Department for Communities and Local Government

Working with Troubled Families

A guide to the evidence and good practice

Working with Troubled Families

A guide to the evidence and good practice

CONTENTS

Foreword

When I interviewed families for my report 'Listening to Troubled Families' in June this year, I was shocked by some of the life histories those families set out before me. Stories of neglect, child abuse, violence and hopelessness that stretched out often from generation to generation. People who spoke to me after reading the report were also often taken aback – and dispirited – by what it contained. How could we possibly hope to turn around families that were in such crisis, decline and cycles of self-destruction?

But what should give us hope is that those families I interviewed were either completing or had already been through Family Intervention. And it had worked. Their lives may not have been suddenly perfect, but the strides they had made were remarkable, from such appalling beginnings. These were often families with whom a whole host of agencies had been relentlessly involved for years. And in many cases, those agencies had despaired of them; if there was hopelessness within the family, it was often also understandably felt by the agencies struggling to contain them from crisis to crisis.

Yet family intervention had got results. So the next report that I wanted to write would be to look why this was. How family intervention had done something that the other agencies, despite huge amounts of time, money, effort and no doubt good intentions, hadn't managed to do. I wanted to set out for the first time in one place what these families told me about what it was about family intervention that had been different, in the context of the evidence about the family intervention approach; to try to understand what was different about it and what its key features were; and then ask that Local Authorities across the country who have signed up to 'turn around 120,000 troubled families' consider shaping their own work with these families around what I believe to be the most compelling method of intervention.

That's not to say that family intervention is easy. This work requires a single dedicated worker to walk in the shoes of these families every day. To look at the family from the inside out, to understand its dynamics as a whole, and to offer practical help and support – but also to be the person to authoritatively challenge that family to change. This is not easy. Having that difficult conversation with a mother that challenges her to understand that it's her own violent behaviour that her children are replicating in the school playground, or challenging the father that the council won't repair his leaking roof because he won't clear the rubbish to the let them in, or telling the teenage son that the reason he feels 'disrespected' by the neighbours is because he swears at them and throws rubbish into their garden – none of that is easy. To challenge that, to keep the family's trust and then to roll up their sleeves and get stuck in to offer practical help – that's the huge skill of the family intervention worker.

The stakes are high. Budgets are tight. This programme of work has brought together £448m, which along side the money that councils are investing, I believe

is an opportunity to help these families that won't come again. We need to show that families can and will change – and that we can do this on a national scale. But of course the stakes are higher still for the families. There is every chance if we don't get this right that the children in these families will be condemned to repeat the same destructive and depressing patterns as their parents. As one mother said to me, "I feel sorry for my kids being born to a mum like me". I don't want any more parents to feel that way – and in family intervention, I believe we have our best chance yet to stop this happening.

Louise Casey CB
December 2012

Introduction

The Troubled Families programme is about change – for families and for services, and this report is an aid for that change. It is a tool to help local authorities and their partners, who have asked for guidance on how best to work with troubled families, and for the evidence about family intervention to be brought together in one place. The report looks at academic evidence, local evaluations of practice, what practitioners have told us works in their services and what families tell us makes this work different and successful for them.

In the report we look at the key features that make up effective family intervention – the '*family intervention factor'* – which we have boiled down to the following five key components:

> **FAMILY INTERVENTION FACTORS**
>
> **1**. A dedicated worker, dedicated to a family
> **2.** Practical 'hands on' support
> **3.** A persistent, assertive and challenging approach
> **4.** Considering the family as a whole – gathering the intelligence
> **5.** Common purpose and agreed action

Case study[1]

Julie and Alan lived with Julie's 4 children aged 11, 10, 6 and 3. Alan had been in care and Julie had had an abusive relationship with her mother who was an alcoholic. The family became known to the Family Intervention Project for the following problems:

- Persistent anti-social behaviour, regular complaints and call-outs to the property.
- Over crowding – with up to 12 people living in the house.
- An average of 8% attendance at school for the children, for which Julie had been prosecuted.
- Concerns about risks to the children and neglect. Leo, a former partner and father of 2 of the children had been convicted of a physical assault on one child but continued living in the property.
- Health concerns. Julie had severe Type 1 Diabetes which she did not manage and she had been hospitalised on several occasions. The children had all missed health appointments, immunisations and developmental checks.
- The family were in financial crisis with unpaid utilities bills and £3,000 of rent arrears.

---

[1] Provided by Family Intervention Project, North West, December 2012

- The property was in a poor state with damage and vandalism and poor levels of hygiene.

Dedicated workers, dedicated to families
On taking over the case Lisa, the family intervention worker, made frequent visits (twice or three times a day in the initial stages) helping her build a full picture of the family and a relationship with them. An intensive schedule of planned and unplanned visits continued, including out-of-hours evening, weekend and early morning visits. In total 147 visits were completed to the property.

Practical hands on support
- Early morning unannounced visits to the property to help them put school routines in place. Visits were gradually reduced so the family learnt do this on their own.
- Emergency Uniform Grants were secured for the children – the children had said they felt targeted at school because of lack of personal hygiene, lack of a proper uniform or shoes etc. They also started attending extra clubs at school where they started mixing well with other children.
- Lisa worked directly with Julie and Alan to help them understand their finances.
- Lisa helped Julie register with a GP and got her to attend her appointments in order to prevent her being hospitalised for her diabetes.

A persistent, assertive and challenging approach
Julie and Alan had previously refused to accept their responsibilities as parents or for problems in the family. Lisa ensured they understood that they were facing eviction because of both anti social behaviour and rent arrears and that they needed to become better parents to their children.

- Lisa challenged the family about the state of the property and put in a contract with the family which required them to meet certain conditions – for example keeping it clean.
- A parenting contract required Julie and Alan to attend a parenting course, ensure the children attended school and were clean and well presented. Lisa also challenged both parents about their drug and alcohol use.
- During the initial stages, the family were issued with a number of sanctions including a Tenancy Breach for Property Condition and a Formal Tenancy Warning in conjunction with anti-social behaviour. Lisa clearly outlined that the implications of further anti-social behaviour would be homelessness and removal of the children.
- Leo was banned from living with the family and was offered supervised contact with his children by Children's Services instead.

Considering the family as a whole – gathering the intelligence
Lisa began to understand the family as a whole and this helped her to understand how to sort out their problems. For example, Julie struggled to say no to people, which was one of the reasons so many people were often living in the property. Lisa also saw that Julie stopped taking her diabetes medication when she felt she couldn't cope, which quickly resulted in her being hospitalised.

Common purpose and agreed action

At the time Lisa first got involved, the agencies involved were working alone and '*no one was speaking to anyone*'. Lisa brought the agencies together in regular meetings and helped them develop a shared plan for the family. She worked with the children's social work team which led to all of the children being made subject to child protection plans for neglect. She talked to the Education Department who agreed to let Lisa know immediately if the children did not arrive in school so she could follow it up with an immediate visit.

Results

- The children's attendance at school increased from 8% to over 90%.
- After 12 weeks, all anti-social behaviour had stopped, and there were no further complaints.
- New routines have continued in the household, helping the behaviour of the children and their performance at school, and they no longer stand out from their peers for the wrong reasons. The family has set meal times and the children eat at the dining room table with their parents.
- Julie's mental health is better and she is no longer prescribed anti-depressants.
- The children are no longer subject to child protection plans by social services.
- The family's property is maintained to a high standard.

The report is not about structures or systems or governance arrangements, which will vary from area to area. We do not pretend that this is a comprehensive research report into family intervention. What this report does do, is to set out for the first time the types of help the families need and the ways of working which have been effective for them. It looks at what local practitioners have told us about what helps to bring about change for these families. It considers what we know about families' views on what works for them, what sort of services they value and feel helps them. It also includes summaries of the research and evidence on family intervention.

> "*She was never knocked back. We flung everything at her: distant relatives turning up, losing the dog, being burgled, Matty on parole – she just kept on coming back and saying to me that she knew it was difficult but that I had to take the kids to school and collect them. Regular as clockwork she'd come. It became a joke, "there's Jo!", they'd say as she rang the bell. When I tried to pretend that there was nobody at home she just leant on the bell and shouted through the letter box. She was the first person to come out with it and say we could lose our house, she was also the first person who ever really helped.*" [2]

---

[2] Rhodes, H (2007) *Families in Trouble*, Family and Parenting Institute, London.

The Troubled Families Programme

Troubled families are those that have problems and often cause problems to the community around them, putting high costs on the public sector. In December 2011, the Prime Minister launched a new programme to turn around the lives of 120,000 troubled families in England by 2015. The aims of the Troubled Families Programme are to get children back into school, reduce youth crime and anti-social behaviour, put adults on a path back to work and bring down the amount public services currently spend on them.

All 152 upper-tier local authorities in England are taking part in the programme and have agreed the number of troubled families in their area that they will work with. The Government is making £448 million available to councils on a payment-by-results basis. This represents a contribution of up to £4000 per family, around 40% of the estimated costs of actions needed to turn a family around. The Government is also funding a national network of troubled families co-ordinators, who operate at a senior level to oversee the programme of action in their area.

What is a troubled family?

For the purposes of qualifying to be part of the Troubled Families Programme, they are those who meet 3 of the 4 following criteria:
- Are involved in youth crime or anti-social behaviour
- Have children who are regularly truanting or not in school
- Have an adult on out of work benefits
- Cause high costs to the taxpayer

For further details of the operation of the Troubled Families programme please refer to the Financial framework for the Troubled Families programme's payment-by-results scheme for local authorities, which can be found at: https://www.gov.uk/government/publications/the-troubled-families-programme-financial-framework

The services responding to troubled families

It is clear that as much as troubled families are often characterised as dysfunctional – the same could be said for the services around them. The state is spending significant resources on services for families whose focus is to attempt to maintain families in the status quo, however chaotic that might be, or to prevent them getting worse – rather than getting to the root cause of their problems and helping them change for the long term.

Troubled families often have a whole host of agencies involved with them, often focussing on the individuals within that family, which can bring its own problems as families become confused by overlapping professionals, assessments and appointments. This costly and unfocussed activity can mask the lack of progress for that family. Some of the starkest evidence for this collective failure to properly help families is to be found in the frequency of problems which are transmitted from one generation of the same family to another.

Work carried out by the Social Exclusion Task Force in 2007 showed that families with the most complex and entrenched problems often do not benefit from services they receive because these do not take the full family situation and context into account.

