

Pilot Evaluation Summary	
Pilot intervention recipients	<p>Families with 'No Recourse to Public Funds' (NRPF) in Hackney London Borough Council identified for early support via the NRPF team</p> <p>Staff involved in the NRPF teams at Hackney London Borough Council. Staff include social workers, an immigration advisor, housing support workers and the lead of the statutory neglect assessment conference.</p>
Pilot evaluation participants	<p>The pilot evaluation is a mixed-methods design using administrative and programme information where applicable to explore implementation as well as using data collected directly from evaluation participants.</p> <p>All families who participate in the No Recourse to Early Action Model (NOREAM) pilot intervention will be invited to participate in short surveys (approx. n=45).</p> <p>Ten families with 'No Recourse to Public Funds' in Hackney London Borough Council identified for early support via the NRPF team (n=10) will be interviewed.</p> <p>Five key staff involved in the delivery of the NOREAM will be invited to participate in semi-structured interviews at two time points. This includes social workers (n=2), an immigration advisor (n=1), housing support worker (n=1) and the lead of the statutory neglect assessment conference (n=1).</p> <p>Other staff, management and partners will be identified to be interviewed in collaboration with delivery partners (n=5). In addition, we will run a series of workshops, two with the NOREAM programme developers and one with their Steering Group.</p>
Number of pilot sites	1 - Hackney London Borough Council
Protocol date	March 2021
Version	1

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Summary

This document details the protocol for the pilot evaluation of the No Recourse Early Action Model (NOREAM), an intervention being piloted within Hackney London Borough Council's Children's Services in 2021. NOREAM seeks to improve outcomes for children with 'No Recourse to Public Funds' (NRPF) immigration conditions and to improve value to the local authority by intervening early, before families are in crisis and need statutory support. The project aims to inform a model of practice which can be used in other local authorities.

This pilot evaluation, led by The Centre for Evidence and Implementation (CEI) and with support from the Care Policy and Evaluation Centre at the London School of Economics (CPEC), provides a critical opportunity to lay the groundwork for effectiveness evaluation and scale-up of the model.

The pilot evaluation will take a mixed-methods, formative approach. Within the theory of social intervention research, this provides for understanding of the development and feasibility of NOREAM and the foundation for future research and scale up for the programme (Craig et al., 2008). We align our pilot evaluation with the approach of the NOREAM programme of the University of Wolverhampton and Hackney London Borough Council: we recognise the importance of families with lived experience of having NRPF and incorporate their voices in activities from the theory of change to data collection. At the same time, demands on participants are as low as possible while building the evidence base, in order to focus the programme activities on building trust with families with NRPF. Research activities include an iterative approach to refining the theory of change, analysis of programme implementation, examination of indicative evidence of impact, cost analysis, and analysis of readiness for a trial. Overall, we propose a flexible, partnership approach to the pilot evaluation that embeds learning into the model.

Data collection is expected to begin with the launch of the NOREAM programme in late February 2021, and a final report of the pilot evaluation will be submitted by March 2022.

Project Background

Families who have 'No Recourse to Public Funds' as part of their immigration conditions are excluded from most mainstream welfare provisions, including housing assistance and other benefits. The NRPF population includes those who have temporary leave to remain with NRPF conditions and irregular or undocumented migrants, such as those who stay past their visa, or who are not legally entitled to seek paid employment (Jolly, 2018). While the exact number of children and families with NRPF is not publicly available, it is estimated that over 100,000 children in the UK have NRPF on the basis of their immigration conditions (Pinter et al., 2020). There are also an estimated 215,000 undocumented migrant children in the UK, all of whom are subject to NRPF conditions and approximately 107,000 of whom are thought to live in London (Jolly, Sojka, et al., 2020). Children with NRPF are disproportionately from Black, Asian and Minority Ethnic (BAME) communities (Price and Spencer, 2015). While the full extent of the impact of Covid-19 on families with NRPF is not yet known, data from the Home Office reveals that applications for suspensions of the NRPF condition increased eightfold between the first and second quarters of 2020, suggesting a substantial increase in destitution amongst this group of people during the pandemic (Pinter & Leon, 2020).

One of the few statutory entitlements for families with NRPF are services provided under section 17 of the Children Act (1989) which places a duty on local authorities to safeguard and promote the welfare of 'children in need' (Children Act, 1989). By providing accommodation and subsistence support to families under section 17, local authorities play a vital role in preventing destitution among this vulnerable group (NPRF Network, 2018).

Currently, however, local authorities do not have a statutory responsibility to support families who do not meet the threshold for support under section 17. Thus, there is no financial incentive or legal obligation for local authorities to assist families with NRPF who do not meet the threshold for section 17 support (Glanville, 2020). Additionally, local authorities are legally required to inform immigration authorities if any undocumented individuals approach them for statutory support, such as section 17 support (British Association of Social Workers, 2020). Many families with NRPF are reluctant to approach local authorities for support and often go without assistance if they do so (British Association of Social Workers, 2020).

