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**Plymouth Family Intervention Project
Evaluation 2012**

Final Report

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Plymouth Family Intervention Project Evaluation 2012

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EXECUTIVE SUMMARY

The Plymouth Family Intervention Project (PFIP) was set up in 2007. It was designed to specifically engage with government agendas and evidence based practice to tackle anti-social behaviour. Through a process of annual evaluation and reporting the PFIP has kept pace with changing national and local government priorities and now addresses 'troubled families' that the Coalition government has identified as problematic in communities. By focusing on troubled families, the PFIP retains its core work around offending, anti-social behaviour, worklessness and truanting. This report represents the findings of the evaluation of the PFIP for 2012 and compares these to the previous four years evaluations. Additionally it analyses the evaluation findings comparatively with national research on Family Intervention.

The PFIP team created and continue to use an innovative assessment tool for families that is annually updated to reflect local and national policy requirements. This tool provides a holistic approach that recognises the necessity to consider the needs of families as a whole, rather than as individuals. This way of looking at families has been recognised nationally as key to effective working, as Flint et al (2011:134) note, it is, 'apparent that current mechanisms, such as Common Assessment Frameworks, may not always capture the actual extent and complexity of issues impacting upon vulnerable young people and families'. So, PFIP is designed and organised to facilitate assessment of whole families' needs, risks and protective factors.

The work of PFIP

National research on Family Intervention has shown that working with families intensively over an extended period, utilising a holistic approach via dedicated Key Workers engaged in multi-agency partnerships, can have a transformative impact on individual's lives that is sustainable (Batty and Flint, 2012). The PFIP has worked within these parameters and has pioneered aspects of them. The Manager of the PFIP is an advisor to the central government's Troubled Families Unit and in this role has been required to advise Family Intervention implementation nationally. This places the PFIP and Plymouth City Council in an excellent light nationally.

PFIP families are assessed according to 13 critical issues:

- Physical health
- Mental and emotional health
- Sexual health
- Substance use
- Offending behaviour
- Anti-social behaviour
- Domestic abuse
- Child safety
- Personal responsibility
- Housing
- Debt
- Adult employment and training
- Children's education

PFIP operates using an intensive outreach programme for families with chaotic lifestyles and complex needs. PFIP works with whole families in their own homes, to assist them in addressing problems that have resulted in crime, anti-social behaviour, truancy and/or worklessness. The PFIP address these areas through a comprehensive assessment of thirteen 'critical issues' that represent five key substantive domains of interest which are: crime and anti-social behaviour, education, family functioning, health and employment.

Families engaged with PFIP work intensively with a Key Worker and Specialist Workers to tackle the 13 critical issues. The intensive nature of support provided by Key Workers involves them being in regular contact with families from early morning through until 8pm Monday to Saturdays.

The role of Key Workers is to coordinate a package of support for families that provides a link to other agencies and services that can address families' complex and multiple needs. The Key Worker role provides the multi-agency team with a common purpose. They act to support whole families, to ensure they receive practical support and advice through an assertive and challenging approach. The Key Worker provides a vital link for families, whose problems have not been addressed previously in such a joined-up fashion.

PFIP Specialist Workers are specialists in domestic abuse issues, parenting matters and substance use problems. The team also includes a seconded police officer who supports Key Workers with crime and anti-social behaviour matters in order to facilitate crime reduction. There is a very low turnover of staff within PFIP, providing families with the consistency required for them to attain positive outcomes.

Assessment and Evaluation

Each family that works with PFIP is initially assessed by their dedicated Key Worker over a number of weeks. This assessment is carried out using the PFIP assessment tool which specifically measures where families sit in relation to the thirteen critical issues and associated key substantive domains of interest. The assessment process sets 'Baselines' for families, measures their risk and protective factors and sets targets in relation to each critical issue. Families are then regularly reviewed until the

families have attained their overall targets, when they go through a final assessment and enter the process of exiting the PFIP.

The assessment tool, review paperwork and final assessment therefore directly measure the critical issues that have been identified by government policy and evidence based practice as underpinning the problems of crime and anti-social behaviour, education, family functioning, health and employment.

The annual evaluation of PFIP draws its data directly from the assessment tool, reviews and final assessment paperwork completed by Key Workers. The evaluation process incorporates an analysis and update of policy and evidence based practice which informs development of the critical issues addressed by PFIP. So, the evaluation provides information to the team on its outcomes for families *and* it informs the process of development of PFIP priorities to ensure that it is progressive in challenging contemporary issues.

Main Characteristics of PFIP:

- Families engaged as a whole unit
- An assertive and challenging approach by Key Workers
- A coordinated intensive package of support for families
- Key Workers role enhanced by Specialist Workers to address families' issues
- Evidence-based policy embedded in to assessment, review and evaluation processes

Key Evaluation Findings

Overall the PFIP evaluation for 2012 has shown that PFIP has successfully improved outcomes for troubled families in Plymouth. Having worked with families in each of the thirteen critical issue areas, it is more likely that the positive outcomes for families specifically in relation to offending, anti-social behaviour, worklessness and truanting will be sustained. This is due to the stabilising impact of good outcomes for families in the broader areas of health, education and family functioning.

- ***Offending and anti-social behaviour rates reduced across all families.***
 - There were high rates of offending and anti-social behaviour amongst families in 2012 comparatively to previous evaluations. These reduced comprehensively during the intervention period.

- Those few families that had continued to commit crimes or anti-social behaviour had committed far fewer offences or incidents and they were less serious in nature.
 - Young people entered PFIP with crime and anti-social behaviour issues. PFIP resolved those issues and on exit from PFIP young people had largely desisted from crime and anti-social behaviour.
 - There was an increased understanding in families of the impact of their anti-social behaviour on their local community.
- ***Families' risk of eviction reduced significantly.***
 - All families retained a suitable tenancy.
 - The large majority of families had improved the condition of their homes.
 - Some families had paid off their rent arrears completely; others had plans in place and were reducing rent arrears.
- ***Children's welfare was protected.***
 - Some families were identified through the PFIP assessment process as containing children at risk that were subsequently placed under Child Protection Plans.
 - One family had their children removed in to the care of the Local Authority during the 2012 period following evidence gathering by PFIP Key Workers.
- ***Families increased their capacity to ensure children and young people were safe from harm.***
 - The majority of families had undertaken a parenting intervention.
 - All families that completed the PFIP intervention engaged with and improved their parenting skills, thus ensuring their children were safe from harm.
- ***Physical health improved across all families.***
 - The large majority of families had increased levels of exercise.
 - All families consumed better diets.
 - Problematic tobacco smoking identified in the 2011 evaluation had been resolved in 2012, with fewer individuals smoking less tobacco on exit from the intervention.
 - Overall health and wellbeing improved for all families.
- ***Mental and emotional health improved for families.***
 - PFIP contained more families with mental and emotional health issues than the national average.
 - Adults and children were supported to access services for their mental and emotional health issues, though not all did so. Additional support

was provided to families by the Specialist Domestic Abuse Worker as noted below.

- **Sexual health knowledge improved across all families.**
 - Families understanding of safe sex practices and appropriate use of contraception improved.
 - No young person conceived during the intervention period.

- ***Families were challenged to tackle their drug and alcohol issues.***
 - Adult alcohol and drug use was identified as problematic, with issues becoming increasingly apparent as the intervention intensified.
 - The large majority of individuals with alcohol or drug abuse issues attained support for their problematic substance use.
 - Families were supported to minimise harms in relation to use of drugs and alcohol.