> "*Currently systems and services around families are highly complex and fragmented. Often this results in an un-co-ordinated and inadequate response to chronic, multi-faceted needs, forcing frontline staff to 'work round' the system.*" [3]

Research by Kate Morris for Nottingham City Council illustrates the confusion and frustration experienced by those families who often need help from services the most. Her work, though very small scale, highlights families' views that agencies can fail to understand them, that they provide 'too little support, for too long', that their approaches are inconsistent and conflicting, and that there is a culture of over assessment. [4]

> "*Five different Social Care Teams across this family… I'm struggling to keep up. Alongside this you've got grandma was referred to Family Focus which is a step down from me, that's another team I'm sort of multi-managing and I have to be aware of.*" (Family intervention worker)[5]

These myriad of service interventions around individuals in a family are costly and unproductive – though often well-intentioned. Family intervention challenges those working practices head on, and it is easy to understand how successful family intervention can mean cost savings for services.

Recent history of family intervention

In 1995 the Dundee Families Project was established by Action for Children Scotland in partnership with Dundee Council Housing Department, as a new response to dealing with anti-social families and the system surrounding them. It targeted families who were homeless or at severe risk of homelessness as a result of anti-social behaviour, with the aim of helping them avoid eviction and preventing family breakdown. The project was set up in response to pressure to take action on disruptive families who were causing significant problems to their neighbours and communities; other attempts were seen as expensive failures.

Its key features were an assertive worker for families, who would have access to families' homes 24 hours a day (or they would be housed on site within the project itself and kept under close monitoring by workers), families signing up to a

---

[3] Social Exclusion Taskforce (2007) *Reaching out, Think family, Analysis and themes from the Government's Families at Risk Review*. Cabinet Office, London.

[4] Morris K. (2012) 'Troubled Families: vulnerable families' experience of multiple service use' in *Child and Family Social Work;* K Morris 2012 Troubled Families: Their Experiences of using multiple services. A report for Nottingham City Council (unpublished)

[5] Quotation drawn from recorded conversations between the head of the troubled families team, Louise Casey, and families and practitioners who had been recently been involved in family intervention. This material was used to inform *Listening to Troubled Families* (2012) DCLG.

contract that offered a mix of support and challenge to them with a threat of sanction if families refused help. It was heralded as a new approach to dealing with families and evaluated as 'in most cases achieving immediate positive results with some of the country's most vulnerable and troubled families'.[6]

Action for Children established other projects in the north of England based on the Dundee model, and a commitment to roll out a 'national network of Family Intervention Projects targeting anti-social families based on the Dundee model' was made by the Government in 2006.[7] Local authorities responded enthusiastically and 53 projects were established across England. Local authorities continued to develop these services, although they were sometimes called different names – 'family intervention projects', 'family recovery projects' for example, they all adopted an intense method of working with the families and as of March 2012 around 10,000 families had been recorded as being worked with by this family intervention approach.

Family intervention: the evidence

Whilst the evidence for family intervention has been consistently strong, there are some limitations common to many of the studies cited in this report. The first is that lack of control or comparison groups make it difficult to establish the extent to which improvements for families are down to the intervention specifically, controlling for external factors. Secondly many evaluations have been dependent on individual project or worker assessments of outcomes, rather than more objective external data sources. A final point to bear in mind is that many studies have been based on qualitative interviews and case studies with small numbers of families/family members. This means that this evidence, of course, should not be taken as representative of all troubled families – see Annex A for full detail.

However there is compelling evidence that it works dating back to the Dundee Families Project. The Dundee Families project was evaluated by the University of Glasgow in 2001 and this study showed the project to be effective with positive changes for the families. The early evaluation of six family intervention projects (Action for Children in partnership with local authorities in Blackburn with Darwen, Bolton, Manchester, Oldham and Salford and a sixth project established by Sheffield City Council) in 2006 showed significant successes in reducing anti social behaviour and preventing eviction:

- In more than eight out of ten families (85%) complaints about anti social behaviour had either ceased or reduced to a level where the tenancy was no longer deemed to be at risk.
- In 80% of cases families' tenancies had been successfully stabilised with an associated reduction in the risk of homelessness.

---

[6] Dillane, J et al (2001) *Evaluation of the Dundee Families Project.* Scottish Executive, Dundee City Council, NCH Action for Children.
[7] HM Government (2006) *Respect Action Plan*

- In 88% of cases project workers assessed the risk to local communities had either reduced or ceased completely by the time families left the project. [8]

Projects were also found to have far wider impacts on families' lives, bringing about 'remarkable changes' [9]. Unsurprisingly, focussing intensively on the whole family meant workers quickly discovered that the anti-social behaviour of these families was related to deeper family dysfunction leading to or stemming from problems such as drug or alcohol misuse, poor mental health, domestic violence or lack of parenting.

The response of workers involved an unrelenting focus on helping these families to function again or for the first time. Work with individual family members and group work with the family as a whole often looked at family relationships and communication as well as supporting parents with parenting positively, setting boundaries and routines and learning how to praise and motivate their children.

This process has been described as treating the family like:

> *"…an onion…you take off that first piece of skin and you find something else underneath…It's only when you get to the middle of that onion that you can then start putting the pieces on and building the family back up. And I think that's what [family intervention workers] do very well."* [10]

One family when asked what was different about the help delivered by a family intervention worker said:

> "*Everything! We've gone from being a household not capable of anything to a rebuilt family.*"[11]

Later, national evidence (at Annex B) on the effectiveness of family intervention strongly substantiates the findings of these early studies.[12] From 2007 to 2012 a national monitoring system run by the National Centre for Social Research (Natcen) collected information on the majority of families who received family intervention. Year on year, this data has consistently shown reductions in a wide range of family problems which go far beyond the antisocial behaviour and risk of eviction that the original projects were set up to address. The data below shows the improvements for families who had exited services by March 2012.

---

[8] Nixon, J. et al (2006) *Anti-Social Behaviour Intensive Family Support Projects: An evaluation of six pioneering projects,* Office of the Deputy Prime Minister: London.
[9] Ibid
[10] View of stakeholder from the police quoted in Nixon, J. et al (2006) *Anti-Social Behaviour Intensive Family Support Projects: An evaluation of six pioneering projects,* Office of the Deputy Prime Minister: London.
[11] Action for Children (2010) *The Economic and Social Return of Action for Children's Family Intervention Project in Northamptonshire.* Action for Children.
[12] Data from cases exiting family intervention to March 2012. National Centre for Social Research.

Percentage reduction in family problems between entry and exit from the project[13]

Involvement in Anti-Social Behaviour	(59%)
Involvement in Crime	(45%)
Truancy/exclusion/bad behaviour at school	(52%)
Child Protection issues	(36%)
Poor parenting	(49%)
Relationship/Family breakdown	(47%)
Domestic violence	(57%)
Drug misuse	(39%)
Alcohol misuse	(47%)
Mental health issues	(24%)
Employment/training problems	(14%)

It is striking that these levels of reduction in problems for the 5,500 families who have exited services, are directly comparable to the results seen for the first 90 families to exit the projects, published in 2008.[14]   The consistency of these reductions – shown below for anti-social behaviour – over the 5 years that these services were operating nationally, is particularly striking. It suggests that scaling-up the delivery of these services nationally did not result in any reductions in their effectiveness.

We have also looked at a number of local evaluations of family intervention that have been conducted over ten local authority areas (see Annex A). These also report positive findings consistent with the national evaluations cited above. For example:

- Bristol (2008) found a 78% drop in anti-social behaviour incidents by families in their Family Support Project;
- Westminster (2010) found a 69% reduction in accused offences by families in their Family Recovery Programme;
- Knowsley Family Intervention Project (2012) found 71% of children had improved school attendance;
- Hastings found a reduction of 75% in the number of children on the children social care services 'at risk' register and in the number of children excluded from school (73%) after the intervention of the project; and
- Wakefield found that seventeen out of twenty-two children on the children's services risk register before intervention had subsequently been removed from that register post family intervention.

There is also some encouraging, albeit early, evidence about the extent to which we can be sure that change is attributable to the work of the projects, and lasts beyond the intervention. The National Centre for Social Research conducted an impact assessment in 2011 by tracking a comparison group of families who were similar but did not receive help from family intervention. They found statistically

---

[13] Data from cases exiting family intervention to March 2012. National Centre for Social Research
[14] White et al (2008) *Family Intervention Projects – An Evaluation of their Design, Set-up and Early Outcomes.* National Centre for Social Research.

significant differences in anti-social behaviour levels, and that those who had been worked with by family intervention services were found to be twice as likely to reduce their anti-social behaviour compared with those who hadn't.

There have been some attempts to look at to what extent outcomes achieved for families are sustained. Through collecting follow-up information on a small group of families around a year after they had left the projects, the National Centre for Social Research were able to draw 'cautious conclusions' that many improvements were still evident. In particular, improvements relating to family functioning, anti-social behaviour and education were still evident 9 to 14 months on. Other studies have also found evidence of lasting change[15]. This is backed by qualitative evidence from some families who have described the effects of this work as 'life changing': [16]

> *"My life has completely changed." [17]*

> *"'She's helped a lot, a real lot. I probably wouldn't have [her son who was at risk of being removed into care] now if she hadn't have stepped in, given me the support that I needed and got me on courses, you know, got me doing stuff instead of stuck in the house. Yeah, a big help really." [18]*

> *"I think they're excellent. I wouldn't be where I am now without [her] or [the family intervention project]." [19]*

Qualitative research, including interviews with families, practitioners and experts have explored what it is about family intervention that is valued by families and what is different from previous attempts to help them change. The following sections outline key features of the family intervention approach that have been reported in evaluations of family intervention in recent years.

The 5 family intervention factors

The key features of effective family intervention practice stand out from both the evidence and from discussions with practitioners and are summarised below. The factors cover the range of work needed – some are focussed on the skills and style of work needed by the family workers, others are dependent on the structures and support needed by agencies managing and supporting workers.

These different elements are mutually reinforcing and combine powerfully to create what has been described by one area as 'the family intervention factor'.

---

[15] Nixon et al (2008) *The longer-term outcomes associated with families who had worked with Intensive Family Support Projects*. DCLG. London.

[16] Action for Children (2010) *The Economic and Social Return of Action for Children's Family Intervention Project in Northamptonshire.* Action for Children.

[17] Quotation drawn from recorded conversations used to inform *Listening to Troubled Families (2012)* DCLG.

[18] Quotation drawn from recorded conversations used to inform *Listening to Troubled Families (2012)* DCLG.

[19] Quotation drawn from recorded conversations used to inform *Listening to Troubled Families (2012)* DCLG.

FAMILY INTERVENTION FACTORS

1. A dedicated worker, dedicated to a family
2. Practical 'hands on' support
3. A persistent, assertive and challenging approach
4. Considering the family as a whole – gathering the intelligence
5. Common purpose and agreed action

Case study[20]

Mel, a lone parent lived with three children, Tara 12, Jade, 10 and Jack 8. Mel had had a difficult childhood largely due to influence of her mum's partner who had both physically and sexually abused her. Mel described him as 'evil' and had spent much of her childhood trying to escape him. She said she had wanted to protect her mum from the domestic violence she endured but had been 'too afraid'. Mel had 'gone off the rails' in her early teens and started using alcohol and drugs. She had her first baby when she was 15 which was premature and died shortly after birth. She then had her second child at 16 and another when she was 18. The relationships with the fathers of her children did not last as they were abusive to her.

