- Learning outcomes are stated as
 - Clear leadership is required to bring about cultural change.
 - Leaders must model the behaviour needed to implement the system and to prevent staff from reverting to the old system.
 - Members have a vital role to play in developing communities to be part of the solution.
 - Design new systems and services to meet demand, rather than re-design existing systems.
 - The resistance of the existing system is significant.
 - Prototype at small scale and then roll out when a solution works.
- Replicating elsewhere: The St Matthew's pilot highlighted that money can be saved in five key ways:
 - 1) Working with true demand, avoiding queues, unnecessary management and costs of bureaucracy.
 - 2) Improved working methods and practice to do only work valued by the customer.
 - 3) Combining what were previously separate services so that the whole job is done in one go with fewer costs, management and administration.
 - 4) Preventing demand by acting before something goes wrong. It is cheaper to prevent, rather than deal with a problem when it has got bad enough to trigger when a service would ordinarily be provided – a 'stitch in time'.
 - 5) Empowering front-line workers to do more and report more to others, requiring less management and less bureaucracy.

Assessments are made to determine the care and support children might need. In the St Matthew's pilot, the assessments of two families have been compared. The families had certain similarities, but with Family 2 presenting now with the issues that Family 1 presented seven years ago.

Family 1 was identified through a list of top five re-referrals to Children's Services, they were repeat users of the police and also known to Caldmore Housing as heavily supported occupants within the St Matthew's ward. The family includes mum, dad and three children. The family received a number of service interventions starting in 2003 and culminating in Child Protection, due to domestic violence. Family 1 came into assessment seven years ago and received multiple-agency involvement, often in isolation and without cross-reference to each other – lots of relationships, but no meaningful relationships.

Family 2 consists of a core family unit: mum, dad and two children, who were recently referred by the Health Visitor to Palfrey Sure Start Children's Centre with issues identified following the birth of a new baby, older sibling behavioural issues with new baby and mother not coping, feeling isolated and house-bound. The family lives in the St Matthew's ward, which is within the catchment for Palfrey Sure Start Family Support. This family was presented for assessment during the St Matthew's pilot and received an intensive more efficient service, coordinated by a named lead professional. This took a whole-family approach, whilst ensuring that the child remained at the centre of the assessment.

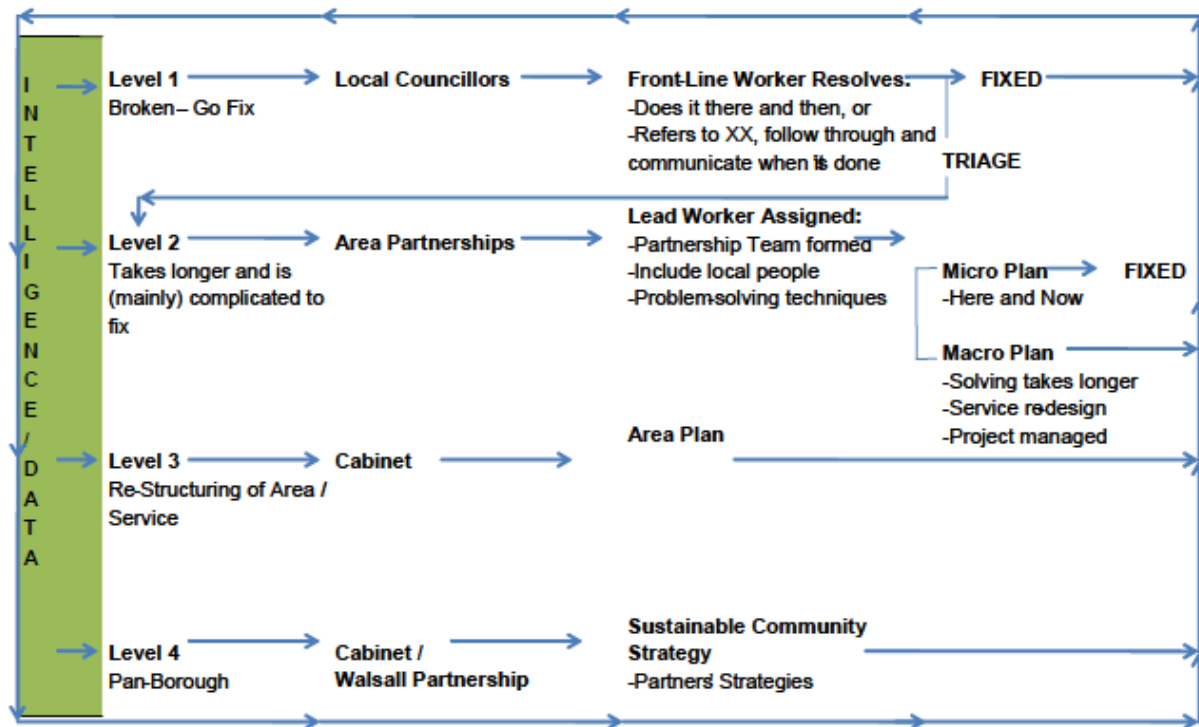
In our prototype, the needs of Family 2 have been considered more holistically. For example, they have been loaned a double-buggy so that the mother can take the two children out of the house, reduce isolation and access other services.