The NOREAM pilot programme

The NOREAM intervention will pilot a new approach to working with families with NRPF. The model involves applying the principles of early intervention in an NRPF setting, supporting families to resolve problems before they fall into crisis. The NOREAM approach is centred on the hypothesis that applying early intervention principles to work with migrants will both improve outcomes for children and provide better value to local authorities. The project aims to develop a coherent, transferable and scalable model of 'Migrant Aware Practice' for children and families with NRPF and to develop interdisciplinary and multi-agency practice both within the local authority and with other local partners. By identifying families earlier and providing a holistic targeted intervention, NOREAM aims to prevent families needing more intensive support later, including through section 17, and to improve outcomes for children and families. The working draft of the theory of change is provided in Appendix 1.

The programme works through several areas of activities outlined in Appendix 1. Firstly, the programme involves undertaking outreach activities to encourage families with NRPF who may benefit from support but be reluctant to engage with the local council to do so. Families go through the First Access Screening Team (FAST) in order to create the referral to the NOREAM programme; given that NOREAM is not offering statutory support, there is no obligation to report undocumented families to immigration officials. Secondly, social workers from early action teams will go through intervention sessions to identify families' needs. The social worker will signpost or refer families to existing resources, including other members of the NOREAM early action team. The NOREAM early action team also includes a housing officer and immigration officer. It is anticipated that most families will also meet with the immigration adviser for an information session and advice. Thirdly, multi-agency work is a core component and includes a monthly multi-agency conference used to advise on complex cases, which includes partners in Adult Services and the Housing Directorate. Multi-agency work also underpins the publication of a borough-wide strategy for 'Migrant Aware Practice' (MAP).

The manual for the NOREAM programme outlines the principles and activities of the programme. The programme is centred on the following seven principles 'PERSPECs' rooted in Social Work England professional standards and Professional Capabilities framework:

- 1) Person-centred
- 2) Early action focused
- 3) Rights anchored
- 4) Strengths centred
- 5) Partnership based
- 6) Evidence led
- 7) Compassion grounded

Each family will need to go through each of the 7 support domains over an anticipated 3-10

intervention sessions. The first session involves creation of a culturagram, scaling, goal setting, and deciding on which of the 7 support domains to focus on for further sessions. The 7 support domains are: immigration status; health and wellbeing; housing; food security; income and employment; education, training and leisure; and, support network. The manual provides suggested material for sessions along these domains and guidance for emergency grants. Three months into the programme there is a review and action planning session. If there are no improvements made across the grid score and the domains of the intervention, then the family can stay with the programme for an additional three months or be referred onto section 17 support. Further detail is provided in the manual for NOREAM developed by Dr Andy Jolly of the University of Wolverhampton.

The programme aims to prevent families needing more intensive support later, including through section 17. This evaluation is exploring implications of the programme on Section 17, partially through individual families' trajectories and outcomes over time for children and families. In developing the theory of change in the appendix, it became clear that NOREAM may not result in an overall reduction of number of families receiving section 17 support in this pilot evaluation but may still result in costs avoided from avoiding certain families needing section 17 support. Implications of section 17 are explored through the theory of change and evaluation work, although overall numbers of section 17 referrals are not planned to be used as an evaluation measure in the pilot for several reasons. Firstly, the context of increased need due to Covid outlined in the background section, there may be more families that need section 17 support. Additionally, the outreach activities provided by NOREAM may mean that more families come forward for support who meet the threshold for section 17 support. Finally, the pilot evaluation timescale and sample size may make it hard to rigorously understand the net changes in section 17 and allow enough time to see an impact on re-referrals. The costs evaluation section further details how the evaluation will explore implications of the programme on statutory services.

NOREAM is being piloted in 2021 within Hackney London Borough Council's children's services. Hackney borough has a specialist 'No Recourse to Public Funds' (NRPF) team working with children and families who are subject to the NRPF conditions and is one of the London boroughs with the highest numbers of children with NRPF supported (Jolly, Thomas, et al., 2020).

Pilot evaluation aims

This protocol outlines our mixed-methods, formative pilot evaluation approach. Within the theory of social intervention research, this provides for understanding of the development and feasibility of NOREAM and the foundation for future research and scale up for the programme. The next section with the research questions builds upon these aims in more detail.

Research questions

The NOREAM pilot aims to investigate the following five research questions, addressing considerations of intervention feasibility and acceptability, promise, readiness for trial and indicative evidence of impact.

- 1) **Theory of change** - What is the theory of change of the NOREAM programme?
 - a. Which aspects are considered essential by staff for fidelity?
- 2) **Programme implementation, evidence of feasibility, and evidence of promise** - How has the NOREAM programme been implemented?