- ***The level of current domestic abuse had reduced.***
 - Rates of domestic abuse amongst families were higher than in previous years' evaluations and higher than the national average.
 - Nearly half of the families evaluated were experiencing 'current' domestic abuse in the 2012 period and all families had experienced domestic abuse in the past.
 - The number of incidents of current domestic abuse reduced comprehensively over the PFIP intervention period.
 - On exit from PFIP support with either current or past domestic abuse had been provided to a large majority of families and/or harm had been minimised in this area.

- ***Individuals social and communication skills had improved and families were more likely to be involved in their local community.***

- ***High debt levels were identified by the PFIP intervention process and families were supported in management of their finances and debt reduction.***

- ***Engaging families in employment, education or training proved difficult in the intervention period, particularly given the majority of families were headed by single parents.***
 - There was no change in employment levels on exit from PFIP.
 - Families were referred to support for employment, education and training.
 - PFIP may choose to explore this area further as a consequence of the evaluation findings.

- ***School attendance rates improved***
 - The large majority of children were attaining ad education on exit from PFIP.

Conclusion

The PFIP evaluation for 2012 has therefore highlighted the range of multiple and complex needs within troubled families and the positive outcomes for families that work with the intervention that are potentially transformative for their futures.

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Plymouth Families Project Evaluation 2012

1.0 Introduction

This report represents the findings of the evaluation of the Plymouth Family Intervention Project (PFIP)¹, completed for 2012. It addresses previous evaluations carried out in 2008 (Browning, 2008), 2009 (James and Gilling, 2009), 2010 (James, 2010) and 2011 (James, 2011) and as such it provides a review of the PFIP five years since it was set up within Plymouth City Council. It does this by comparing previous year's evaluation findings to this year. Additionally, the evaluation considers research in other areas, particularly overarching evaluations of Family Intervention Projects nationally (Lloyd et al, 2011, Flint et al, 2011).

The aims of the 2012 PFIP evaluation were:

- To evaluate the progress and outcomes of families in the period from August 2011 to August 2012: from baseline setting to exit from PFIP.
- To assess the progress of families who had disengaged from PFIP during the intervention period.
- To update the assessment and final review tools used by PFIP key workers to review family needs and evaluate performance.

2.0 Research Context

Family Intervention Projects were initiated by the New Labour Government in 2006 and Plymouth Anti-Social Behaviour Unit responded quickly to this national policy initiative by creating the Plymouth Families Project (now PFIP) in 2007. The core aims of Family Intervention Projects under New Labour were to tackle anti-social behaviour, consequent homelessness and crisis care needs. Their policy of tackling crime by, in part, addressing the causes of crime, was typically manifested in the creation of Family Intervention Projects which looked to resolve inter-generational disadvantage and worklessness (Lloyd et al, 2011). Under New Labour the Family Intervention Projects appeared to be successful, as previous iterations of this evaluation have also shown, and therefore the government broadened their remit to

¹ Plymouth Family Intervention Project was formally known as Plymouth Families Project (PFP).

address youth crime problems, female offenders and families with children living in poverty. The current coalition government has further augmented the focus on families as informing 'bad' behaviour. In 2012, the Department for Communities and Local Government launched its 'Troubled Families' initiative, which identified a need for 'partnership between central and local government to turn around the lives of 120,000 troubled families' (DCLG, 2012). The Coalition government policy on troubled families focuses on anti-social behaviour and crime, reducing school truancy and worklessness.

Family Intervention Projects grew out of research that had found that a disproportionate amount of anti-social behaviour was committed by a small number of families in neighbourhoods (Dillane et al, 2001). Pilot projects were set up in 2003 to address this issue and their findings showed that the best way to tackle problems was via a 'twin track' approach that coupled enforcement with intensive support for families (Nixon et al, 2006, White et al, 2008). In order for this approach to be successful however, it required local authorities and agencies from the public, private and third sectors to work together within multi-agency partnerships. Therefore Family Intervention Projects were set up nationally in 2006 with the remit of providing support for families and utilising enforcement where necessary within a multi-agency framework.

National evaluations of Family Intervention Projects have shown that they have been successful to date, despite some criticism of them. Critiques of Family Intervention Projects tend to identify the intense nature of the process of intervention as invasive (Fletcher et al, 2012, Gregg, 2010). However, more nuanced research shows that the ways Family Intervention Projects work with families focuses on empowerment and their intensive nature is appreciated by families who are used to social services that do not engage with them in such depth (Flint ,2012, Flint et al, 2011).

The PFIP was set up to specifically engage with government agendas and evidence based practice. The PFIP team created an innovative assessment tool for families that was holistic, recognising the necessity to consider the needs of families as a whole, rather than as individuals. This way of looking at families has been commended by central government and recognised by national evaluation as key to effective working with families. As Flint et al (2011:134) note, it is, 'apparent that current mechanisms, such as Common Assessment Frameworks, may not always capture the actual extent and complexity of issues impacting upon vulnerable young people and families'. So, PFIP was designed and organised to facilitate assessment of whole families' needs, risks and protective factors.

The Assessment Tool completed by Key Workers in PFIP sets out baselines for families on thirteen critical issues: physical health, mental and emotional health,

sexual health, substance use, offending behaviour, anti-social behaviour, domestic abuse, child safety, personal responsibility, housing, debt, adult employment and training, children's education. Key Workers then review these areas regularly and finally review each families' outcomes. The critical issues assessed by Key Workers represent the five 'key substantive domains of interest' identified by Lloyd et al (2011) as addressed by Family Intervention Projects nationally which are: crime and anti-social behaviour, education, family functioning, health and employment. More recently Batty and Flint (2012) have distinguished between these areas of interest to identify those that resolve crises, those that stabilise families and those that transform them. They note that in order for transformation to happen, families need stabilising factors which often come out of crisis management initially. The sustainability of positive outcomes for families who have received intensive interventions is often questioned (Fletcher et al, 2012, Gregg, 2010). However, Batty and Flint's (2012) work suggests that by considering the nature of outcomes as stabilising and transformative may provide information on their sustainability. This evaluation therefore considers the outcomes for families in light of their research.

The design of the PFIP Assessment Tool, Review and Final Review paperwork is clever as it allows evaluation of the project to draw directly from this paperwork. Additionally, it engages Key Workers in PFIP in the requirements of national and local policy as they complete their paperwork. This is useful to them as they can see how their work directly impacts on families, as does annual evaluation of the PFIP families' outcomes.

The role of Key Workers in PFIP is central to the project's success. Key Workers are employed to keep regular contact with a set of families at all hours of the day and evening over an extended period of time. They provide information and advice to families on the practicalities of life, such as parenting, life skills, goal setting and motivational techniques (Lloyd et al, 2011). They also signpost families to appropriate services that can address their specific needs, such as health professionals, social services, mental health support services, substance abuse interventions, police, housing officers and private or third sector service providers. Research has shown that Key Workers are central to successful Family Intervention Projects (White et al, 2008). Overall a national evaluation of Family Intervention Projects has shown that successful projects tend to contain the following elements, 'holistic whole family approaches; multi-agency partnerships; a key worker; intensity and longevity of engagement; access to specialists and statutory support service' (Flint et al, 2011). PFIP certainly contains each of these elements and has pioneered some, as has been evidenced by the Head of the government's Troubled Families Unit utilising the experience and knowledge of the PFIP Manager to inform practice in other areas.