When family intervention became involved with the family, there were regular complaints about anti-social behaviour at the property Mel lived with her children. Mel was now a chronic amphetamine user, who refused to leave her house, but regularly allowed other drug users in. There were regular reports of noisy and rowdy behaviour at the property. All three children were regularly failing to attend school. Tara, the older daughter had serious behavioural issues and was about to be excluded. She was also believed by agencies to be at risk of sexual exploitation as was regularly out late unsupervised often with some of the people frequenting the property. All three children were on child protection plans and at risk of being removed into care.

Dedicated workers, dedicated to families
A worker from the Family Intervention Project, Elaine, was assigned to the family and although the door was opened, Elaine received a very hostile reaction from Mel who tried in various ways to get rid of her. Her approach was to empathise with the mum, Mel, and try to build the relationship; "*I know things are tough right now, but just hear me out*"…"*I know how difficult it's been, but you know things don't need to be like this.*".

Practical 'hands on' support
Elaine quickly identified practical help the family needed and promised to personally get involved in sorting this out – as a way of building trust with the family and showing that she delivered on what she said. For example, the house needed urgent repairs for a leaking roof, but this work had not been possible because the loft area was full of rubbish which needed clearing before work could

---

start. Elaine arrived the next day with 20 bin liners and worked alongside Mel to clear rubbish. Elaine used the opportunity to talk to Mel about her life and find out what had happened to the family and how things had become so out of control. Once the rubbish was cleared the repairs began.

The children's bedrooms were all is a state of serious disrepair. The children told Elaine how desperate they were for these to be cleaned up and decorated. Elaine stuck a deal with them and promised that if they made an effort to attend school she would help sort them out.

A persistent, assertive and challenging approach
When Elaine became involved the family were facing eviction and all three children were on child protection plans. Mel had become resistant to agencies' involvement and threats. Elaine sat down with her and explained the different types of action that was imminent and made her see these threats were very real. For example, she was in real danger of having her children removed if she didn't start to provide a safer home environment and some basic standards of parenting.

Considering the family as a whole – gathering the intelligence
Elaine got to know all of the family members and find out about their problems. She spent considerable time with each of the individual children. As relationships were built, Tara the 14 year old confided in her that she was desperate to learn to sing. Elaine agreed to try and help with this if she promised to work on her behaviour and attend school, which she began to do after a few false starts.

Jack the 9 year old boy revealed how upset he had been by the loss of contact with his grandfather some years earlier. His grandfather had been an important and positive person in his life, but had cut off contact with the family as he 'couldn't cope' with Jack's mum's drug use. As Mel started to reduce her drug use though a rehab programme, Elaine worked to bring Grandad back into the picture. His relationships with the children were rebuilt and he became a positive influence in all their lives.

After many weeks, Mel also confided in Elaine that the reason she rarely left the house was because she was embarrassed about her appearance. Her years of amphetamine use had led to her losing most of her teeth and she now couldn't bear to smile or look at herself in the mirror. Elaine helped her get an appointment to be fitted for false teeth which helped with a lot of Elaine's other problems.

Common purpose and agreed action
This family had been known to a host of agencies for many years and despite their best attempts via endless meetings and interventions, very little had changed for the family. At the first case conference she attended Elaine described the atmosphere as being like *"everyone sitting under a dark cloud"*. It felt like everyone had lost hope about this family, agencies had given up and had become stuck, all paying lip service to the plan but without any real optimism about the possibility of change. Elaine brought a fresh perspective to the meeting on the family as a whole; challenging agencies' hopelessness.

For example, given the amount of problems the family were causing their neighbours, perhaps unsurprisingly, the Housing Association had come to the end of the line with the family, the schools had given up on Mel and Tara and were very negative about working with either of them. Elaine acted as an advocate for the family who she knew had potential to change, re-opening communication with these agencies persuading them to give the families a further chance – but based on the evidence she presented of the real efforts they were making to change with the help of the Family Intervention Project.

The next section of the report examines the 5 key components of family intervention in more detail.

1. Dedicated workers, dedicated to families

The evidence suggests that much of the success of family intervention work is due to the skills of individual workers, both in building an honest and productive relationship with a family and influencing the actions of other agencies around that family. A family's impression of their worker is often what determines their views of an entire service and willingness to work with it. If practitioners can overcome families' resistance and start to build such relationships, families are much more likely to accept the support being offered and respond to the strong challenge to try to change their lives.

"Yeah, I don't know what it was but there was just something telling me that like I could trust her. And now I could literally tell her anything." [21]

"L [the worker] were the first person to ask me that. And I think, maybe because I talked through all my personal stuff, that I felt I could trust her, do you know what I mean…She asked me things, though, that no one else ever asked me, you know things like life, my drugs, and what it's made me feel like. She wanted to know. Probably not so that she could just help me, but help other people as well which I thought were really good, and it was just nice to know that she actually gave a stuff about helping me rather than just getting what she needed done, done." [22]

An account from a practitioner[23]
- I won't ever shy away from **confronting family members about difficult issues**. Challenging and being challenged is not pleasant, but it is necessary. I remind myself that if I don't do it because it is unpleasant, then it won't be me that's made homeless or have my children taken into care, or have to live next to them.

---

[21] Quotation drawn from recorded conversations used to inform *Listening to Troubled Families (2012)* DCLG.
[22] Quotation drawn from recorded conversations used to inform *Listening to Troubled Families (2012)* DCLG.
[23] Carol Damper, Portsmouth FIP, The Roberts Centre

- I am clear with families that **they need to be honest**, if they are not honest with me the only person they are hurting is themselves because my assistance will be wasted.
- I will always **tell families how it is** and realistically what we can work together to achieve. I'll always say what my expectations are, **what I will and won't do** and that what ever happens their behaviour must change or they need to face the consequences.
- You have to be **tenacious**. Families will be hoping the whole thing including you who are assisting them confront their situation will just go away. If they know that if they don't open the door you will just go away and come back next week then you need to go back at a time they may not expect. I say I understand that they don't want to deal with it, but remind them that if they sort it their life will be better, and of the consequences if they don't.
- I always **make statements** rather than ask questions. I say things like, "I know you want to be the best parent you can be, and to achieve that, things need to change. I am sure you are up for that". No parent ever says they don't want to be the best parent they can be, so you can refer back to this assertion when things wobble.
- **Being focussed** when families try to throw you off course. Families are often good at distraction and changing the subject when someone is talking about something they don't want to discuss. I will always acknowledge the other issues that they want to discuss and tell them that once the main difficulties have been addressed we can talk about their other issues and what we can do about them.

Family intervention workers are dedicated to the families and provide an antidote to the fragmented activity from many different agencies that usually surrounds a troubled family. They 'grip' the family, their problems and the surrounding agencies and are seen to be standing alongside the families, their difficulties and the process being put in place, which can lead to new approaches to dealing with long standing problems.[24]

Family intervention workers are often seen by families as helping them deal with their problems and therefore helping them navigate away from enforcement activity that may already be in train. For example families are referred for intervention as they are facing eviction, their child is on a child protection plan and likely to be taken into care or their child is facing exclusion from school or criminal proceedings. If a worker can make a significant behaviour change for those involved, then enforcement activity can be discontinued – much to the relief of families.

> "[The family intervention project] was forced on me basically, with like a boulder out of the sky… I think it got to the point I was literally losing my house." [25]

---

[24] Ravey et al (2008) *Evaluation of the Blackpool Springboard Project.* University of Salford.
[25] Quotation drawn from recorded conversations used to inform *Listening to Troubled Families (2012)* DCLG.

These workers have a distinct working style seen as the key to success consisting of dogged persistence, the ability to challenge values and behaviour, clear, honest, authoritative and assertive working styles and a real understanding of the family. The family will always know who their worker is and evidence shows the relationship they build with this individual is central to progress being made.[26] On many occasions with families it is striking that they almost always talk about their key worker by name – not by any of the services that are involved with them, and often not the service in which the family intervention worker sits: it is the key worker that helped them change their lives.

Workers are notable for the extent to which they use flexibility, creativity and imagination in their search for lasting solutions to a family's problems. They provide support when and where it is needed even if this is evenings or weekends and in the families' own homes. Comments from families show that families appreciate the 'can do' attitude of their worker, which can be felt to be in contrast to other agencies. The fact that families know they can contact their worker was considered to be crucial, families describe workers as, *"…my lifeline" and, "…always there on the end of the phone if needed".*[27]

> *"They come to you, they come to your house, they come when they can fit it in, when you can fit it in. You can ring them up. You can talk to them. You can leave messages, they leave you a message back and they're just normal people. They just help you to cope with all your faults and feelings and tell you about different strategies."* [28]

> *"They [the other services] would just say 'right get on with it, do what you've got to do'. Where J has properly helped us, I mean down to earth, helped us with everything what's gone on."* [29]

Giving help and direction to parents is often vital – workers focus on helping parents develop practical strategies for managing their own and their children's behaviour. The impact of this support features strongly in families' accounts. In particular, mothers often talk of finding this support invaluable and regaining control after struggling to cope and losing authority over their children.

> *"She [the family intervention worker] helped me with the kids' behaviour, my daughter challenged me in certain ways, she showed me how to put set boundaries in without actually using physical abuse… When I came to look at it and talk about it, they were trying to re-educate me in the way that I was disciplining my children, because I was disciplining them*

---

[26]White et al (2008) *National Centre for Social Research, Family Intervention Projects – An Evaluation of their Design, Set-up and Early Outcomes.* National Centre for Social Research.

[27]Ofsted, (2011) *Edging Away From Care*; White et al (2008) *National Centre for Social research, Family Intervention Projects – An Evaluation of their Design, Set-up and Early Outcomes.* National Centre for Social Research.

[28]Quotation drawn from recorded conversations used to inform *Listening to Troubled Families (2012)* DCLG.

[29]Quotation drawn from recorded conversations used to inform *Listening to Troubled Families (2012)* DCLG.

all wrong, rather than grounding them and taking things off them, I was lashing out and smacking them and things like that." [30]

"I was getting really down, really depressed, and felt I was not coping with my little boy's behaviour. He was three. The way he spoke to me and behaved towards me was really bad, and I did not know what to do to improve the situation… (My) worker, Jackie really helped me cope… She had loads of ideas to help him behave better – she came with different activities for him, some to help him understand his emotions like different faces, happy or sad, and the consequence thing, where you give a warning and so on, and the naughty stair thing, and sticker charts for rewards. He gets bored really easily, but because of the things she taught me, I know how to distract him with something else. She was so helpful to me, reliable and practical.[31]

These workers also play a critical role working with other agencies to ensure families get the services they need. This might mean fast-tracking a referral to specialist services (such as child protection, drug treatment or mental health services) and working with the family to make sure they attend appointments and follow-up sessions, take prescribed medication, implement agreed actions etc.