- a. What is the reach of the programme? How many people have participated in the programme? What kind of activities have they participated in? What type of referrals have been made and followed-up on?
 - b. What factors seem to facilitate or inhibit the implementation of the programme and the achievement of the intended outcomes?
 - c. What adaptations have been made to the manual? How have these helped to meet the needs of populations?
 - d. What are the experiences of staff, parents and carers, and children and young people who are involved in the programme? What results do they think it has had? How acceptable and appropriate do they find the programme?
- 3) **Indicative evidence of impact** - How do targeted outcomes change over time for families participating in the NOREAM programme (e.g., family and child wellbeing)?
- a. If feasible, what are the impacts of the NOREAM programme on re-referrals to the NRPF team within the year?
- 4) **Resource use and costs** - What are the service use and costs associated with the NOREAM programme?
- a. What are the resources required to adapt and deliver the NOREAM model?
 - b. Examining historical data, what are the services used by a family with NRPF receiving section 17 support, and what are the associated costs?
 - c. How does the NOREAM programme change service use and associated costs?
- 5) **Readiness for a trial** - Overall, what is the readiness of NOREAM to be tested in a rigorous, experimental trial involving its delivery at multiple sites?

Outcomes

Given that this research is a flexible pilot design involving a qualitative examination of key concepts for the implementation of a new, complex, and evolving programme, the following table provides an indicative list of anticipated outputs, analysis, or indicators. These should be viewed exploratory in line with a pilot evaluation and the stage of the development of the programme (Craig et al., 2008; Robson, 2002). The approach to outcomes is thus systematic without being overly fixed or proscriptive, in order to allow for change and the emergence of unanticipated areas of exploration, including potential harms or areas for improvement.

Table 1: Mapping research questions to anticipated outputs and methods

Research question	Anticipated output, analysis, or indicator	Method
Theory of change What is the theory of change of the NOREAM programme?	Theory of change table and/or diagram	Theory of change workshops, interviews with participants and staff confirms or modifies
	Creation of a description of core components (what is fidelity)	Theory of change workshops, with developers identifying core components

<p>Programme implementation, evidence of feasibility, and evidence of promise</p>	<p>Indicator of uptake (reach and adoption). Numbers of families reached and NOREAM programme activities undertaken.</p>	<p>Local authority administrative data for reach and activities undertaken.</p>
<p>How has the NOREAM programme been implemented?</p>	<p>Perceptions of acceptability (staff, stakeholders, and family participants perceive the NOREAM model as acceptable, agreeable, and satisfactory)</p>	<p>Interviewees (NOREAM staff, stakeholders, and family participants in the programme) experiences with the programme.</p>
	<p>Perceptions of appropriateness (the perceived fit and compatibility of NOREAM with the local context of delivery)</p>	<p>Interviews with participants, NOREAM staff, and stakeholders.</p>
	<p>Perceptions of feasibility (NOREAM viewed as possible to be carried out successfully within current structures. Including integration of 'Migrant Aware Practice')</p>	<p>Interviews with staff and stakeholders.</p>
	<p>Perceptions of fidelity to core components and adaptations.</p>	<p>Interviews with staff.</p>
	<p>Perceptions of sustainment.</p>	<p>Interviews with participants, staff, and stakeholders. The cost analysis aims to provide long-run marginal opportunity ("steady state") costs.</p>
	<p>Perceptions of barriers and facilitators, informed by the Consolidated Framework for Implementation Research (CFIR) (Damschroder et al., 2009) looking at:</p>	<p>Interviews with participants, staff, and stakeholders. The cost analysis will contribute to this.</p>

	<ul style="list-style-type: none"> • The innovation itself: the complexity, adaptability and steady-state costs • The individuals involved in implementation: the knowledge and skills of staff • The inner (organisational) context: barriers and supports, capacity and leadership etc. • The outer (systems) context: fit with policy, funding streams, and regulation, etc. • The implementation processes and resources: set-up costs, resources for planning, set-up and implementation 	
<p>Indicative Evidence of Change and Impact (if appropriate)</p> <p>How do targeted outcomes change over time for families participating in the NOREAM programme (e.g., family and child wellbeing)?</p>	<p>Changes in adult's reported wellbeing and their reported wellbeing for their children.</p> <p>Comparison to other uses of the same scales as appropriate. Exact measures were decided upon in consultation with the programme, researchers, and the advisory group. These include the Warwick-Edinburgh Mental Well-Being Scale (WEMWBS), KIDSCREEN-10 index parental report of child wellbeing, index of access to education, training, doctor surgery, and leisure services, access to reliable immigration advice, and measures of financial security from the Welfare at a (Social) Distance survey, and measures of food security from the USDA Household Food Security scale.</p>	<p>Surveys with participants.</p> <p>Analysis of local authority administrative data on the change in the 6-point rating scales across the different domains.¹</p>
<p>Resource use and costs</p> <p>How do targeted outcomes change</p>	<p>Intervention cost analysis, including set-up costs and long-run marginal opportunity costs.</p>	<p>Survey (intervention provider)</p>

¹ These are currently not standardised and will be interpreted with caution.