The PFIP key worker team includes specialists in domestic abuse issues, parenting matters and substance use problems. Additionally, there is a seconded police officer who deals with crime and anti-social behaviour matters within the team and workers employed under the European Social Fund to address worklessness issues. There is a very low turnover of staff within PFIP, providing families with the consistency required for them to attain positive outcomes (White et al, 2008, Lloyd et al, 2011).

PFIP evaluations over previous years have utilised the whole family assessment tool, reviews and final outcomes paperwork to address performance targets set out under each of the thirteen categories for families as set out above. This 2012 evaluation makes comparisons to previous years in the section below at 4.0. In summary, each previous evaluation has noted the positive impact of PFIP on offending and anti-social behaviour, with the 2010 evaluation noting a particularly dramatic drop in families' engagement with these problematic behaviours. Each evaluation has also noted the positive impact of PFIP on family functioning, with families effectively having engaged in parenting programmes and ensuring improved child safety, or when absolutely necessary providing protection for children within the care system. In 2009 the problem of worklessness was highlighted by the evaluation and subsequently PFIP have developed their performance measures in this area and the related areas of debt and personal responsibility. The 2008 evaluation found stark evidence on the extent of domestic abuse and substance abuse within families and subsequently specialist domestic abuse and drugs key workers were employed to address these issues for families. In 2011, the evaluation incorporated analysis of the outcomes for families that had disengaged early from the PFIP in comparison to those that had completed the intervention. The evaluation showed that although families that had disengaged did not do as well as those who had completed, their outcomes had improved overall.

3.0 Research Process

The 2012 PFIP evaluation was completed by the report author with the assistance of a Research Assistant, Karen Bromley. The evaluation was designed and processed in close collaboration with the Manager of PFIP and with the support of Key Workers and administrators in PFIP. The design of the evaluation was intended to function as a direct comparator to previous annual evaluations and to provide a summary of five years evaluation process. Further, following on from the utility of measuring the outcomes of disengaged families in 2011, the 2012 evaluation continues this aspect of the research.

3.1 Policy Update and Performance Target Review

The process of evaluating PFIP annually has required a review of the policy environment in order to inform the setting of appropriate performance measures to address critical issues in families. This process was particularly important with the change of government in 2010. The Coalition government commitment to 'troubled families' has meant that policies that inform PFIP practice have shifted, but not changed entirely. Subsequently this 2012 evaluation incorporated a review of the PFIP performance measures to ensure they engaged effectively with the Troubled Families agenda. Each of the performance measures set out in the PFIP paperwork were considered by the report author and the PFIP Manager. They were then adjusted where required according to policy developments.

An important aspect of the evaluation of PFIP is the consideration of the 'risks' posed by family members in relation to the thirteen critical issues assessed by Key Workers. In order to evaluate the 'distance of journeys travelled' (Flint et al, 2011) by families the evaluation annually measures risks over the intervention period. This 2012 evaluation involved a re-appraisal of the risk measures in the PFIP paperwork process and incorporated refresher training for measuring risks with Key Workers.

3.2 Research Project Parameters

The PFIP evaluation is driven by numerous factors, but focuses on ensuring that PFIP practice is informed by:

- the specific needs of families in Plymouth as measured by previous PFIP evaluations;
- local and national policy as outlined above, and;
- a review of research in the area, as evidenced by comparison of each evaluation to other national evaluations and relevant research.

The first evaluation in 2008 was an in-depth study of the initial set up of PFIP in 2007. Subsequently evaluations from 2009 – 2011 have specifically addressed the outcomes for families engaged in PFIP by comparing their **baseline statements** (set on entry to PFIP) with their **outcome statements** (set on exit from PFIP). This process has been completed for each performance measure within the thirteen critical issue areas for families as assessed by Key Workers. This 2012 evaluation follows the same process as previous years.

In addition to measuring outcomes for families, since 2010 the evaluation process has incorporated measurement of **risks** for individuals in families for each of the thirteen critical issues. This 2012 evaluation has likewise analysed risk scores as part of the evaluation process. The risk scoring process is designed to provide key workers with a tool to reflect on families' needs. Risks are measured on an 11 point

scale, ranging from, '*no problem*' in the area, through '*potential problem*', scaled 1-5, to '*actual problem*' scaled 1-5. Each time a family has been reviewed by a Key Worker, their risk scores were reviewed and re-done. This process has allowed the key workers to see where potential problems may arise for families which require on-going work or where actual problems have manifested and therefore need immediate attention.

In order to analyse the baseline statements, their review and the risk scores for each individual and family, the initial assessment tool and final review paperwork were inputted in to a password protected data analysis software package, SPSS, held on the Plymouth University computer server (to increase security of information). The data was then analysed following the previous evaluations parameters to provide a robust account of the PFIP outcomes for 2012. The research findings from this process are outlined below at 4.0.

3.3 The Sample

This report represents analysis of data gathered on a comprehensive sample of families that had worked with PFIP between the summer of 2011 and the summer of 2012. The sample includes 18 families, including 13 families that had completed the PFIP intervention process in full, having exited from the programme. The other 5 families in the sample had disengaged from the PFIP intervention after a period of time, as will be discussed further below.

3.3.1 Disengaged families

In 2011, the PFIP evaluation explored the outcomes for families that had disengaged from the PFIP intervention in comparison to those that had completed it. This evaluation for 2012 similarly examined families' engagement with PFIP in order to draw comparisons with the previous year's evaluation. This followed the good practice of the national review of Family Intervention Projects carried out by Lloyd et al (2011) and as such has allowed consideration of families 'success' rates. Lloyd et al suggested that those families that had disengaged from Family Intervention Projects were 'unsuccessful' or 'inconclusive'. However, the 2011 PFIP evaluation noted a great deal of successes achieved with families that had disengaged, particularly in relation to tackling offending and anti-social behaviour.

The reasons for families disengaging from PFIP in 2012 largely related to their needs being better served by alternate agencies, most commonly Children's Social Care. So, four of the five families that had disengaged in 2012 had their cases taken over by Children's Social Care and one family had their case taken over by mental health services.

Overall then, it was evident in 2012, similar to 2011, that the families who had failed to formally 'exit' from the PFIP intervention should be compared to those families who had been successful. Analysis below of each of the thirteen critical issues therefore incorporates consideration of the outcomes for families who had disengaged from PFIP. These outcomes reflect the intensive work carried out with families by Key Workers in the initial assessment period of the PFIP process particularly.

3.3.2 Duration of Intervention

Family Intervention Projects nationally are recognised as constituting lengthy periods of intervention with families. This aspect of Family Intervention is recognised as significant in the success of such ways of working with families which is reflected in the 'distance of journeys travelled' by individuals and their associated families (Flint et al, 2011:130). Evaluations of the PFIP since 2008 have shown that families are worked with for extended periods of time, including the longest average time in 2009 at 15 months on average spent with families. In 2011, the average length of intervention was 13 months. In 2012, the average length of intervention for families that had completed the intervention was 11.5 months, with the shortest intervention lasting for 6 months and the longest being for a year and 8 months. This reflects the national average intervention period of 11 months (Lloyd et al, 2011).