Families can feel that the relationship with a case worker is very different to other agencies. They are clear that they want to feel that they are treated as a human being, that they are listened to, and that their individual circumstances are being taken into account. They often feel their worker really knows and understands them and their family. Families believe the workers are dedicated to helping them and 'going the extra mile'. [32]

Many families are often at breaking point by the time they reach help from family intervention services; their relationships at home maybe broken down but so are their relationships with many of the agencies there to help them. One mother described her feeling at case conference meetings: "…*if I stayed silent I was non co-operative, if I opened my mouth I was defensive.*" [33]

Families believe that the family workers are dedicated to them and that they help them see a way forward and make the changes many thought impossible in their lives.

"*It was so bad we thought that was how you live. As the weeks went by she helped us to see a different way of living and how to deal with people, especially professional people…with [the family intervention project's]help life is so good now… we all have a new life now…a fresh start.*"[34]

---

[30]Quotation drawn from recorded conversations used to inform *Listening to Troubled Families (2012)* DCLG.

[31]Morris J. (2007) *Building Bridges Model – Evaluation.* Family Action.

[32] Ofsted, (2011) *Edging Away From Care*

[33] Parent consulted as part of visit to Swindon *Life* Project ???

[34] Hastings Borough Council (2008) *Family Intervention Project: Impact Report*

2. Practical 'hands on' support

"When I was first referred to the [family intervention project] I could not see how they could help me. I was so depressed, my husband had died two year ago, my kids were running wild, I had no control over them and I was ashamed of my home conditions. With the support I got from the [family intervention project] and the school things have got so much better. I no longer stay in bed all day, I clean, I cook and shop. The boys go to different clubs after school and I take them and I pick them up plus their friends come for tea and the house is warm and clean." [35]

An initial focus on practical help, such as overdue repairs, cleaning projects, rubbish clearance or obtaining crucial items such as beds for children or a functioning washing machine is important in starting to build the relationship with families needed to bring about change. Seeing some practical and quick results can signal to families that the worker intends to keep their promises and is there to help. This may be the point where families begin to see their worker as different to other agencies in their lives (who may assess and tell families what they are doing wrong – but don't always offer assistance to make things right) and begin to trust them and become more willing to work with them.[36]

The help provided is often very practical and involves workers and families 'rolling up their sleeves' and 'donning the marigolds' – working alongside families, showing them how to clear up and make their homes fit to live in.

As one study put it, '…it also meant being able to help the family see that change was possible, sometimes by identifying an important change where positive results could be seen fairly quickly, for example in improving the physical environment of the home'[37]. Small improvements such as a cleaner house or garden are often a critical first step forward for families. These improvements can reduce other problems such as depression or difficult family relationships that can be exacerbated by poor living conditions as well as improving a family's motivation to make bigger changes.

Workers help provide a routine for those living in chaotic circumstances, showing parents how to get children up and fed in the morning, how to prepare meals and how to put children to bed. Families' day-to-day skills such as cooking, hygiene and daily routines may often have been taken for granted by other agencies and they may need to learn these things for the first time.

"The intensity and depth of key worker visits to the family uncovers issues that other professionals would never become aware of. Is there food in the fridge? Does the cooker work? There was a family who

---

[35] Action for children (2012) Knowsley Family Intervention project 2007-12

[36] White et al (2008) Family Intervention Projects – An Evaluation of their Design, Set-up and Early Outcomes.; Crowther K. and Cowen G. (2011) *Effective Relationships with Vulnerable Parents to Improve Outcomes for Children and Young People: Final Study Report.* Action for Children.

[37] Ofsted, (2011) *Edging Away From Care*

always ate takeaway meals and had a very unhealthy diet. The key worker discovered...that the gas had been disconnected from the cooker...there was no working fridge and no space in the kitchen to prepare food. By addressing these problems the family were at a place where the key worker could start going shopping with them, teach them about healthy food and change the behaviour." [38]

The family worker does much of the work 'on the job' showing the family what to do, teaching them, sometimes for the first time, basic household skills such as shopping and cooking rather than (as we have been told happens in one area) referring them to a 'food skills course' run by another agency.

"I took her food shopping so that she could better understand what she was feeding her children wasn't appropriate, but with [this mother], because she felt she couldn't manage the parenting on her own, because she was so reliant on her ex, domestic violent partner, she felt that she couldn't do it. She didn't know how to cook so for her it was easier to send the children out to play with a couple of chocolate bars than actually sit them down and do structured things together". [39]

The objective is always helping families learn to do things themselves, and workers are clear on the need not to slip into doing things *for* families, allowing them off the hook. As families achieve things that were previously beyond them, this builds up their self- esteem, creating a 'feel good factor' which builds their confidence and resilience.

"My kids used to be late for school and the support worker would say to me 'why don't I come round at quarter past seven in the morning and make sure you're up and do that for a week then you're used to getting up at that time'. Things like that have really helped me get in a routine". [40] "She was clear that I had to get my son to bed at a reasonable time so he could get up to go to school in the morning, but she was like a friend in the way she helped me to do that." [41]

"…we used to have 2 dogs and now we only have one… my room is tidier and my brother's, my mum is tidying up more, she never used to… Things are starting to go back to normal, mum's getting on better, she is putting on weight… dad's not staying here anymore." (8 year old girl) [42]

[38] Boddy, J et al (2012) *Health-Related work in Family Intervention Projects*. Thomas Corum Research Unit, Institute of Education, University of London.
[39] Ibid
[40] Crowther K. and Cowen G. (2011) *Effective Relationships with Vulnerable Parents to Improve Outcomes for Children and Young People: Final Study Report*. Action for Children.
[41] Morris, J (2007) *Building Bridges Model – Evaluation*. Family Action.
[42] Dillane, J et al (2001) *Evaluation of the Dundee Families Project*. Scottish Executive, Dundee City Council, NCH Action for Children.

3. A persistent, assertive and challenging approach

One of the most definitive characteristics of family intervention workers is that they are persistent, tenacious and assertive with families who often say they are not interested in the help being offered or don't answer the door. Families describe workers as: *"challenging", "bolshy"* and *"forceful",* and "*nagging the life out of us".*

> *"[The family intervention worker would] be there hammering on your door… and they'd come in, they'd say, 'Right. Have you got the kids up? Are they washed? Have they brushed their teeth? Have they done their hair?' By the time they threw all that at you, you're thinking to yourself, my god, what's going on here, you know. But they pushed, they do push you quite hard to get it done."* [43]

As one worker put it, *"I was working with [this parent] and [the family] was getting three visits, four visits a day and that's not an exaggeration. I would be like a bad smell in that house."* [44]

> *"The kids did terrorise [the family intervention worker] a few times….she's very strong, she's very committed to her job. She took a lot of flak from all of us."* [45]

Families have described how the arrival of the family intervention case worker is a real 'wake-up moment' and that it feels very different to that of other agencies. Often families are really on their last chance with other agencies or the council, perhaps through the distress they are causing their neighbours, or because their children are at risk or being neglected, and are therefore facing a variety of enforcement action. Family intervention workers make it clear that they have to either take this intensive help or face some tough consequences. Sometimes this arrangement is set out in a written contract that the family and agencies sign. As the early Dundee evaluation clearly showed, family intervention workers or projects 'are not viewed as a soft option by either the key stakeholders or service users'. [46]

The evidence is clear that although it can feel uncomfortable, families appreciate workers who are tenacious about working with them and prepared to '*go the extra mile'.* As one young person put it, *"I kept telling them to f*** off, but they wouldn't"..* Families feel reassured that key workers will, *"not give up on them".* [47]

---

[43] White et al (2008) *Family Intervention Projects – An Evaluation of their Design, Set-up and Early Outcomes*

[44] Boddy, J et al (2012) *Health-Related work in Family Intervention Projects.* Thomas Corum Research Unit, Institute of Education, University of London.

[45] Quotation drawn from recorded conversations used to inform *Listening to Troubled Families (2012)* DCLG.

[46] Dillane, J et al (2001) *Evaluation of the Dundee Families Project.* Scottish Executive, Dundee City Council, NCH Action for Children.

[47] Ofsted (2011) *Edging Away From Care*; White et al (2008) *Family Intervention Projects – An Evaluation of their Design, Set-up and Early Outcomes.* National Centre for Social Research,

It is often the trust that has been built up through their honest approach with families and the practical help they have given that enables those workers to be authoritative and challenging with the families. In the evidence and the interviews with families it is clear that the consistency of the approach taken by the workers is critical – they are unrelenting with the families, persistent in believing that the families can and will change when others give up, and they involve all members of that family in making changes.

> *"I am stubborn I know, I got a new table, it was stupid but I put it where it wasn't safe for the kids and she {the support worker} didn't stop telling me that the kids could hurt themselves and I need that – I need to be challenged."* [48]

> *"Sometimes you have to say to the parents I don't believe that and I'm not going to take what you've said at face value. You have to corroborate or not their story."* (Practitioner) [49]

They are open and honest with the families, including absolute clarity about what needs to change, how it can change and the consequences of not doing so.

> *"She always told me what she was going to do, she always said who she was going to contact, and she'd say it doesn't matter whether you like it or not at this point…because they were going to find where the fractures was in our family and fix these to make it a whole family…even though she was ordering, it didn't seem like that, it was like she showed you respect".* [50]

The skill needed on the part of the worker is the ability to deliver tough messages with empathy, and based in a real understanding of the families' situation. Even where families do not like the messages, often what they value above all else is the honesty from case workers who they trust and who are clear with them about their situation, the likely consequences if they don't make changes, and how quickly change needs to happen. Again, this honesty may feel different to families than other services' approach. One parent described a worker who was very clear that, *"…if I didn't buck my ideas up I would lose the kids"* [51], which no other professional had apparently told her. Other descriptions from families interviewed in a range of studies are:

> *"[She] never made promises she couldn't keep...but she got things done and never lied to me".* [52]

> *"If she's got a problem with us she tells us straight. She doesn't beat around the bush".* [53]

---

[48]Crowther K. and Cowen G. (2011) Effective Relationships with Vulnerable Parents to Improve Outcomes for Children and Young People: Final Study Report. Action for Children.
[49]Ibid.
[50]Morris K. (2012) 'Troubled Families: vulnerable families' experience of multiple service use' in *Child and Family Social Work.*
[51]Ofsted (2011) *Edging Away From Care*
[52]Ofsted (2011) *Edging Away From Care*

4. Considering the family as a whole – gathering the intelligence

"A whole family approach isn't about a mum in a family going on a parenting course, a 17 year old on a Youth Offending Team programme and an 8 year old on a behaviour improvement plan. That is just working with different individuals in a household at the same time. Whole family working is about understanding and responding to the rhythms of the family." [54]

Workers go to great lengths to try to understand how things feel for the family and the children within that family. Work with a family starts with frequent visits to the home: meeting, talking to and observing families and their interactions to carry out an assessment of the whole family. They gather as much information about the family as is possible to try to understand the patterns of behaviour (for example, previous history of care), to understand the influences on the family (perhaps the father might be in prison or the grandmother may be available for child care) in order to work out the best way forward.