<p>over time for families participating in the NOREAM programme?</p>	<p>Historical service use and costs, including Section 17 support</p>	<p>Local authority administrative data (if feasible) and/or vignette study (intervention provider)</p>
<p>Readiness for trial</p> <p>Overall, what is the readiness of NOREAM to be tested in a rigorous, experimental trial involving its delivery at multiple sites?</p>	<p>Change in service use and costs</p> <p>The assessment will consider the dimension for readiness for a trial, particularly:</p> <ul style="list-style-type: none"> - if there is a clear description of the intervention, its implementation, and its theory of change; - if the intervention has demonstrated adoption and reach; - if the intervention is perceived to be acceptable, appropriate, and feasible; and - if there are any ethical queries raised about the programme (e.g., reporting of families to immigration authorities) - if there are any recommendations for the further development and use of NOREAM based on the evaluation. 	

Methods

Sample selection and recruitment

Hackney London Borough Council, a delivery partner, will identify families eligible to participate in the NOREAM pilot intervention and pilot evaluation. They are engaging networks throughout the borough to assist in spreading the word about the programme and anticipate that 45 families will take part in the trial. Hackney London Borough Council anticipates that most of these families will have strong English levels. Nonetheless, the evaluation team is designing the evaluation and information as well as data collection instruments to be acceptable for basic English reading levels. Additionally, the short surveys will be able to be completed by whichever adult feels most comfortable, and interpreter services will be engaged for interviews as preferred.

Families eligible for the pilot evaluation survey will be all families participating in the pilot intervention (that is, receiving support through the NOREAM programme during the pilot intervention). Participating adults from each family will be asked if they wish to complete the survey. Consent information will be provided each time before a survey is completed in clear, concise language. We plan to ask all families if they wish to complete the initial survey as part of the first session of the NOREAM programme to obtain a baseline. Additionally, we plan to offer a £10 voucher for each family completing the follow up survey.

Based on an anonymised list to be created by the NOREAM programme, we will randomly select adults from 10 families to complete an interview. We will use a random number generator to select the numbers of families and ask the NOREAM delivery team to give these families an information sheet inviting them to participate in an interview. With this information sheet, it will be made clear that the evaluation is independent from the NOREAM programme, what participation in the interview would imply, and that a £20 voucher compensation will be offered for time spent on interviews. Informed consent will be obtained and recorded prior to interview. More information on consent processes is included in the ethics section.

Data collection

The data collection will include gathering document records of the programme, administrative data about programme reach, scope, and activities, and data from NOREAM staff, stakeholders and participants.

Semi-structured interviews will be conducted with key staff at two points in time (10 interviews total with 2 social workers, 1 migration adviser, 1 housing support worker, and 1 lead of statutory neglect assessment conference). Interviews with other staff, management, and NOREAM partners will be conducted at one time point (n=5). The same applies to interviews with randomly selected participants (n=10). This interview data will provide information on the feasibility of the services, fidelity and adaptation, differentiation of services, barriers and facilitators to implementation, reach, acceptability, evidence on the promise of the mechanisms of the intervention, and readiness for a trial.

Additionally, we will develop a short survey for NOREAM participants. It is anticipated that this survey will be completed at the point of referral and 3-months post referral or at the point of case closure (if earlier). This survey will focus on understanding what services participants have received, their acceptability, and indications of change over time per the theory of change. Measures include parental well being from the Warwick-Edinburgh Mental Well-Being Scale (WEMWBS), parental report of child wellbeing from the KIDSCREEN-10 index, index of access to education, training, doctor surgery, and leisure services, access to

reliable immigration advice, and measures of financial security from the Welfare at a (Social) Distance survey, and measures of food security from the USDA Household Food Security scale.

In summary, pilot data will be captured through the data collection methods described in the table below.

Table 2: Overview of main data collection methods and estimated sample sizes

Data Collection Method	Sample Size	Collection Timeline
Surveys for participants <ul style="list-style-type: none"> - Time 1 - Time 2 	<ul style="list-style-type: none"> - T1: 45 - T2: 35 	<ul style="list-style-type: none"> - T1: April-September 2021: at point of referral - T2: July-December 2021: Rolling 3-months post referral (or at point of case closure if before)
Interviews with key staff <ul style="list-style-type: none"> - Time 1 - Time 2 	<ul style="list-style-type: none"> - T1: 5 - T2: 5 	<ul style="list-style-type: none"> - T1: March-April 2021 - T2: October-December 2021
Interviews with stakeholders (other staff, management and partner)	<ul style="list-style-type: none"> - 5 interviews 	<ul style="list-style-type: none"> - October-December 2021
Interviews with (randomly selected) participating families	<ul style="list-style-type: none"> - 10 	<ul style="list-style-type: none"> - September-October 2021
Local authority administrative data: This includes document analysis of the records of the programme about the reach, scope, activities and cost of the programme.	Not applicable	Administrative data work <ul style="list-style-type: none"> - March-April 2021 - November-December 2021 Cost analysis <ul style="list-style-type: none"> - February 2021-February 2022