Families that had disengaged from PFIP had worked with the project for an average of 9 months, with the shortest period being 8 months and the longest being a year. It would therefore be expected that some successful outcomes would have been achieved overall amongst the disengaged families, given the length of time families worked with PFIP. It should be noted however, that those families that had worked with the PFIP through to formal exit from the intervention would have been subject to an additional 6 months 'exit period', designed to sustain the positive outcomes gained during the formal intervention period.

3.3.3 Referring Agency

Families were referred to the PFIP by a range of agencies in 2012. This differed somewhat from 2011, reflecting the Coalition government's agenda that focused increasingly on anti-social behaviour and crime, as discussed above. The highest proportion of referrals to PFIP in 2012 came from registered housing providers (39%), with the majority of those from Plymouth Community Homes. The PFIP had a significant Service Level Agreement with Plymouth Community Homes during this period of time. The police referred 17% of families to the PFIP in 2012 and the Anti-Social Behaviour Unit referred 11% of families. Interestingly, 11% of families were referred to PFIP by Children's Social Care, who had previously referred the highest number of cases in 2011. A further 11% of families were referred by education

providers, 5.5% were referred by the Youth Service, Streetwise and 5.5% were referred by the Harbour Youth Service.

3.3.4 Family Demographics

This evaluation represents analysis of the outcomes for 18 families that were sampled from the 2011/2012 year, as noted above. Those families constituted 74 people, including 48 children and 26 adults. Families were largely headed by a lone parent (72%), reflecting national research in this area (Lloyd et al, 2011). However, the 2012 evaluation contained the highest number of lone-parent households of any evaluation of the PFIP thus far and this was higher than the national average. Further, this evaluation found that all of the lone-parents in the 2012 evaluation were mothers, rather than fathers also taking this role, as has previously been identified in PFIP evaluations.

The average family size in this evaluation was 4 people, which is reflecting of the last two years' evaluations in 2010 and 2011. However, again, as in previous years, the average family size is skewed somewhat by the range of families supported by the PFIP. So, the largest family in 2012 constituted 6 people, including 5 children brought up by a lone-parent and there were two families that only contained two people (mother and child). The most common family size was 5 people, half of whom were headed by a lone-parent. Given the prevalence of lone-parent families, it is unsurprising that families commonly had three or more children (72%), which is higher than the national average for family intervention projects (51%) and much higher than previous years' evaluations.

The age of people in families has changed over the years of PFIP evaluations and the 2011 evaluation was particularly interesting because there were a high proportion of young children in families, which brought a particular set of issues for Key Workers to address. The overall average age for people in families in 2012 was 17, with the most common ages of people being, 13, 11 or 6. This evaluation has therefore identified that in 2012 families were more traditionally representative of previous evaluations. The majority of children in 2012 were aged between 10 and 14 (43.8%), with a similar proportion of children aged under 10 (43.7%) and 12.5% of children in families aged 15-17. Two families had an adult child living as part of the family unit.

The ethnicity of families working with PFIP in 2012 was largely white British, reflecting the broader Plymouth population which is less diverse than other areas of the UK.

4.0 Evaluation of Baselines and Risk Scores

This section of the report sets out the key findings of the evaluation. It does so by providing statistical analysis of each critical issue area: offending behaviour; anti-social behaviour; housing; child safety; physical health; mental and emotional health; sexual health; substance use; domestic abuse; personal responsibility; debt; education, employment and training; school level education. Each critical issue area is addressed by the PFIP intervention by a set of performance measures that are reviewed each year as part of the evaluation process, as discussed above at 3.1. In evaluating each of the performance measures, the report compares the *baseline statements* set for families on entering the PFIP intervention with their *outcome statements* on exiting the intervention.

Additional to the evaluation of baseline statements and outcome statements, family 'risk' scores, as set out above at 3.2, are analysed. The analysis of the perceived risks posed by individuals in families is useful in providing more detailed knowledge and understanding of how families are supported to achieve successful outcomes. As noted by Batty and Flint (2012), outcomes for families that are transformative are most likely to result in changed lives, but these need to be underpinned by stabilising outcomes that are more likely to result in sustained transformation. So, for example, an outcome may appear negative in some way, such as the identification of chronic ill health. However, the risks for that individual are reduced by the fact that their problem has been identified, diagnosed and effectively managed. Such a 'negative' outcome then, is actually transformative for the individual who is able to deal with their ill health and manage their symptoms. It is stabilising for the family as they are reassured that the individual's illness is well managed. Overall, the family's well-being is sustained due to the reduction of risk in the household. This may then be perceived as a 'successful' outcome that is transformative.

Each critical issue area evaluated below is accompanied by a brief outline of some of the work carried out by members of the PFIP team. Key Workers take a dedicated responsibility for a caseload of families, and they are supported by Support Workers. The role of Key Workers is to coordinate a package of support for families that provides a link to other agencies and services that can address families' complex and multiple needs. The Key Worker role provides the multi-agency team with a common purpose. They act to support whole families, to ensure they receive practical support and advice through an assertive and challenging approach. The Key Worker acts as a vital link for the families, whose problems have not been addressed previously in such a joined-up fashion. This evaluation simply provides a snapshot of the broad range of work carried out by and with the PFIP team. It reflects previous reports due

to the continued nature of working relationships between the PFIP team and local agencies and services in the statutory and third sectors.

4.1 Offending Behaviour

Outcome: Reduced level, frequency and seriousness of offending rates.

Performance Measures:

- Reduction in frequency of police recorded offending rates
- Reduction in offending behaviour gravity scores/seriousness
- Reduced number of first time entrants to youth justice system

4.1.1 Offending Rates

Crime and anti-social behaviour remain the core government priorities for Family Intervention Projects as part of the Department for Communities and Local Government agenda on 'troubled families'. In each evaluation of the PFIP over the last five years, offending rates have reduced significantly amongst families. This reflects national research on Family Intervention Projects (Lloyd et al, 2011, Flint et al 2011). In this evaluation it was found that 26.2% of individuals had offended in the six months prior to entry to the PFIP intervention. This was a higher rate than in 2010 and 2011, which may reflect the higher proportion of families referred to the PFIP from the police.

On exit from PFIP in 2012 offending rates had reduced significantly, with 6.7% of individuals having committed offences. Those that had committed crimes had overall committed fewer offences and the offences were less serious than their previously recorded offending behaviour. Batty and Flint (2012) suggest that the reduction of offending behaviour might be referred to as a 'hard' outcome that is 'transformative' for families. Therefore, the PFIP has been successful in reducing offending behaviour overall.

Interestingly, an additional analysis of the data on offending also shows that families that had disengaged from the PFIP had no recorded offences on their exit from the project, despite the fact that they had not completed the intervention process. This coheres with the finding that such families' issues focused around issues that were not best addressed by the PFIP and hence they had been moved to be supported by other agencies. However, it also shows that the time spent with families by Key Workers in the PFIP had a positive outcome, even though they had disengaged.

All age groups committed offending behaviour on entry to the PFIP in 2012 except those aged under 10 years. The age group most likely to offend (66.7%) were those aged between 18 and 21 years. This finding reiterates the need to focus attention on young adults in households that was particularly important in the 2009 evaluation. In 2011, the evaluation had found that young people aged 10-14 were more likely to be offenders. This evaluation shows that only 19% of 10-14 year olds in families had offended on entry to PFIP in 2012. Of those young people aged 15-17, 33% had offended on entry to the project.