"A [family intervention worker] can see me for who I am. She has met each and every one of my children. She has seen what the house is like of an evening…[she] has seen [my partner] off on one." [55]

This often distinguishes this work from other agencies that tend to – despite good intentions – only consider individuals or individual family issues rather than the whole family. This often means that the family often feel their worker really knows and understands them.

"They never actually spoke to any of the family before, so yeah, whereas this time you feel like because my sister has been in here and they did ask if she wanted to come…and she inputted…I felt like I didn't have to say everything, and someone like understanding from my side so I didn't have to tell them what I need." [56]

A close understanding of the family means that workers can identify strengths that the family may have and involve the family in coming up with solutions – helping them feel less 'stuck' in their situation. Identifying things families do well or are good at is important to improve families' motivation to try and change. Family members are often not used to receiving praise and a worker can use this can help build confidence within the family that change and improvement is possible. [57]

---

[53] White et al (2008) *Family Intervention Projects – An Evaluation of their Design, Set-up and Early Outcomes*. National Centre for Social Research.

[54] Family Intervention Practitioner, DCLG session focussing on practice in family intervention projects, 5th September 2012.

[55] Quotation drawn from recorded conversations used to inform *Listening to Troubled Families (2012)* DCLG.

[56] Morris K. (2012) 'Troubled Families: vulnerable families' experience of multiple service use' in *Child and Family Social Work*.

[57] Ofsted (2011) *Edging Away From Care*

"The mother of this family had self-confidence issues and was always in her pyjamas when practitioners visited and rarely took the child out. The worker spent a great deal of time talking to the mother, and helping build her confidence: praising her positives and talking about what she used to do when she went out. The mother is now up and dressed when the practitioner visits and going out of the home, for example to the supermarket and taking her child to soft play activities. Sometimes they are small but significant outcomes that we achieve."[58]

"She had her teeth done, had hung her washing out and cleaned the fridge out and I felt it was important to praise her on that, however little those things may seem." [59]

Traditionally, agencies will have their individual to work with, its own assessment process and its own culture. The result is usually for all of this separate activity to generate a series of single agency perspectives, rather than looking at the wider family dynamics as a whole. It is perhaps unsurprising then, that families often feel that agencies are often not very good at understanding family life. [60]

"These lot haven't got a clue what's going on, just apart from what I've told them…when I just used to take XXX up they never really asked about (Dad) did they? So like I do think like some of the services do isolate the rest of the family out the things." [61]

"I think it was [child A, who] had a bump on his head, and social services come out, and…I told them, obviously I needed help with [child B], but they didn't want to know about [child B], they just wanted to know how this bump had come on [child A's head], so it was a bit annoying that sometimes they can come out on another matter… I did need help…so it was a bit annoying to say that they couldn't help me about anything else…and it like makes you want to pull your hair out, from the fact that you was asking for help but they don't want to help you when you really need it." [62]

A key component of effective family intervention is therefore looking at the family 'from inside out rather than outside in'.[63] One example of this was a family that included teenage children who were living independently but in regular contact with other family members. This was having a negative influence on the family,

---

[58] Worker cited in Crowther K. and Cowen G. (2011) *Effective Relationships with Vulnerable Parents to Improve Outcomes for Children and Young People: Final Study Report*. Action for Children.

[59] Worker cited in Crowther K. and Cowen G. (2011) *Effective Relationships with Vulnerable Parents to Improve Outcomes for Children and Young People: Final Study Report*. Action for Children.

[60] Morris K. (2012) 'Troubled Families: vulnerable families' experience of multiple service use' in *Child and Family Social Work*.

[61] K Morris 2012 Troubled Families: Their Experiences of using multiple services. A report for Nottingham City Council (unpublished)

[62] K Morris 2012 Troubled Families: Their Experiences of using multiple services. A report for Nottingham City Council (unpublished)

[63] Family Practitioner, Islington

so work was required with all of these individuals in order to deal with their problems, which meant working with six related households.

> *"She used to sit down and listen to what we had to say, and then she'd go and do her work on what we said, not just on what she thinks it should be…She'd listen to the kids, she wouldn't let the parents pull the wool over their eyes she'd ask the kids."* (Grandmother) [64]

These wider perspectives of the family can shed new light on what the real issues are for a family or what the solutions may be. For example families can have unaddressed health problems which are often at the root of other difficulties.[65] An evaluation of the family intervention project in Blackpool found that in two separate cases, the issue which was preventing women from seeking employment was the need for dentures. Once they had been helped with dental treatment, each gained the confidence needed to attend for job interviews.[66] At the other end of the spectrum, sometimes the intelligence-gathering and close working reveals risks that allows specialist child protection assessments to be organised and, if needed, action taken to remove children more quickly than would happen otherwise.

5. A common purpose and agreed action

> *"One family, one plan, one worker"* [67]

Through family intervention, families and their problems are 'gripped' and a plan of action for resolving them developed and agreed. Cases are not allowed to 'drift', and the family intervention worker will ensure the efforts of different agencies and professionals are pulled together and aligned. This reduces the opportunity for families to 'play agencies off against each other', provides an opportunity to reduce some of the overlapping agency activity that surrounds these families and the waste that entails, plus the knock-on impact that may have on the families. It requires family intervention workers and managers to cut through overlapping plans, assessments and activity, to prevent resources being wasted as different agencies pull in conflicting directions.

An authoritative and challenging approach with families to create the 'wake up' moment outlined earlier, can be vital if there is to be any realistic prospect of change. Families are sometimes labelled 'too hard to engage', 'hard to reach', 'declining a service', and 'refusing to engage'. No troubled family should be left 'in trouble' without there being consequences for them if they do not accept help on offer from family intervention. Good family intervention operates within a system where the agencies and its leaders will relentlessly challenge families and use sanctions where necessary to encourage them to take help, if it means the

---

[64] Morris K. (2012) 'Troubled Families: vulnerable families' experience of multiple service use' in *Child and Family Social Work*.

[65] Boddy, J et al (2012) *Health-Related work in Family Intervention Projects.* Thomas Corum Research Unit, Institute of Education, University of London

[66] Ravey et al (2008) *Evaluation of the Blackpool Springboard Project.* University of Salford.

[67] Troubled Families Co-ordinator, Sheffield

children in those families get a chance not to repeat the patterns of their parents. That means that other agencies have to back the family intervention approach; a common aim and goal is important for the family, for the family intervention workers and for the system surrounding them.

Families are often facing sanctions or enforcement action from a range of agencies at the point they are referred to a family intervention service. The worker rarely controls these sanctions themselves. Indeed there is some evidence that shows that intervention can be more readily accepted if it is delivered by an agency which is not the agency that will implement the ultimate sanction or take legal action. The family intervention worker acts as an intermediary in the use of sanctions by other agencies – which may mean asking other agencies to accelerate threat of a sanction to exert maximum pressure on families to change, or to slow down their use of sanctions in situations where enforcement action might undermine the progress a family are making. Sanctions or the threat of sanctions might include:

- Parenting Orders
- Action by housing providers to address anti-social behaviour and nuisance (demoted tenancies or housing injunctions)
- Sanctions relating to poor school attendance (prosecution or fines for non-attendance, or the threat of exclusion)
- Criminal justice system actions (pre-court actions such as an Anti-social Behaviour Contracts or final warnings, or court orders such as supervision orders or curfews)
- Actions around safeguarding children (child protection interventions, backed by the ultimate threat of action to remove children if they are at significant risk)

Evidence shows that the threat of sanctions such as loss of tenancy 'concentrates the mind'[68] of families and is a key mechanism for bringing about change.

> *"And then it got to the point, this particular day, for some strange reason things just snapped and just clicked into place and it was like I am going to do this, I am going to have to tackle things head on and let [the family intervention project] in and let social care get involved, let them get involved with me and the kids and I am going to have to work with them and I thought the quicker I work with them, I thought the quicker I can get them off my back and I can start living my life."[69]*

The family intervention worker can only be fully effective if they have the right structures in place to back their efforts to co-ordinate the work of other agencies. They have to be invested with the trust and the support to oversee what the family really needs in order to change, for example fast-tracking families into

---

[68] White et al (2008) *Family Intervention Projects – An Evaluation of their Design, Set-up and Early Outcomes.* National Centre for Social research.; Leeds City Council (2007) *Evaluation of Signpost Family Intervention Project*

[69] Quotation from recorded conversations used to inform *Listening to Troubled Families* (2012) DCLG.

services such as drug treatment or specialist health services. For this to happen, all relevant agencies locally need to be aware of and supportive of family intervention with structures in place for resolving disagreements or agreements for joint working and sharing cases.

Agencies often do not have a common purpose with the families and all want to do different things 'to them' at different times. Lack of consistency between agencies can be incredibly frustrating for families[70] – or even counter productive. Many local authorities ensure their family workers use a staged process from 'referral to closure' that provides clarity for all concerned and specifically what each agency's role is and at what point they might be called upon to take action. It also has significant benefits for the caseworkers. One example of the staged approach is below. This varies in different areas, but often broadly corresponds to the following stages.