Analysis

The data analysis will follow the main questions outlined above. Qualitative data will be analysed using the framework method: a matrix-based approach that enables deep data interrogation and comparative analysis to answer the specific questions (Gale, et al., 2013). The frame for answering these questions is provided in Table 1 with the questions and relevant dimensions of analysis or indicators. The method also allows for some frames to

emerge inductively from the data as well as those that have already been specified and will be used in deductive coding. We will use the qualitative analysis software Dedoose to code transcripts. Survey data will be analysed descriptively given small sample sizes. We will work as a team to review emerging findings, and preliminary findings will also be reviewed by the Advisory Group before submission of the final report.

The data will be analysed at two points in time: in April-June 2021 – with the output being an interim report, which will include preliminary theory of change findings and insights from time 1 interviews with key staff; and in January-March 2022, involving a complete synthesis of all findings. Question 5 will be answered through the final synthesis. Simultaneously, through working in partnership to examine the theory of change and use administrative data, some of the evaluation activities in defining the evaluation may embed into the programme during the timescale of the evaluation.

Indicative evidence of impact analysis

The evaluation includes an exploratory element to examine data for the purposes of seeing if there are any measures of indicative evidence of impact that can be added for an impact evaluation and for the cost evaluation (described in the next section).

The pre- and post- surveys will be analysed descriptively to look at changes over time. Relative measures and changes for outcomes of interest (e.g., wellbeing) will be compared with any relevant comparisons for standardised measures. It is not anticipated that impact analysis will be appropriate for the sample sizes and comparisons available for these surveys.

Analysis of service use and costs

The economic analysis will have two components: intervention costs and preliminary cost-offset analysis.

The intervention cost analysis will examine the costs of adapting and implementing the programme and of various components. To the extent possible, this will distinguish between set-up costs and steady-state costs to inform local authority decisions about scaling up the model. We will use a bottom-up approach to estimate the long-run marginal opportunity costs of the programme.

The cost-offset analysis will examine what costs may be offset if crisis supports are avoided or reduced, and how service use may change as a result of the intervention. Provided data are available and accessible, we will work with the intervention provider to enable them to extract information on service use from their records, including Section 17 support. We will apply appropriate unit costs drawn from publicly available sources (Curtis & Burns, 2018; Department of Health, 2018) or calculated using an equivalent approach (Beecham, 2000) to instances of service use. Based on these historical costs, we will calculate savings that follow from improvements in ‘administrative outcomes’, from a public sector perspective. Should historical data not be accessible, we will develop 2-3 case study vignettes (together with Hackney Borough Council) to illustrate service receipt and associated costs in the context of individual characteristics and needs, contrasting ‘typical’ patterns with and without NOREAM.

Ethics

Ethics are an integral part of the proposed NOREAM Pilot Evaluation work and will be considered throughout the research process. We will also work with an advisory group which will include invited representation across research, policy, practice, and lived experience to

provide feedback in order to revise the approach to the evaluation, examine preliminary findings, and create greater impact for the evaluation.

Ethical approval for the evaluation protocol will be sought through the What Works for Children’s Social Care Research Ethics Committee (WWCSC REC) via a submission in January 2021. A thorough discussion of ethical considerations is available in the REC form, but some highlighted issues are discussed in Table 3.

Table 3: Ethical considerations and mitigations

Ethical consideration	Mitigation
<p>Ensure adults in families taking part in NOREAM understand evaluation activities</p>	<p>Adults in all families will be invited to participate in a short-survey, and 10 families will be selected at random and invited to participate in interviews.</p> <p>Families who receive support from Hackney London Borough Council’s through the NOREAM pilot intervention will be provided with an information sheet with details of the pilot intervention, including the Evaluation Lead’s contact information. The information sheets for participants of the NOREAM programme will be designed with simple, clear language and for low reading levels and interpretation will be made available. Their consent will be sought prior to research activities (e.g., online survey, interview), and it will be made clear that participants do not have to take part in the evaluation activities, that it does not affect any services that they receive, and that they can skip any questions. Furthermore, it will be explained that participant data will not be identifiable in the final reporting.</p> <p>Although it is anticipated that most families receiving the NOREAM programme have strong levels of English, for evaluation activities, we will use an interpreter if there is any doubt to the understanding of consent or the activity. For interviews, we will also ask if those families with very proficient English use would like an interpreter and for which language.</p>
<p>Informed consent for interviews</p>	<p>Informed consent will be obtained and documented prior to interviews being conducted. Wherever possible, written informed consent forms will be sought prior to the interviews.</p> <p>If interviews take place in person, signed consent forms will be obtained prior to starting the interview. However, if interviews do not take place in person, they will be conducted over the phone, and consent forms will be emailed, mailed, or provided to participants to be signed and returned before the interviews. If a consent form has</p>