Overall, of all young people aged 10-18 in the 2012 evaluation, 18.2% had entered the youth justice system prior to the PFIP intervention. This is a lower proportion of young people than in previous years. On exit from PFIP in 2012 there were only 7.7% of children aged between 10 and 18 who were receiving continued support from the youth justice system. However, this only constituted 2 individuals.

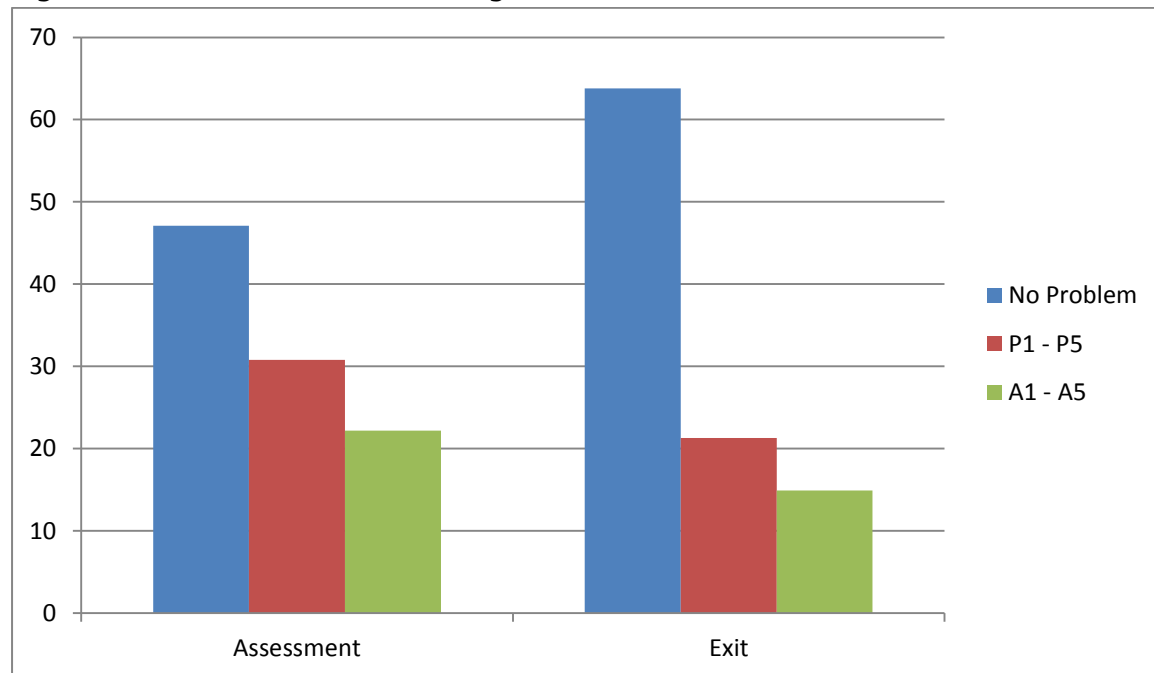
4.1.2 Risk Scores: Offending

Key Workers risk scores for individuals in families provide an excellent tool to understand and analyse the data on offending outlined above. The findings on the risk scores for offending are set out in Figure 1 below. Interestingly, despite the higher rate of offending found in this evaluation for 2012 than in 2011, Key Workers measurement of risk shows that they did not consider individuals more risky than in previous years. Key Workers identified only 21.3% of individuals in families as at *actual* risk of offending on entry to the project. On exit from the intervention Key Workers considered 14.9% of individuals at *actual* risk of offending. The reduction of risk identified here on exit from the PFIP intervention related to 50% fewer individuals than had been within the *actual* risk category on entry to PFIP. All of those individuals that continued to be considered at *actual* risk of offending on exit from PFIP had reduced their risk level somewhat, with no individual scoring the highest risk score.

On entry to the PFIP, 30.8% of individuals were considered by Key Workers to be at a *potential* risk of offending. On exit from the PFIP, the proportion of individuals considered at a *potential* risk of offending had reduced to 22.2%. As noted in previous evaluations, it is likely that the reduction in Key Workers perceptions of risk have shifted risk scores downwards, so that some of those people previously considered at *actual* risk would have moved in to the *potential* risk category and likewise, some of those people previously *potential* risks, would have been re-evaluated as *no problem*. Hence, on entry to PFIP 47.1% of individuals were perceived by Key Workers to be *no problem* in relation to offending, whereas on exit

from PFIP a far higher proportion of 63.8% of individuals were scored as *no problem*.

Figure 1: Risk Scores for Offending



4.1.3 PFIP Work: Offending

- A seconded police officer worked directly with families to challenge their crime and anti-social behaviour.
- The seconded police officer worked with Key Workers to provide them with advice and guidance on crime matters.
- The seconded police officer provided Key Workers with relevant and appropriate information on offending for families and reports to the police of crime related activity, in order to inform crime reduction.
- Key Workers engaged family members in a range of programmes that worked in partnership with PFIP to tackle criminality, for example:
 - The PFIP team worked with the Youth Offending Service to tackle young people's offending issues.
 - The PFIP team worked with Probation and the Prolific and Persistent Offenders team to address adult offending through the provision of basic skills.
 - Family members worked with 'Teentalk' that challenged young people's attitudes towards crime.
 - 'Promise' worked specifically with women in families to reduce the risks of problematic offending.

4.2 Anti-Social Behaviour

Outcome: Reduced levels of anti-social behaviour

Performance Measures:

- Reduction in anti-social behaviour
- Reduction in number of ASB related incidents as recorded by police, communities and registered social landlords
- Increased understanding of the consequences of ASB

4.2.1 Anti-social Behaviour Incidents

Similar to offending behaviour, anti-social behaviour is measured within PFIP by evaluating the number of anti-social behaviour incidents officially recorded in the six months prior to entry to the project and in the six months prior to exit from it. Again, similar to offending behaviour and national research (Lloyd et al, 2011, Flint et al, 2011), evaluations of PFIP since 2008 have identified extensive reductions in anti-social behaviour as a consequence of families' engagement with the project. This evaluation has also found a comprehensive reduction in anti-social behaviour from entry to the PFIP to exit from it. On entry to the PFIP 61.3% of individuals in families had recorded anti-social behaviour incidents on their record in the six months prior to their entry to the project. On exit from PFIP, only 5.6% of individuals had recorded anti-social behaviour incidents on their record in the six months prior to exit from the project.

The high proportion of individuals that had recorded anti-social behaviour incidents on entry to PFIP in 2012 may reflect the fact that the majority of referrals to PFIP were from registered housing providers, the police or the anti-social behaviour unit. This differed from previous year's evaluations, when the proportion of families with recorded anti-social behaviour incidents was lower.

The initial research on anti-social behaviour, which led to the development of Family Intervention Projects, identified that a large proportion of anti-social behaviour in communities was committed by a small number of people (Dillane et al, 2001) and previous evaluations of the PFIP have noted high numbers of incidents of anti-social behaviour committed by small numbers of individuals, in accordance with that research. In this evaluation, the evidence does not bear this out for 2012 however, with 78.3% of anti-social behaviour constituting five or less incidents on entry to the PFIP.