A number of improvements to existing services have been identified as a result of this work-stream, largely strengthening the role of lead professionals and processes within the new system. It is not possible to say with certainty whether the second family will follow the same high-cost path as the first and so cost savings cannot be supported by Walsall Finance. However, by spending a relatively small amount now with Family 2 there is the potential of saving significant costs in the future.

Further evidence now needs to be gathered by working with the new prototype system with additional families at level 1. This would provide the necessary further evidence of potential cost savings. As it stands, Family 1 have cost £26,197 (October 2009-present) and by comparison Family 2 have so far cost £347 (June 2010 – present). Should the early intervention with Family 2 be successful this is a saving of over £25,000 and obviously a better outcome for the family.

Statistically Family 1 has a one in 10 chance of going into care. The costs of this would be around £259,000. Although we do not yet have the evidence, it is clear that if such costly care packages can be avoided it is better for families and saves a significant amount of money. This supports a case of acting early to prevent problems, rather than waiting until they reach a threshold of being bad enough.

The four level model:



LEVEL 1: Frontline workers are empowered to fix things that they see, before they become too bad. They do their job and also do other things that they are able to do as they go along. If they can't do them they report it to someone who can. This requires critical culture changes to reduce demand and avoid putting issues in queues. If we do as much work as possible at the frontline, then demand is reduced in the rest of the system.

LEVEL 2: Where a problem has become more complicated and / or would take too long for frontline services to fix, it becomes level 2. A Lead Worker is assigned and a team of the right partners is assembled. The Lead Worker will need to be senior and be empowered to make decisions and empower others to make decisions. Problem-solving techniques are then applied at two levels:

i) Micro Plan: The team 'stand in the situation' to look at the problem from the customer's perspective and decide what needs to be done now to stop it getting any worse.

ii) Macro Plan: This deals with how the problem is solved in the long term. The team continues to problem-solve but concentrates on the causes not the symptoms.

LEVEL 3: This level is where restructuring is required to prevent demand at levels 1 and 2 and will require the way an Area operates to be restructured or changed to deliver residents' need. For example, how would Darlaston be restructured to deliver a significant & ongoing increase in jobs?

LEVEL 4: Levels 1, 2 and 3 combine to inform how things will operate across the whole of the borough. This enables strategy to be designed from the bottom up and fully recognises that solutions may be different from one area to another.

Appendix 5: Case Study - Kings Norton Extended Services

Alignment to the Common Assessment Framework

This case study identifies the potential cost savings through alignment with the CAF process, especially at level 3. As identified below, it is possible to identify other cost savings to the public purse through tracking and further research. The scope of this example is to concentrate on savings through alignment with CAF given the centrality of that process within future support for families with complex needs.