	not been returned, the researcher conducting the interview will confirm that the participant has read the Participant Information Sheet, will go over it with them, and will obtain verbal consent for the interview over the phone. The researcher will record the record of this consent and will obtain explicit permission to record the interview. We will also remind participants of informed consent during the interview.
Right to withdraw	For interviews, participants will be told that they can withdraw their participation at any time up until the submission of the report. This will be reiterated at each stage of their participation.
Data security	<p>All information gathered about individuals will be pseudonymised and kept completely confidential in accordance with Section 5 of the Data Protection Act and the General Data Protection Regulation (GDPR). CEI and LSE have in place appropriate technical and organisational measures to protect personal data and/or special category data. No information about individual study participants will be made available to anyone outside of the research teams at CEI and CPEC.</p> <p>Interviews and surveys will be tracked via a unique identifier number, with data kept separately from any contact information.</p> <p>Full details on data handling can be found in the next section.</p>

Data handling

All information gathered about individuals will be pseudonymised and kept completely confidential in accordance with Section 5 of the Data Protection Act and the General Data Protection Regulation (GDPR). GDPR Article 6 (1) (f) states that 'processing is necessary for the purposes of the legitimate interests pursued by the controller or by a third party except where such interests are overridden by the interests or fundamental rights and freedoms of the data subject which require protection of the personal data'. The evaluation team's legal basis for processing Shared Personal Data shall be legitimate interests. The processing of data collected about the programme is expected to have clear benefit for understanding research about the programme with a limited privacy impact on the individual. Additionally, we shall process special category data under Article 9 under processing that is necessary for the performance of research being carried out in the substantial public interest (Paragraph 13, Schedule 1). We will also gather explicit consent for interview and survey research activities.

CEI and CPEC have in place appropriate technical and organisational measures to protect personal data and/or special category data. We will store pseudonymised data in a secure research folder (accessible only by the evaluation team members), which is stored on an encrypted server. CEI UK uses Egress for the secure email transfer of any personal and/or special category data. Interviews and surveys will be tracked via a unique identifier number, with data kept separately from any contact information. CEI UK's Privacy Policy which is relevant for this evaluation is available at: <https://www.ceiglobal.org/contact>.

No information about individual study participants will be made available to anyone outside of the research teams at CEI and CPEC. Names and other identifiers of NOREAM staff, of other stakeholders and of families receiving support through the NOREAM pilot programme will not be used in the final report.

At the end of the project, CEI will submit any impact data to the What Works for Children's Social Care (WWCSC) data archive. This archive is hosted and stored by the Office of National Statistics ("ONS") Secure Research Service on behalf of WWCSC, who are the data controller and access to any data stored within the archive is therefore controlled by the ONS and WWCSC only.

Personnel

The section below outlines key roles:

Dr Ellie Ott, Senior Advisor CEI – NOREAM Evaluation Manager

Dr Ott will be the project manager and primary investigator, conducting the pilot evaluation and involved in other elements.

Dr Bianca Albers, Associate Director CEI

Bianca Albers, PhD, will lead the design of the implementation evaluation and brings expertise on implementation.

Georgina Mann, Research Assistant CEI

Georgina Mann will provide research and administrative support to the pilot evaluation.

Dr Eva-Maria Bonin, Assistant Professorial Research Fellow, CPEC, London School of Economics and Political Science

Dr Bonin, Assistant Professorial Research Fellow at the 'Care Policy and Evaluation Centre' at LSE, will undertake the cost analysis component of the NOREAM pilot evaluation.

Risks

This section outlines the anticipated risks to the NOREAM trial that may arise and steps that will be taken to mitigate against these.

Table 4: Table of evaluation risks and mitigations

Risk	Mitigation
Difficulty in recruiting participants of NOREAM for data collection activities (Likelihood: medium, Impact: medium)	<ul style="list-style-type: none">• Ensure that the survey and interviews are short and concise• Build surveys into project to increase participation• Consider recruiting participants through Project 17 or Hackney Migrant Centre if there are difficulty recruiting through NOREAM
Administrative data not accessible for the evaluation or usable for evaluation purposes, e.g., due to local authority data systems, the way in which measures are defined and/or have been interpreted (Likelihood: high, Impact: low for a pilot evaluation)	<ul style="list-style-type: none">• Not relying on administrative data analysis for most questions• Meeting with Hackney data experts early in the evaluation• Creation of a DSA• Work with Hackney to develop/improve measures for a next stage of evaluation of NOREAM
Data insufficient for analyses (likelihood: very low, impact: high)	<ul style="list-style-type: none">• Data is collected from multiple sources, including through the surveys of participants, though interviews with

	NOREAM staff, interviews with partners, interviews with participants, and through administrative data where
Unrealistic expectations by funder, programme, and/or partners on ability to detect impact and change (Likelihood: very low, Impact: low)	<ul style="list-style-type: none"> • Clear communication • Focus on implementation and process evaluation • Build-up knowledge to detect impact in future evaluations
Difficulties in carrying out NOREAM as designed and planned by programme team, e.g., due to lack of resources, staff illness/turnover, Covid-19 related reallocation of staff, or other administrative barriers (Likelihood: low, Impact: high)	<ul style="list-style-type: none"> • Programme team to manage this risk • Maintain focus of the evaluation on implementation and lessons learned • Flexible design to change if research questions or indicators need to shift

Timeline

The NOREAM evaluation has been planned to follow the below timeline and milestones.