Seven key stages of the family intervention approach[71]:
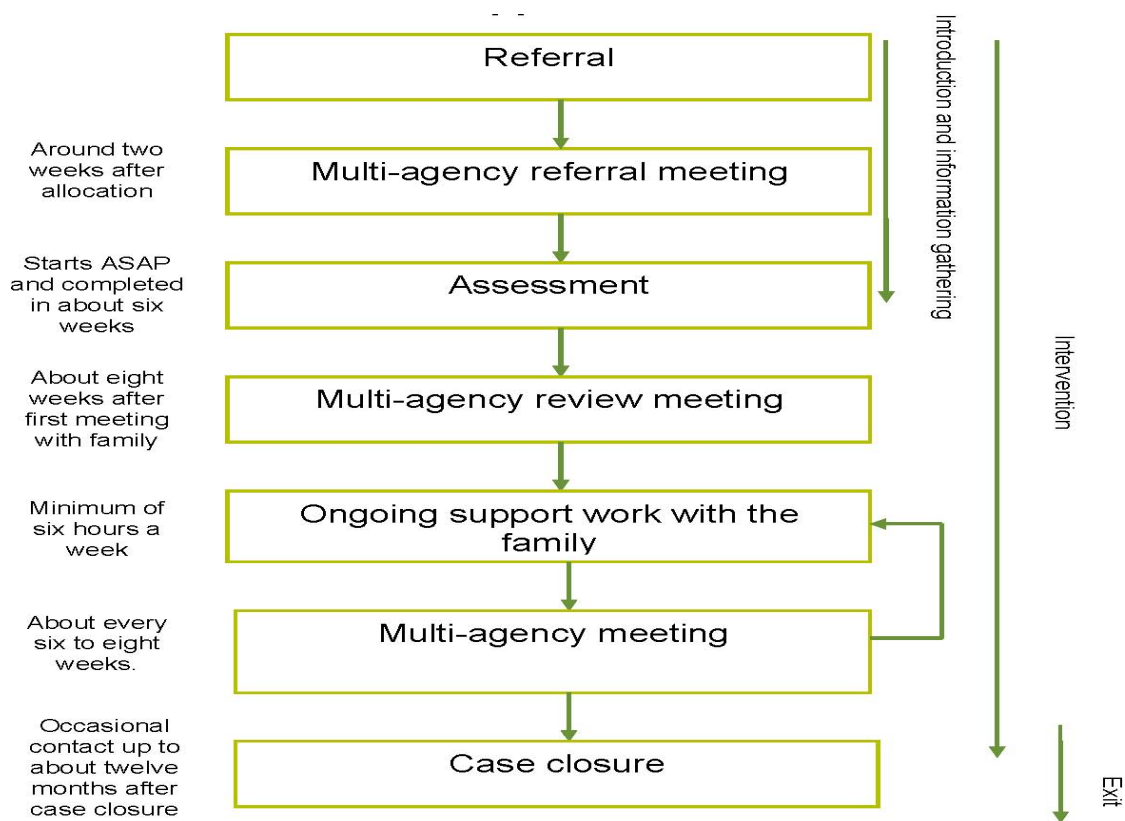
One Family Intervention Project manager in Manchester described the benefit of having a structured approach to working with a family:

"I think workers also believe that if they understand the process from referral to closure, then they will achieve positive outcomes for families and this influences how they deliver the intervention. They do this work because they want to support families to change and they really believe

---

[70] Morris K. (2012) 'Troubled Families: vulnerable families' experience of multiple service use' in *Child and Family Social Work*.

[71] Promoted by the Families at Risk Division, Department for Education 2008-2010.

that families can change, but they have often worked in services that provide general 'family support' without clarity or purpose. The fact that this work is underpinned by key principles and a systematic model reinforces the positive beliefs they have and the positive behaviours they demonstrate as workers." [72]

Supporting and building a family intervention workforce

Local authorities consistently tell us that effective family intervention workers come from a wide range of backgrounds including housing, police, voluntary sector, youth offending, nursing, psychology and social work. This is backed up by other evidence[73]. Suitability for this type of work has a lot to do with attitudes and interpersonal skills as well as any particular professional background.

Being faced day in day out with inter-generational family dysfunction, violence, poor parenting and neglect is intellectually, physically and emotionally demanding. As we have been told time and time again, the role of the family worker is tough, difficult work that not everyone will be cut out to do – and doing it well, whilst staying motivated, requires training and supervision. Staff need to be supervised to undertake this work effectively, ensuring they are working to the most effective model, reflecting on practice and any connection to other issues such as child protection. Some councils (for example Manchester City) have found that traditional approaches to supervision have proved insufficient for this type of work, and have brought in clinical supervision alongside existing systems.

Local authorities are currently recruiting staff into these roles and it is important to note that despite the challenges, this can be very rewarding work. Evaluations have recurrently found family intervention workers report high levels of satisfaction with the work they do.[74]

Many local authorities are currently working out how to train their family intervention workers. Helping workers develop the 5 components of practice outlined in this report will be challenging, especially when workers are recruited from different areas such as youth work or early years. There is currently an NVQ Level 4, 'Working with Families with Multiple and Complex Needs'[75], which was developed to support the training and development of family intervention workers and others doing intensive work with families. Some local authorities are using this to train the family intervention workers they are recruiting, and others have adapted it, adding modules felt to be missing. The Troubled Families Team in the Department for Communities and Local Government will be working in

---

[72] Family Intervention Project manager, Manchester

[73] See for example, Dillane, J. et all (2001) *Evaluation of the Dundee families project.* University of Glasgow. Joint publication by Scottish Executive, Dundee City Council, NCH Action for Children; Ofsted (2011) *Edging Away from Care.*

[74] Thoburn J, Cooper N, Connolly, S & Brandon, M (2011) *Process and outcome research on the Westminster family Recovery Pathfinder* University of East Anglia. 69; Staff motivation is also cited in Action for Children, Knowsley FIP. April 2007 - March 2012

[75] http://www.education.gov.uk/childrenandyoungpeople/families/multipleproblems/b00203548/famili es-complex-needs/level-4

partnership with the Department for Education and others to review this qualification and make available the necessary training, skills and workforce reform needed.

Delivering family intervention to 120,000 families

In this good practice report we have examined and drawn upon evidence and research to develop a 5 factor approach to effective family intervention.
Local authorities and their partners wanted the model to be clearly described and defined so that they are able to consider the structures, organisation and process needed to ensure they have the right approach to turn around the lives of families in their area. It is up to those authorities to decide what structures they will put in place to work with families in their area – and indeed the way they describe those services they develop.

It is important though to ensure that there are effective programmes that balance the need for highly intensive work with the most complicated and difficult families, with lesser degrees of intensiveness for those families with fewer problems. In this way local authorities are able to stretch resources to meet the number of families they need to help and give the greatest return on investment.

For the purposes of this report we have put in broad terms the three basic models that areas are using to deliver the interventions needed to their families. In many areas they are using all three, depending on the needs and problems of the families they are seeking to 'turn around'.

Family Intervention: larger families and/or those with very challenging behaviours and a multitude of issues require a very intense and persistent level of contact each week, thus demanding smaller case loads for a worker of up to around 5 families.

Family Intervention *Light*: smaller families and/or those with fewer needs, may mean it is possible to deliver an intensive intervention with a family but with higher case loads for family workers, for example 5-15 families.

Family Intervention *Super Light*: in some areas, some families are allocated a 'lead worker' dedicated to them, but the worker continues to be based in and work from their existing service. In this way, the expertise of a very wide team is shared. However, the distinct working style of family intervention is at greater risk if based in a different service.

Local areas will have to ensure that they have sufficient confidence that they have trained any member of their staff working with troubled families in the 5 key components of family intervention. They will need to be sure that they have got the right support and supervision in place for those staff, and that for each family there is a collective sense of determination across all the agencies to support the family intervention worker to achieve clear and positive changes for families.

Case study[76]

When the Family Intervention Project began working with Sarah, she was in her early 20s and living with her partner James and her daughter Emily. Sarah's early life was difficult – her mum had been killed in a car accident caused by her father who was drink-driving. Whilst he was in prison for this, Sarah had been put into care, separated from her siblings.

On his release from prison, Sarah's dad entered into a new relationship and her new step-mum was physically and emotionally abusive to Sarah and her siblings, and Sarah moved out of home at the earliest opportunity. Years of problems followed with reports of Sarah being drunk and disorderly, causing anti-social behaviour in and around her home, building up huge rent arrears and more recently becoming involved in an abusive relationship with James, resulting in the birth of Emily whilst Sarah was still a teenager. Sarah was also caring for her teenage brother.

Agencies were worried about Sarah's child Emily being neglected, as well as being exposed to adults who were using drugs, Sarah's alcohol misuse and reports of domestic violence in the home.

Dedicated workers, dedicated to families
Sarah's experience of professionals through her early life was not always positive but she trusted that Jane would be direct and honest with her. Jane visited the family daily and explained how, *"sometimes I had to really break down what Sarah needed to do to improve things, we would work on daily, weekly and monthly plans to help Sarah see that she could get somewhere and make her life better..."*

Practical hands on support
However, shortly after Jane started working with her, Sarah went into 'self destruct' over the ending of her abusive relationship with James and Emily had to be removed into foster care.

This was a 'wake up' moment for Sarah, and Jane ensured that she could build on this by helping her get treatment for her alcohol problems through a residential detox and community-based rehab (she had previously turned this down), plus professional help with her mental health problems. Jane also found a property for Sarah to move into in order that she could start providing a stable home life if Emily were to be returned to Sarah's care.

When Emily did return, Jane offered practical support to show Sarah how to implement routines into Emily's life. By working closely with the health visitor and the school there was a plan put in place to give Sarah and Emily extra support when she was starting school. Jane helped Sarah to enrol in further education with a view to getting a job.

---

[76] Provided by Family Intervention Project, North West, December 2012

A persistent, assertive and challenging approach
Even when Sarah had been at her lowest point, Jane wasn't deterred even when Sarah told her to 'get lost'. She constantly challenged Sarah to get the help she needed and reassured her that progress was not beyond her and would give her the best chance of having Emily back living with her again.

Considering the family as a whole – gathering the intelligence
Despite her initial concerns about Sarah's care of Emily, through observing them closely Jane saw a very strong bond between the two of them. Jane could also see that Sarah was desperate to be a better parent to Emily and this all pointed to a strong incentive for Sarah, with help, to get a grip on her life.

Common purpose and agreed action
Jane worked closely with the other agencies to ensure there was an agreed plan for Sarah and Emily. In particular Jane worked closely with children's social care, both about her concerns about Emily in the early stages and then to make them aware of the improvement Sarah was making during Emily's time in foster care.

Jane also had to challenge other agencies to see things differently and to provide the right support at the right time for Sarah and Emily. For example, Sarah had previously refused drug treatment but Jane knew that with Emily being removed from her would mean she would accept a fresh offer of treatment.

Results
Sarah no longer abuses alcohol or drugs. She has changed the acquaintances that were a bad influence on her, and inappropriate to be around Emily. She now maintains her home properly and there are no reports of anti-social behaviour. She cares for Emily well and Emily is in school and thriving there. There are no ongoing concerns from professionals about Sarah or Emily.

Conclusion

"Like if it wasn't for the Family Intervention Project programme and [the family intervention worker]…I would've been in jail or something. But because he turned my life around like that…Showed me different ways, showed me options... and things like that, sort of things I can do." [77]

This report set out at the beginning that it would focus on what intervention works with families. What it is has attempted to do is relay back the strongest messages being received from the experience that has been – and is now – being evidenced through front-line workers and their managers.