The strategic decision of extended services to work in alignment with the CAF has proved to be sound and have positive operational outcomes. The CAF process is based on 4 levels of intervention when children are referred. This is summarised in “The Windscreen – the Children’s Wellbeing model 2010-2013”.¹

- Level 1: No intervention / support required
- Level 2: Single agency intervention required
- Level 3: Multi-agency intervention required
- Level 4: Immediate intervention required from specialist services.

This also supports “The team around the family” initiative as it develops – enabling continued swift and easy referral as has been identified within CAF.

The IWAG (Integrated Working Assessment Group) is responsible for quality monitoring of the CAF process. It’s role, as a strategic group, is to ‘unblock’ any operational problems that might develop. Commenting on school based interventions between April 2008 and December 2009, it highlighted “It was felt that the numbers of assessments received about attendance was less than expected”.

However, the Kings Norton CAF process has performed consistently high due to the alignment with Kings Norton Extended Services. During the period above, twice as many school based interventions were achieved compared to an equivalent area in terms of need and population.

The table below highlights Kings Norton alongside 2 comparator areas (A in terms of deprivation and B in terms of population) where there has **not** been such close alignment between the Extended Services coordinator and the CAF process. The period covers the last 4 years.

| Area | Pop (0-19) | Expected CAFs | Achieved CAFs | % age |
|--------------|------------|---------------|---------------|-------|
| Kings Norton | 1,632 | 72 | 118 | 164% |
| Area A | 4,356 | 192 | 47 | 24% |
| Area B | 1,607 | 72 | 58 | 77% |

The value, both in terms of quality of work and cost saving is demonstrated through the LARC report published in November 2010 “The Cost Effectiveness of Early Intervention using the Common Assessment Framework”.²

¹ A part of the “Every Child Matters” strategy - Birmingham City Council 2010

² Local Authorities Research Consortium (www.larc-research.org.uk)

That report concludes *"The 2010 OFSTED report for Birmingham noted that 'there is a clear process for the delivery of the CAF and a robust central CAF team' and this view is supported in the findings of this study. The CAF model is generally seen as being positive by all key stakeholders. It is not however seen as being fully integrated into the practice of all professionals across the city and there is evidence that some children are still falling between the gaps in services and that parents and carers are, in some cases, having to be extremely persistent to ensure that their child's needs are appropriately assessed and their needs identified."*

Alignment with this process can also demonstrate cost savings. Based on the 7 Birmingham case studies within this report, an average of £140,000 was saved due to early intervention

- Total cost of 7 CAF episodes - £9,656
- Average cost per CAF - £1,379
- Total cost of 7 CAF episodes - £9,656
- Average cost of futurising - without CAF - £21,999
- Average saving per CAF - £20,620
- Total cost of futurising – without CAF - £153,995
- **Potential savings made in the 7 case studies - £144,340**

"Futurising" is based on a "futures methodology" adopted by LARC. Further details can be found on their website below. It is based on calculations that asked the question "What if...these early interventions had not been implemented". This methodology ties in with other calculations sometimes used to estimate savings achieved via early intervention such as the "cost of crime" as identified in Home Office Research Paper 217, and the level of self reported crime amongst young people absent from school.

Based on the above figures, using an average of £20,000 saving per CAF, the added value of Kings Norton Extended Services would equate as below. The 'added value' saving is based on the premise that a greater number of CAFs have been achieved in the Kings Norton cluster due to the strategic alignment between KNES and the CAF.

The number of CAFs in Kings Norton is 46 above expectation over a 4 year period. Based on an average of £20,000 savings per CAF, this equates to £920,000 over the period. The cost of KNES over the same period is about £600,000 (£150k pa), and therefore a cost saving of **£320,000** can be demonstrated over the 4 year period.

However, when using the same premise against **comparator area A** (similar level of deprivation) the cost saving would be £2m, minus the cost of the KNES at £600k, leaving a balance of **£1.4m**. Using the same methodology **comparator area B** (similar population) the saving would be £1.2m, minus the cost of KNES at £600k, leaving a balance of **£600,000**.

The LARC report also confirms the qualitative added value of a multi-agency approach as expressed by both professional and beneficiaries.