Table 5: Timeline of evaluation activities

Phase	Timing	Lead
Refine evaluation design (Kick off meeting, initial theory of change workshop, ethics, research governance and DSAs)	- November 2020 – February 2021	- Dr Ellie Ott
Protocol and programme launch	- January 2021 (protocol) and February 2021 (programme launch)	- Dr Ellie Ott
Continued Theory of change development	- January 2021 - March 2021	- Dr Ellie Ott
Time 1 data collection: - Surveys - Interviews with staff - Interviews with participating families - Interviews with stakeholders	<ul style="list-style-type: none"> - April - September 2021 - March - April 2021 - September - October 2021 - October - December 2021 	- Dr Ellie Ott and Dr Bianca Albers

Time 2 data collection: <ul style="list-style-type: none"> - Surveys (rolling 3-month post) - Time 2 interviews with NOREAM staff 	<ul style="list-style-type: none"> - July 2021 - December 2021 - October - December 2021 	<ul style="list-style-type: none"> - Dr Ellie Ott, Dr Bianca Albers
Administrative data work	<ul style="list-style-type: none"> - March - April 2021 	<ul style="list-style-type: none"> - Dr Ellie Ott
Final theory of change workshop	<ul style="list-style-type: none"> - October - November 2021 	<ul style="list-style-type: none"> - Dr Ellie Ott
Data collection for service use and cost analysis Intervention cost Service use	<ul style="list-style-type: none"> - May - September 2021 - September - December 2021 	<ul style="list-style-type: none"> - Dr Eva Bonin
Analysis <ul style="list-style-type: none"> - Interviews, synthesis - Cost analysis 	<ul style="list-style-type: none"> - October 2021 - February 2022 - February 2021 - February 2022 	<ul style="list-style-type: none"> - Dr Ellie Ott, Dr Bianca Albers, Georgina Mann - Dr Eva Bonin
Pilot report <ul style="list-style-type: none"> - Write up of report - Publication 	<ul style="list-style-type: none"> - January - March 2022 - March 2022. 	<ul style="list-style-type: none"> - Dr Ellie Ott, Dr Bianca Albers

Conflicts of interest

There are no known conflicts of interest.

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Appendix 1: Draft NOREAM theory of change

This theory of change is a version dated 5 February 2021. It was developed using programme documentation and insights gathered via a workshop led by CEI's evaluation team and involving NOREAM programme developers as well as staff from What Works for Children's Social Care with changes based on a workshop and consultation with the NOREAM Programme Steering Group.

PROBLEMS & TARGET POPULATION	RESOURCES (INPUTS)	ACTIVITIES (THE PROGRAMME) & OUTPUTS	IMPLEMENTATION OUTCOMES	MECHANISMS OF CHANGE (OUTCOMES)	IMPACT
<p>Target population: People with NRPF at risk of destitution.</p> <p>Families with NRPF do not receive support for needs:</p> <ul style="list-style-type: none"> - Lack of integration for families with NRPF in universal and targeted services <p>Supports not on offer to them:</p> <ul style="list-style-type: none"> - Threshold for support too high - Families with support needs are turned away from support because of immigration status & resources - Professional lack of understanding of entitlements, understanding of immigration-welfare nexus (family & immigration law) - Within LA services, coordination is patchy - Practice guidance not known/accessed, not always 'migrant aware' - Concerns about costs of running NRPF services, Section 17 costs have 	<p>Program staffing (one early action team):</p> <ul style="list-style-type: none"> - 2 part-time social workers, - 1 immigration advisor - 1 housing support worker <p>Ongoing support:</p> <ul style="list-style-type: none"> - Research Fellow - Team Manager / Consultant SW <p>Wider team/connections:</p> <ul style="list-style-type: none"> - Steering group - Representatives across Hackney – housing, strategic policy - Representatives from neighbouring LAs - Mothers supported by the team in the past - Project 17 (local voluntary org) - Refugee action project - NRPF Network <p>Funding:</p>	<p>(1) NOREAM outreach activities:</p> <ul style="list-style-type: none"> - Outreach to families/communities (originally events) - Outreach to organisations for collaboration - Word of mouth to the programme <p>(2) NOREAM delivery:</p> <ul style="list-style-type: none"> - Early Action Teams delivering a solution focused intervention to people with NRPF at risk of destitution. - Social worker conducting assessments - Social Worker delivers 3-10 possible sessions to families - Most families will also meet immigration adviser for information session/advice 	<p>Reach: No set number of families to be supported by the NOREAM team; intention: to increase in the number of families with NRPF receiving support through NOREAM</p> <p>Doable/feasibility: Early action teams & local authorities (and relevant others) view NOREAM as feasible to deliver</p> <p>Costs: of delivering & implementing the programme</p>	<p>Immigration advisers assist in regularising immigration status or creating plans to do so</p> <ul style="list-style-type: none"> - This allows access to other support services - This improves uncertainty and mental health <p>Housing officer improves access to & take up of housing</p> <p>Referrals to other appropriate services depending on needs, including:</p> <ul style="list-style-type: none"> - Access to other services & legal status to improve income - Access to other status & legal status to improve food security <p>Reduction in likelihood of children & adults experiencing harm or neglect because of NRPF status</p> <ul style="list-style-type: none"> - Reduction in risk of exploitation, control, domestic violence & trafficking 	<p>More families with NRPF have support needs met by LA</p> <ul style="list-style-type: none"> - Improved housing situations - More regularisation of immigration status - Improved income and employment - Improvements across all NOREAM support domains depending on needs of individual family - Improvement in social inclusion of migrants in the local authority (universal and targeted) services available in the borough <p>Improved adult & child mental and social wellbeing for families with NRPF</p> <ul style="list-style-type: none"> - Improvement in the self-reported wellbeing for families with NRPF <p>Better value for money to local authorities:</p> <ul style="list-style-type: none"> - Fewer repeat referrals of families with NRPF to the local authority. - Help more families effectively with a short-term low intensity intervention, rather than only a few