The report has highlighted the characteristics of a determined, committed, persistent and very talented group of staff who are succeeding where numerous services and interventions have failed in the past.

Thank you to all of those practitioners, academics and families who have helped with the compilation of this report.

---

[77] Boddy, J et al (2012) *Health-Related work in Family Intervention Projects.* Thomas Corum Research Unit, Institute of Education, University of London

ANNEX A: Outline of the evidence, research and sources used for the report

There is a body of evidence that has been developed assessing the process and impact of family intervention. Evaluations of family intervention services have typically included analysis of case data, qualitative interviews with project staff, stakeholders and services users and estimations of costs and savings. The reported findings have all tended to indicate that the family intervention approach has a positive impact on the majority of families participating. There are three main areas where this impact has been demonstrated, namely:

- A reduction in the problems experienced, and caused by, the families (using pre- and post-intervention measurements);
- Positive feedback about the approach from participating families (using qualitative evidence gathered from family members); and
- Assessments of cost-effectiveness (by comparing the financial costs of the projects with savings made through reducing the problems associated with the family).

This report has been informed by the research reports, evaluations and sources outlined below. A call for wider information and evidence was also made via the Local Government Association practitioner 'Knowledge Hub' and by asking areas to send in relevant local evidence at a series of regional meetings for Troubled Families Co-ordinators held in autumn 2012. This generated a number of additional local evaluations of Family Intervention Projects, local practice guides or manuals and case studies.   Sources of information are listed below.

The main strength of the evidence base is the consistency of findings over a number of different evaluations, as well as the consistency in monitoring outcomes reported in the national monitoring reports. Published research evaluating family intervention projects have all reported largely positive results in terms of outcomes for families, cost-efficiency, and approval from service users.

There are however some notable limitations to the evidence base. The first is that most studies are limited in what can be concluded from them about the degree to which improvements for families are attributable to the intervention specifically, when external factors are taken into account. This has tended to be because evaluations have not, or have not been able to, establish suitable control or comparison groups. The evidence would be strengthened by being able to compare improvements with similar families not receiving these types of intervention. We are currently inviting tenders for the evaluation of the Troubled Families Programme and have encouraged potential bidders to consider this issue.

Secondly the national monitoring and other evaluations have in most cases been dependent on individual project (or worker) assessments of outcomes. In

this regard, outcomes data has been reliant more on subjective assessments rather than objective external data sources.

A final point is significant proportion of the evidence is qualitative in nature. Studies are often based on qualitative interviews and case studies with small numbers of families/family members. This means that this evidence, of course, should not be taken as representative of all troubled families.

National research and evaluation

Kydd, S. and Roe, N. (2012) *A Better Future for Families: The Importance of Family-based Interventions in Tackling Substance Misuse*. Addaction: London.

Boddy, J. et al (2012) *Health-related Work in Family Intervention Projects*. Thomas Corum Research Unit, Institute of Education, University of London: London.

Crowther, K. and Cowen, G. (2011) *Effective Relationships with Vulnerable Parents to Improve Outcomes for Children and Young People: Final Study Report*. Action for Children: London.

Forrester, D. et al (2008) *Communication Skills in Child Protection: How do Social Workers Talk to Parents?* Child and Family Social Work, 13 (1): 41-51.

Lloyd, C. et al (2011) *Monitoring and Evaluation of Family Intervention Services and Projects between February 2007 and March 2011*. Department for Education: London.

Morris, J. (2007) *Building Bridges Model – Evaluation*. Family Action: London.

Morris, K et al. (2009) *Think Family: A Literature Review of Whole Family Approaches*. Cabinet Office: London.

Morris, K. (2012) *Troubled Families: Vulnerable Families' Experience of Multiple Service Use*. Child and Family Social Work. Doi 10.1111/j.1365.

Munro, E. (2011) *The Munro Review of Child Protection: Final Report. A Child Centred System*. Department for Education: London.

Nixon, J. et al (2006) *Interim Evaluation of Rehabilitation Projects for Families at Risk of Losing their Homes*. Office of the Deputy Prime Minister: London.

Nixon, J. et al (2006) *Anti-Social Behaviour Intensive Family Support Projects: An Evaluation of Six Pioneering Projects*. Office of the Deputy Prime Minister: London.

Nixon, J. et al (2008) *The Longer-term Outcomes Associated with Families who had Worked with Intensive Family Support Projects.* Department for Communities and Local Government: London.

Ofsted (2011) *Edging Away From Care – How Services Successfully Prevent Young People Entering Care.* Ofsted: Manchester.

Rhodes, H. (2007) *Families in Trouble*. Family and Parenting Institute: London.

Richardson, L. and Home, P. (2012) *Using Randomized Controlled Trials in Social Policy: A Case Study of Mixed Methods Research with Troubled Families.* CASE Welfare Policy and Analysis Seminar, London School of Economics, 24 October 2012.

Smerdon, M. and Bell, K. (2011) *Deep Value: A Literature Review*. Community Links: London.

Social Exclusion Taskforce (2007) *Reaching Out: Think Family: Analysis and Themes from the Government's Families at Risk Review*. Cabinet Office: London.

White, C. et al (2008) *Family Intervention Projects: An Evaluation of their Design, Set-up and Early Outcomes.* Department for Children, Schools and Families: London.

York Consulting (2011) *Turning Around the Lives of Families with Multiple Problems: An Evaluation of the Family and Young Carer Pathfinder Programme.* Department for Education: London.

Youth at Risk (2012) *Youth at Risk: Transforming Youth Professionals.* Available at: www.youthatrisk.org.uk

Good practice guides and other sources

London Borough of Islington (2009) *Policy and Practice Manual.*

Association of Greater Manchester Authorities (2012) *Greater Manchester Impact and Evidence Toolkit.*

Worcestershire County Council (2011) *Worcestershire Family Intervention Project.*

Department of Communities and Local Government (June 2012) *Listening to Troubled Families.*

ANNEX B: Monitoring and evaluation of Family Intervention Projects and services from February 2007 to March 2012

This annex summarises data on the work of 'Family Intervention Projects and services' and reports the cumulative and latest annual data at a national level for all participating family intervention services in England up to 31 March 2012. All services use a similar model of working, providing intensive and persistent support for the whole family, co-ordinated by a family worker.

Family intervention services were developed from the original Dundee Families Project run by Action for Children in 1995. A 'national network' of 53 Family Intervention Projects was developed across England over 2006 and 2007. To evaluate the effectiveness of these services, the National Centre for Social Research (NatCen) was commissioned in 2007 to establish a secure web-based information system for project staff to record details of the families they worked with. As the number of Family Intervention Projects increased further between 2007 and 2010, all local authorities were required to supply regular monitoring information on families as a condition of their grant funding.

Data collected from April 2007 to March 2009 was published in September 2009. Subsequent data was then reported annually by the Department for Education as official statistics:

http://www.education.gov.uk/rsgateway/DB/STR/d000956/index.shtml

http://www.education.gov.uk/researchandstatistics/statistics/statistics-by-topic/childrenandfamilies/a00196853/dfe-monitoring-and-evaluation-of-family-interventi

In 2010 the Government removed the ring-fence for its Early Intervention Grant funding to local authorities which was the prime source of funding for Family Intervention Projects. In line with this increase in local freedom and discretion, the specific grant conditions that included a requirement for local authorities to complete data returns on their family intervention services were also removed. Voluntary returns of data were encouraged, however, and a significant, if declining, number of local authorities chose to continue to submit data to NatCen. Records suggest that during 2011-12 around 60% of areas continued to provide information to NatCen.

However, in recognition that this is now no longer a *national* data set, this data has been re-designated as management information rather than official statistics.

This release reports on seven measures:

- A <u>cumulative measure of service capacity</u>, showing the total number of families who worked with a family intervention service between February 2007 and 31 March 2012.

- An <u>annual measure of service capacity</u>, showing the total number of families who worked with a family intervention service during the financial year 2011-12.
- An <u>annual measure of service engagement</u>, showing a breakdown of whether families are still working with a family intervention service and, where families have exited a service, the proportion of those families who leave for a successful, unsuccessful or inconclusive reason.
- The <u>percentage of families who are considered to have a successful outcome</u> in four separate domains:
  - Family functioning and risk
  - Crime/anti-social behaviour
  - Health
  - Education/ employment

KEY POINTS

Cumulative service capacity increased by 22% in the period from 31 March 2011 (from 8,841 families to 10,747). There were fewer returns from local authorities in 2011-12 compared with 2010-11, and so this may be an underestimate.

The annual measure of service capacity decreased by 39% between the financial years 2010-11 and 2011-12 (from 5,461 to 3,324 families). As above, this is based on fewer local authority returns and so may be an underestimate.

The annual measure of service engagement for the financial year 2011-12 is 86% (compared with 89% in 2010-11).

There was, on average:

- 47% reduction in the proportion of families experiencing risks associated with poor family functioning (no change from previous year)

- 52% reduction in the proportion of families involved in crime and anti-social behaviour (up from 50%)

- 35% reduction in the proportion of families with health risks including mental or physical health and drug or alcohol problems (up from 34%)

- 52% reduction in the proportion of families with education problems (no change from previous year)

- 14% reduction in the proportion of families with employment problems (no change from previous year).

SERVICE CAPACITY

As of 31 March 2012 the cumulative measure of service capacity (starting from February 2007) was 10,747 families. This figure is very likely to be an underestimate of total service capacity across the country due to the reduction in the number of local authorities providing data returns since 2010-11.

During this period there were 16,361 referrals to a family intervention service up to and including 31 March 2012[78], compared with 12,850 up to and including 31 March 2011. This was an increase of 27% in 2011-12.

Of the 16,361 referrals up to and including 31 March 2012:

- 10,747 referrals (66%) resulted in families being offered and agreeing to work with a service. This is compared with 8,841 (69%) as at 31 March 2011.

- 4,243 referrals (26%) resulted in a family not being offered a service. This is compared with 3,338 referrals (26%) as at 31 March 2011. Families were not offered a service if they did not meet local referral criteria or conditions.

- 461 referrals (3%) resulted in a family declining the offer of a service. This is compared with 363 (3%) as at 31 March 2011.

- 910 referrals (6%) resulted in families being placed on a waiting list for a family intervention service. This is compared with 308 families (2 %) as at 31 March 2011.

The annual measure of service capacity for the financial year 2011-2012 is 3,324 families. This compares to 5,461 in 2010-11, a decrease of 39%. This is the total number of referrals which resulted in a family accepting the offer of a service between 1 April 2011 and 31 March 2012 (1,740 families) plus those families that were still being worked with from previous years (1,584).[79]

The decrease is likely to reflect the reduction in the number of local authorities providing data returns over the past year.