The process of intervention by PFIP requires Key Workers to address families' understanding of the consequences of anti-social behaviour in order to tackle its under-lying causes. This evaluation found that 57.8% of individuals did have some understanding of the consequences of anti-social behaviour on their community when they entered the PFIP. However, this did not cohere with the high levels of anti-social behaviour committed, as outlined above. On exit from the PFIP the proportion of individuals that had an understanding of the impact of anti-social behaviour on their community had increased to 90.7%, which reflects the marked reduction in anti-social behaviour incidents recorded. It would therefore appear that the work of Key Workers on anti-social behaviour had an impact on families' actions, as well as their attitudes towards anti-social behaviour. These findings represent outcomes that are 'transformative' for families lives (Batty and Flint, 2012).

Further analysis of the data on anti-social behaviour shows that of those people who did continue to commit anti-social behaviour or fail to understand the consequences of anti-social behaviour, none of them had disengaged from the PFIP. Again, similar to offending behaviour, this finding suggests that positive outcomes were attained for all families, whether they disengaged or not from the PFIP.

Anti-social behaviour incidents were recorded for all age groups apart from those individuals aged under 5 years old. The largest proportion of anti-social behaviour on entry to PFIP was committed by young people aged between 10 and 14 (36.8%). The few anti-social behaviour incidents recorded on exit from PFIP were carried out by individuals from a range of age groups. There was therefore a 93% reduction in anti-social behaviour amongst 10-14 year olds from entry to the PFIP to exit from it.

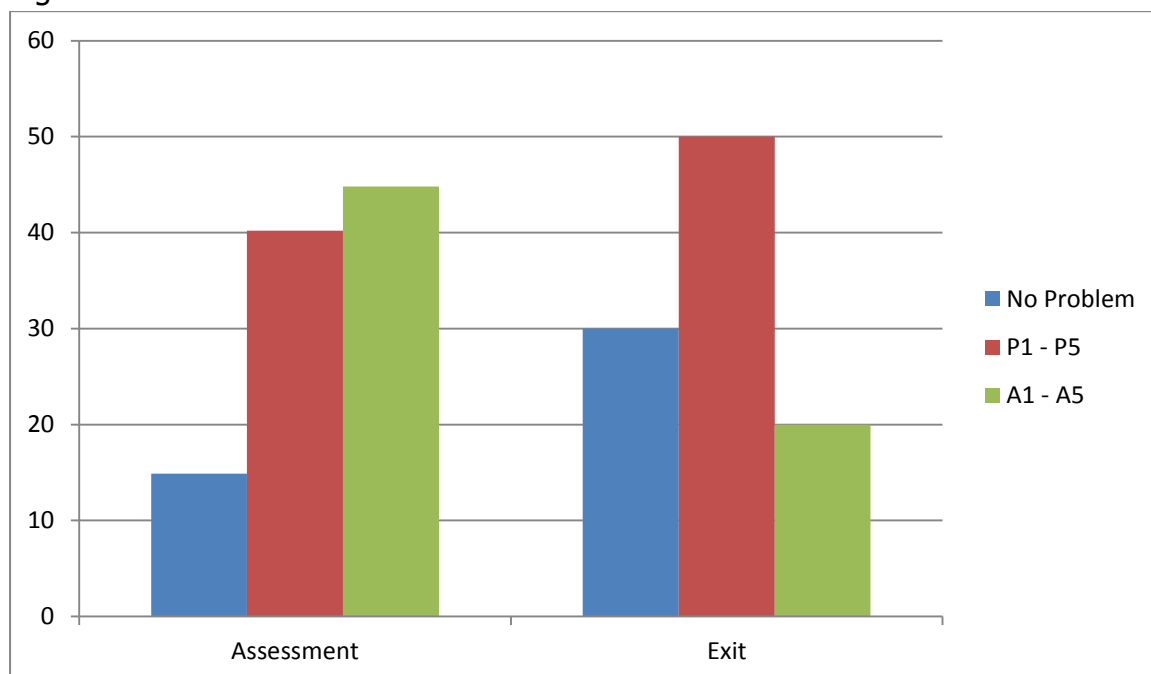
4.2.2 Risk Scores: Anti-social Behaviour

Risk scores by Key Workers for anti-social behaviour are outlined at Figure 2 below. The scores show that Key Workers perceptions of the risks of individuals committing anti-social behaviour diminished distinctly over the period of the PFIP intervention. In the 2011 evaluation Key Workers perceptions of risk in relation to anti-social behaviour reduced to a greater extent than in 2012. However, there were a greater proportion of individuals referred to the PFIP in 2012 who had been reported to the authorities for anti-social behaviour. It is therefore unsurprising that the risks associated with this behaviour have not diminished the same degree as in the previous year.

In 2012, on entry to the PFIP only 14.9% of individuals were perceived by Key Workers to have *no problem* in this area. On exit from the PFIP this figure had risen to 30% of individuals having *no problem* with anti-social behaviour. On entry to the

PFIP 40.2% of individuals were perceived to have a *potential* problem with anti-social behaviour and 44.8% of individuals were perceived to have an *actual* problem with anti-social behaviour by Key Workers. On exit from PFIP, Key Workers perceptions of the risks of anti-social behaviour had shifted down the scale, with 50% of individuals perceived as having a *potential* problem and 20% of individuals perceived to have an *actual* problem in this area. Similar to previous evaluations, these findings show caution on behalf of the Key Workers, who recognise that previous anti-social behaviour may imply potential to be anti-social, rather than the problem disappearing entirely. Despite this, it is notable that the shift downwards in perceptions of risk of anti-social behaviour include on the finer scale of *potential* risk, with 30% of individuals identified under the 'P1' category on exit from the PFIP intervention. This is the lowest category of potential risk available.

Figure 2: Risk Scores for Anti-social Behaviour



4.2.3 PFIP Work: Anti-social Behaviour

- As noted above at 4.1.3 a police officer was seconded to PFIP to work with families to challenge their crime and anti-social behaviour.
- The seconded police officer provided support, advice and guidance to Key Workers on anti-social behaviour issues.
- The seconded police officer provided data to Key Workers on reports to the police of anti-social behaviour.
- Key Workers and the seconded police officer attained information on anti-social behaviour from housing officers and anti-social behaviour officers.

- Key workers engaged families in programmes designed to address their anti-social behaviour, for example:
 - 'Streetwise' worked with young people within their own communities to tackle their anti-social behaviour issues.
 - The 'Phoenix Project' challenged young people's risky behaviour relating to fire safety.
 - Key Workers ran the 'Living with Parents' workshop with families to focus on their anti-social behaviour.
 - The seconded police officer ran knife crime awareness workshops with families.

4.3. Housing

Outcome: Reduced number of families who are at risk of eviction

Performance Measures:

- Reduction in number of families at risk of eviction
- Reduction in families with consistent rent arrears
- Improved maintenance of properties by families

4.3.1 Risk of Eviction

The prospect of immediate risk of eviction was determined by Key Workers by considering whether the family had received a formal notice of eviction proceedings, a risk of legal action relating to anti-social behaviour, extensive rent arrears or a demotion of tenancy. This form of measure reflected the national evaluation by Lloyd et al (2011) which found a significant reduction in the risk of eviction for families that had completed a Family Intervention.

On entry to the PFIP 52.9% of families were considered at immediate risk of eviction from their homes. This was a similar proportion of families to the evaluations in 2008, 2009 and 2011 and again, similar to the evaluation findings on offending and anti-social behaviour may reflect the high number of referrals from registered housing providers. On exit from PFIP the number of families at immediate risk of eviction had reduced to 23.1%. Unsurprisingly, of those families that remained at risk of eviction, the majority (66.7%) had some continued issues with anti-social behaviour.