<p>increased as budgets have decreased – council costs aren't covered</p> <ul style="list-style-type: none"> - Families bounced between adjacent local authorities - Distrust between specialist voluntary agencies & statutory services, lack of multi-agency work in this area <p>Barriers to seeking support:</p> <ul style="list-style-type: none"> - Fear (and reality) of status being shared with Home Office if access statutory support - Families do not access support that is available; they wait until they face homelessness before seeking support - Distrust of professionals <p>Target population:</p> <ul style="list-style-type: none"> - Having NRPf and typically with immigration issues as the presenting concern (visa overstayers, those with NRPf on visas, some refused asylum-seekers), - With additional needs – e.g., employment, destitution – who can support themselves in at least the next 2-3 months 	<ul style="list-style-type: none"> - Emergency grants <p>Programme:</p> <ul style="list-style-type: none"> - NOREAM manual (areas of support: income & employment; exploitation, control, domestic violence & trafficking; health & wellbeing; immigration status; education, training & leisure; food security; housing; support network. - Screening tools (optional - balance between professional discretion and replicability) - Website with resources for families and professionals - Info sheet(s) for families - Toolkit for LAs to do mapping of resources in their community - Outreach activities - Access to translation as needed <p>Space for meeting families:</p> <ul style="list-style-type: none"> - Virtual/phone or office, or families' homes / community settings if required 	<ul style="list-style-type: none"> - SW signposts and/ or refers families to existing resources (including facilitating self-referral, reduced referrals and support in accessing drop-in sessions at partner services as necessary) <p>(3) NOREAM multi-agency support</p> <ul style="list-style-type: none"> - Monthly multi-agency conference to advise on complex cases, including partners in Adult Services and the Housing Directorate - Chaired by Manager/Consultant SW. - Publication of a borough-wide strategy for 'Migrant Aware Practice' (MAP) <p>(4) Ongoing support to NOREAM team</p> <ul style="list-style-type: none"> - regular support from team manager - ad hoc access to NOREAM developer/ Research Fellow 		<p>Joined up support within local authorities:</p> <ul style="list-style-type: none"> - Improved multi-agency support for children and families with NRPf through publication of MAP strategy. <p>Better coordination of support for people with NRPf across the different council directorates</p>	<p>families intensively – Of the families with NRPf who have been assisted, a smaller percentage have been assisted under section 17 support.</p> <ul style="list-style-type: none"> - 'Costs avoided' of long-term section 17 support to families with NRPf: housing & subsistence support (replacing benefits) <p>Improved use of evidence in social work:</p> <ul style="list-style-type: none"> - Improved evidence-base for social work with families with NRPf - Improved evidence-base for costs for alternative ways for supporting families with NRPf - Evaluated, scalable model of practice.
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Context (assumptions): Families with NRPf including undocumented families will be willing to access support; Specialist volunteer NRPf agencies in the borough will assist programme; Importance of informal networks and voluntary agencies in encouraging families to access NOREAM

Policy – Difficult context, defensiveness in practice with NRPF, unwillingness to share costs for families with NRPF, high front-door thresholds

Barriers for individual families: Fears of information sharing, fears of children being removed, fears of deportation; Assumption that these barriers can be overcome