---

[78] There are a small number of families (721) who are referred to intervention services more than once; this data includes families every time they are referred. For example, a family is counted twice if they have been referred to a service two times, and they are counted three times if they have been referred on three occasions.

[79] This measure includes families that left a service during the year. It also includes the 721 families who are referred on more than one occasion (i.e. they return to the service). Where this occurs a family is included each time they are referred so they are counted twice if they have been referred to a service two times, and they are counted three times if they have been referred on three occasions.

SERVICE ENGAGEMENT[80]

The annual measure of service engagement for the financial year 2011-12 is 86%, compared with 89% for the financial year 2010-11.

This measure is based on the percentage of families who were still receiving a family intervention service on 31 March 2012 (1,807 families), or had exited for a 'successful' reason (1,047 families) between 1 April 2011 and 31 March 2012, shown as a percentage of the annual measure of service capacity (3324 families).

Family intervention workers were asked the reason that the family exited the intervention. They were provided with a range of possible reasons and were allowed to select as many as applied. The responses were categorised as 'successful', 'unsuccessful' or reasons that were inconclusive because they could not be counted as either successful or unsuccessful[81]. If workers only selected one or more reasons that could be counted as a 'success' then a family was recorded as leaving for a successful reason. If they only selected reasons that could be counted as 'unsuccessful' they were recorded as having left for an unsuccessful reason[82].

A total of 1,517 families exited a service during financial year 2011-12. 108 of those families were excluded from the analysis because workers either recorded both successful and unsuccessful reasons for leaving, or they did not give a reason for leaving. Of the remaining 1,409 families, 1,047 (74%) were classified as leaving for a successful reason, 196 families (14%) for an inconclusive reason and 166 families (12%) for an unsuccessful reason.

A cumulative total of 5,443 families exited a service between February 2007 and 31 March 2012. 472 of these families were excluded from the analysis because workers provided both successful and unsuccessful reasons for leaving, or no reason for leaving was given. Of the remaining 4,971 families, 3,835 (77%) were classified as leaving for a successful reason, 649 families (13%) for an inconclusive reason and 487 families (10%) for an unsuccessful reason.

OUTCOME MEASURES

Four 'domains' of outcomes have been identified and reported on since 2007-8: family functioning; crime and anti-social behaviour; health; and education and employment. For each of these four domains a number of relevant indicators

---

[80] This was referred to as the measure of service effectiveness in the 2010 Official Statistics publication.
[81] See earlier statistical releases for a list of successful and unsuccessful outcomes:
http://www.statistics.gov.uk/hub/release-calendar/index.html?newquery=*&title=Family+Intervention+Projects&pagetype=calendar-entry&lday=&lmonth=&lyear=&uday=&umonth=&uyear=
[82] Families where the worker selected a combination of successful and unsuccessful reasons were excluded from the analysis but a combination of (i) successful reasons and (ii) reasons which were inconclusive so could not be counted as successful or unsuccessful, was counted as a success (and equivalently for unsuccessful + inconclusive).

were combined and a percentage reduction in risk calculated.[83] This percentage was based on assessments at the point a support plan was put in place (the 'before', or baseline measure) and at the time the family left the intervention (the 'after' measure)[84]. Workers were asked to only include factors which they had evidence that they were an issue for a family. The base for each measure includes all families who exited the intervention since January 2006 (5,443 families)[85].

Family functioning

There was, on average, a 47% reduction in the proportion of families with poor family functioning, including poor parenting, marriage, relationship or family breakdown, domestic violence or child protection issues.

The measure is an un-weighted average of the percentage reduction figures for:

- Poor parenting: 49% reduction in the number of families with the issue, from 66% to 34% (a 32 percentage point reduction)

- Marriage, relationship or family breakdown: 47% reduction in families with the issue, from 32% of families to 17% (a 15 percentage point reduction)[86]

- Domestic violence: 57% reduction in the number of families with the issue - from 30% to 13% (a 17 percentage point reduction)

- Child protection issues including neglect, emotional abuse, physical abuse and sexual abuse: 36% reduction in the number of families with these issues, from 30% of families with the issue to 19% (an 11 percentage point reduction)[87]

Crime and anti-social behaviour

There was, on average, a 52% reduction in the proportion of families involved in crime and anti-social behaviour.

Crime is considered to be an issue if a family intervention worker reports that any family member has been arrested for a criminal offence at any stage during

---

[83] The percentage reduction rates reported below are based on un-rounded proportions.

[84] Without an impact assessment we cannot establish whether the outcomes achieved by families can be directly attributed to the family intervention service as some change amongst families might occur 'naturally' over time or because of other services or interventions families received. In addition, **families may still be at risk when they complete a family intervention service even though the level of that risk may have reduced.**

[85] Some measures were based on fewer families due to missing data, the base for all measures ranged from 5,015 to 5,442.

[86] When this is restricted only to families with valid before <u>and</u> after data there is a 46% reduction (from 31% of families with the issue to 17%, which is a 14 percentage point reduction based on un-rounded percentages).

[87] When this is restricted only to families with valid before <u>and</u> after data there is a 35% reduction (from 29% of families with the issue to 19% which is a 10 percentage point reduction based on un rounded percentages).

the service. Workers were asked if any member of the family was on bail or probation, receiving a tag or conditional discharge at the time the support plan was put in place and at the time the family left the intervention. Anti-social behaviour is defined by the Home Office/National Audit Office (2006), as 'acting in a manner that causes or is likely to cause harassment, alarm or distress to one or more persons not of the same household [as the family intervention family]'. Family intervention workers are then asked to specify whether there is evidence that the family has been involved in any types of anti-social behaviours including rowdy behaviour, street drinking, vandalism etc. since their previous review[88].

The measure is an un-weighted average of the percentage reduction in:

- Crime: 45% reduction in the number of families with this issue, from 36% to 20% (a 16 percentage point reduction)

- Anti-social behaviour: 59% reduction in the number of families with this issue, from 77% to 31% (a 46 percentage point reduction)

Health

There was, on average, a 35% reduction in the proportion of families with health risks including mental or physical health and drug/alcohol problems.

From a list of risk factors, family intervention workers were asked to record factors they were certain were an issue for a family, including information from multi-agency review meetings where available. For mental health, the types of issues included were anxiety and/or panic attacks, depression, lack of confidence, nerves and/or nervousness and stress. For physical health, the types of issues included were poor diet and lack of exercise.

The measure is an un-weighted average of the percentage reduction figures for:

- Mental health: 24% reduction in the number of families with this issue, from 39% to 30% (a 9 percentage point reduction)

- Physical health: 29% reduction in the number of families with this issue, from 10% to 7% (a 3 percentage point reduction)

- Drug or substance misuse: 39% reduction in the number of families with either of these issues, from 32% to 20% (a 12 percentage point reduction)[89]

---

[88] The full list is as follows: drug/substance misuse & dealing: street drinking; begging; prostitution; kerb crawling; sexual acts; abandoned cars; vehicle-related nuisance & inappropriate vehicle use; noise; rowdy behaviour; noisy neighbours; nuisance behaviour; hoax calls; animal-related problems; racial or other intimidation/harassment; criminal damage/vandalism; and litter/rubbish. FIP staff are also invited to specify any other behaviour the family have been involved in that they judge to come under the definition of anti-social behaviour. *Tackling Anti-social Behaviour* (2006) Home Office/NAO p.9.

[89] When this is restricted only to families with valid before and after data there is a 38% reduction (from 32% of families with the issue to 20%, which is a 12 percentage point reduction based on un-rounded percentages).

- Drinking/alcohol problems: 47% reduction in the number of families with this issue, from 28% to 15% (a 13 percentage point reduction)[90].

Education and employment

There was, on average, a 33% reduction in the proportion of families with education and employment problems.

Family intervention workers were asked if any children in the family had problems relating to truancy, exclusion or bad behaviour at school. Workers were also asked to record the number of adults over 16 in the family who were not in education, employment or training.

The measure is an un-weighted average of the percentage reduction figures for:

- Truancy, exclusion or bad behaviour at school[91]: 52% reduction in the number of families with these issues, from 58% to 28% (a 30 percentage point reduction based on un-rounded percentages)

- No adult in the family in education, employment or training: 14% reduction in the number of families with this issue, from 67% to 58% (a 9 percentage point reduction).

Technical notes

This Annex is based on all data entered into the Information System about families supported up to 31 March 2012. Figures relating to the 2010-11 financial year were reported in the 2011 DfE Statistical Release which used a cut-off date of 5 April 2011. Figures relating to the 2009-10 financial year were reported in the 2010 DfE Statistical Release which used a cut-off date of 23 April 2010 for all families supported up to 31 March 2010.

---

[90] When this is restricted only to families with valid before and after data there is a 46% reduction (from 28% of families with the issue to 15%, which is a 13 percentage point reduction based on un rounded percentages).

[91] Please note that this does not take into account changes in school attendance or behaviour due to family members no longer being of school age.

Summary table of outcomes over the data collection period

SUMMARY TABLE OF CUMULATIVE OUTCOMES, 2007-2012

The table below summarises the outcomes accumulated over the data collection period.

	2007-2009[92]	Up to March 2010 % reduction		Up to March 2011 % reduction		Up to March 2012 % reduction	
Reduction in ASB	85% > 35%	88% > 38%	57%	81% > 34%	58%	77% > 31%	59%
Reduction in crime	n/a	37% > 23%	38%	35% > 20%	41%	36% > 20%	45%
Reduction in truanting, exclusions and bad behaviour	52% > 24%	59% > 28%	54%	58% > 28%	53%	58% > 28%	52%
Reduction in worklessness[93]	n/a	69% > 59%	15%	68% > 58%	14%	67% > 58%	14%
Reduction in DV	26% > 8%	26% > 12%	54%	28% > 12%	57%	30% > 13%	57%
Reduction in child protection problems	21% > 10%	27% > 17%	37%	27% > 18%	34%	30% > 19%	36%
Reduction in family breakdown	32% > 10%	28% > 15%	48%	30% > 16%	47%	32% > 17%	47%
Reduction in poor parenting	60% > 32%	68% > 34%	50%	67% > 34%	49%	66% > 34%	49%
Reduction in mental health problems	38% > 36%	31% > 26%	18%	36% > 28%	23%	39% > 30%	24%
Reduction in physical health problems	16% > 14%	9% > 6%	28%	9% > 7%	26%	10% > 7%	29%
Reduction in drug misuse	34% > 16%	34% > 21%	39%	32% > 20%	40%	32% > 20%	39%
Reduction in alcohol misuse	30% > 11%	30% > 16%	48%	29% > 15%	48%	28% > 15%	47%
Cumulative number of families exiting a family intervention service (base for percentage reductions above)	1,788			3,675			5,443

---

[92] Based on 90 families only
[93] No adult in the family in education, employment or training

Acknowledgements