Following the evaluation in 2011, this evaluation considered the ability of families to retain a suitable tenancy on their exit from PFIP in 2012. The 2011 evaluation recognised that families with improved outcomes in relation to anti-social behaviour

and offending meant that they may be able to retain their tenancy, despite being under a formal notice for potential eviction as is measured above. In 2011, the evaluation found that 95% of families were able to retain a suitable tenancy on their exit from PFIP. Likewise, in 2012, the findings show that 100% of families were actually in a position to retain a suitable tenancy when they exited from PFIP. Interestingly, whether a family had disengaged from PFIP did not impact on their ability to retain a suitable tenancy.

4.3.2 Rent Arrears

Debt issues have been addressed by the annual evaluations of PFIP since 2009. The ability for a family to function effectively is heavily influenced by their ability to manage debt issues. In relation to this, evaluations have measured the degree to which rent arrears have impacted on their lifestyles. In 2012, 38.9% of families were found to have rent arrears on entry to the PFIP intervention. On exit from PFIP this figure had reduced to 26.7% of families having rent arrears. Therefore, 12.2% of families had paid off their rent arrears completely by the time they exited from the PFIP intervention, a smaller proportion than in the previous year's evaluation. It is likely that the continuing rent arrears held by families explains why some of them continued to be under some sort of formal notice of eviction as noted above. However, Key Workers provided families with access to advice and support on managing debt, as detailed below at 4.11, and therefore, families may have made some payments that would have resulted in their ability to retain a suitable tenancy as also noted above.

4.3.3 Home Condition

Associated with rent arrears and the ability to retain a suitable tenancy, the condition of families' homes provides an important measure of family functioning. Key Workers provide advice to families on living in a healthy environment and how to access services to ensure their homes are safe and sound. Key Workers consider the condition of the home internally and externally in light of the number of family members living there and its appropriate use for daily living. Of particular consideration is the safety of homes for children to live in and their ability to function within the home to provide a healthy routine. For example, Key Workers consider whether there are sufficient sleeping spaces for family members that are provided outside the normal living areas, in order that children can be put to bed at night and gain a reasonable amount of sleep for their schooling activities the following day.

This evaluation found that 38.9% of families' homes were in a *poor* condition when they entered the PFIP intervention. A further 22.2% of families' homes were

considered by Key Workers to be in need of *improvement* and only 38.9% of homes were in a *good* condition. The poor state of families' homes in this evaluation was an increase on previous year's evaluations. On exit from PFIP, there had been a marked improvement in the condition of families' homes, with only one family considered by Key Workers to have a home in a *poor* condition. 42.9% of families' homes were considered to be in an *improved* condition and 50% of families' homes were considered to be in a *good* condition. The family whose home was still considered to be in a *poor* condition had not disengaged from the PFIP intervention. Therefore, the positive outcomes for disengaged families in relation to offending, anti-social behaviour and ability to retain a suitable tenancy were reflected in the improved condition of the home.

The ability of families to maintain their domestic environment is noted by Batty and Flint (2012) as an important stabilising influence on families that provide the basis for transformative outcomes for families. It is important to note that families that had worked with PFIP in 2012 had comprehensively improved their domestic environments and therefore had put in place the basis for sustained change in their families' outcomes.

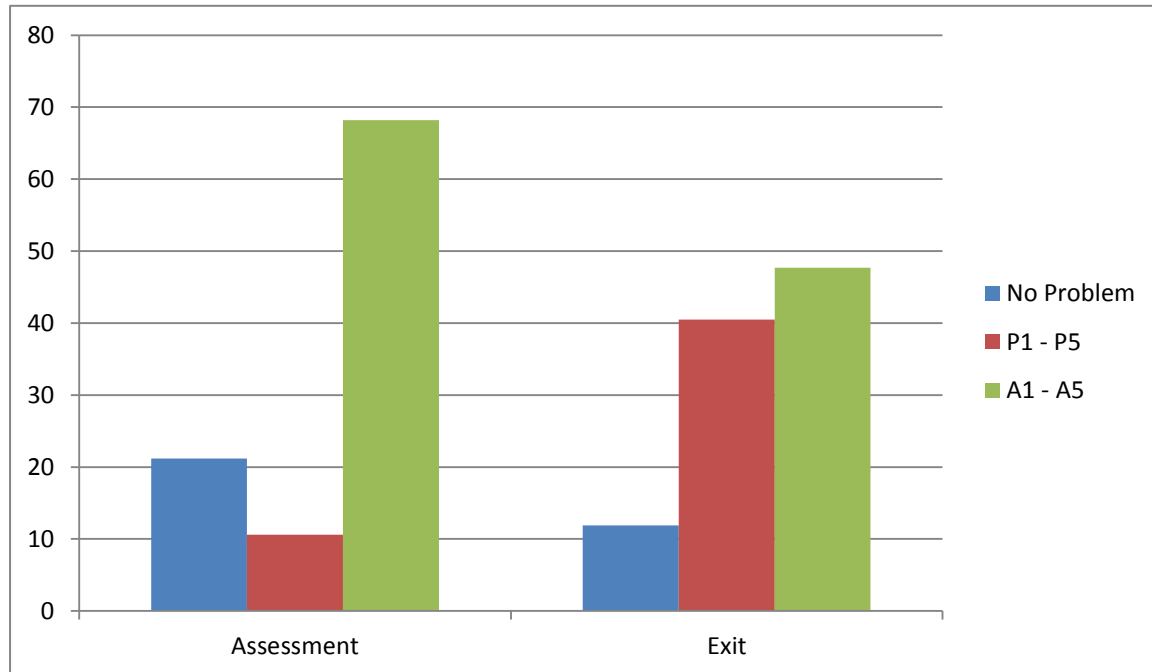
4.3.4 Risk Scores: Housing

The original design of Family Intervention Projects placed homelessness as a central issue in addressing the needs of families, alongside offending and anti-social behaviour issues (White et al, 2008). As noted above, the maintenance of a home in a good condition remains an important aspect of the work of PFIP. On entry to PFIP in 2012, 68.2% of individuals were considered by Key Workers as at an *actual* risk in relation to their home, with a further 10.6% of individuals considered at a *potential* risk. Only 21.2% of individuals were considered to have *no problem* in this area.

On exit from the PFIP in 2012, Key Workers perceptions of risk to individuals in relation to their homes followed a similar pattern to the findings of the 2011 evaluation. Rather than Key Workers scoring risk on an increasingly reducing scale, as had been found with offending and anti-social behaviour, they appear to have been more cautious by placing an increased emphasis on the *potential* risks for individuals. The proportion of individuals considered at *actual* risk had reduced on exit from PFIP in 2012 to 47.7%. This figure remains high in comparison to previous year's evaluations and is likely to reflect the continued enforcement in place on some homes as noted above at 4.3.1. The proportion of individuals considered at *potential* risk in relation to their homes had risen on exit from PFIP to 40.5% and the proportion of individuals considered by Key Workers to have *no problem* in this area had reduced to 11.9%. As Figure 3 below shows, there was therefore less *actual* risk

associated with families' homes in 2012, but Key Workers concerns regarding *potential* risks had risen.

Figure 3: Risk Scores for Housing



4.3.5 PFIP Work: Housing

- Key Workers engaged families in effective tools to manage the home such as providing chore charts for families so that individuals would work collectively to take responsibility for the home and garden.
- Key Workers reviewed risk within the home environment, particularly for small children that constituted a large proportion of children that worked with PFIP. They worked with parents to minimise risk and ensure safe 'play' spaces for children.
- Key Workers addressed money management and budgeting through one-to-one sessions with parents in families. This helped families to resolve problems with rent arrears and ensured effective family planning for basic needs such as grocery shopping.
- Key workers supported families in engagement with partner agencies to support sustainable tenancies. For example, the Citizen's Advice Bureaux and Shelter provided advice and guidance on housing matters and eviction processes and the Referral Hub provided young people with advice on moving in to independent living.

4.4 Child Safety

Outcome: Prevented children from requiring the care of the Local Authority by providing timely and effective family support

Performance Measures:

- Reduction in number of children requiring Local Authority Care
- Reduction in number of children requiring a Child Protection Plan
- Increased safety for children and young people
- Improved parenting of children and young people

4.4.1 Child Protection

Each of the annual evaluations of the PFIP have considered whether children were required to be removed from their family homes by the local authority in order to make them safe. The initial evaluations of PFIP found that no families had had their children removed from the home. However, in 2010 and 2011 it was found that PFIP had worked with Children's Services to remove children to safety. In 2012, similarly, children in one family had been removed from their home in order to make them safe. These children had been placed in to foster care by the local authority and the family had disengaged from the PFIP prior to the removal of the children. In this case it was more appropriate for Children's Social Care to provide a service to the family, rather than the PFIP. In a further three cases, as noted above at 3.3.1, the families disengaged from PFIP to be managed by Children's Social Care. It would appear that a similar circumstance has arisen in 2012 as had in the 2010 and 2011 evaluations, wherein, engagement with PFIP acted as a catalyst for Children's Services, as the PFIP was able to gather extensive amounts of information on these families during their intensive work with them, which is likely to have facilitated the process of removal of the children from their families in order to keep them safe.

The proportion of children within the sample that were under a Child Protection Plan in 2012 was fewer than in 2011, again potentially reflecting the reduced amount of referrals to PFIP from Children's Services. On entry to the PFIP in 2012 only 6.7% of children aged under 16 were under a child protection plan. On exit from PFIP this had increased to 24.4% of children aged under 16 that were under a child protection plan. This increase in the proportion of children under a child protection plan in 2012 is explained again by the requirement for families to be supported appropriately. Each of those children that were under a child protection plan on exit from PFIP were children of families that had disengaged from the intervention and been referred to Children's Social Care, as a more appropriate service provider. Again, as noted above, PFIP are likely to have acted as an excellent information source for

Children's Social Care, as so much evidence would have been gathered on these families' circumstances during the intensive period of PFIP intervention that would have then been passed to Children's Social Care.

4.4.2 Family Support

A mandatory requirement for families working with the PFIP is to address their parenting skills with Key Workers and to consider the overall support provided to family members. The evaluations of the PFIP have therefore considered a number of aspects of family functioning within this area in order to contextualise the outcomes detailed above which relate to formal enforcement actions taken within families.

On entry to the PFIP in 2012, 42.1% of parents were considered by Key Workers to be ensuring that the young people and children in their family were safe from harm. On exit from the PFIP this proportion had increased to 75% of parents having increased their capacity to ensure their children and young people were safe from harm. Of the 25% of parents that had not increased their capacity to keep their children safe, these represented the families that had disengaged from PFIP and been taken over by Children's Social Care.

In order to increase the capacity of parents to provide safe environments for their families, the PFIP evaluations measure the degree of support provided to families with parenting during the intervention period. In 2012, the proportion of parents that had received support for their parenting on entry to the PFIP was 36.8%. On exit from PFIP the support provided to parents had increased to 94.5%. On exit from the PFIP 5.5% of parents had not received support for parenting, but these parents were from one family that had disengaged from the project prior to completion of the intervention, having been referred to Children's Social Care and having had their children placed in foster care.

This finding further provides evidence of positive outcomes from working with PFIP for families despite disengagement after a period of time. The provision of appropriate parenting tools and strategies is likely to have enabled parents and reduced the risks associated with poor parenting. This finding identifies a further important stabilising outcome for families (Batty and Flint, 2012), whether they had disengaged from PFIP or not.

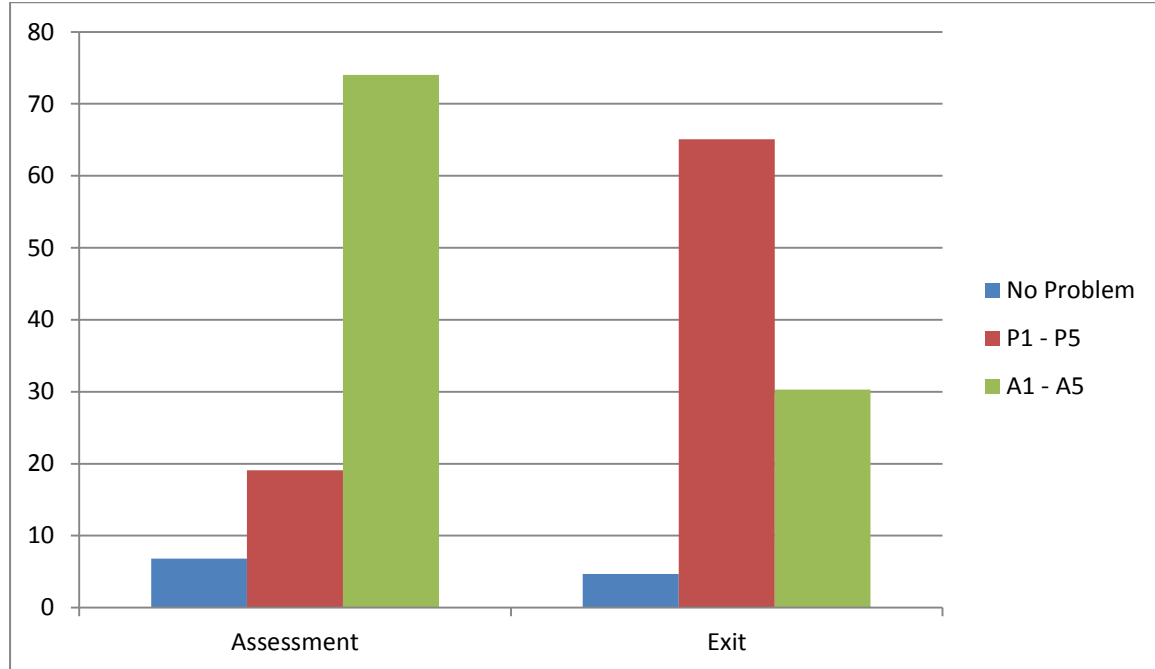
4.4.3 Risk Scores: Child Safety

On entry to the PFIP in 2012, 6.8% of individuals in families were assessed by Key Workers as presenting *no problem* in relation to risks to child safety. 19.1% of

individuals in families represented a *potential* risk in this area and 74% of individuals were assessed as posing an *actual* risk in relation to child safety. On exit from PFIP the risks associated with child safety in the perceptions of Key Workers had diminished in a similar pattern to the risks around housing provision. Key Workers again appeared cautious in assessing risk as *no problem* on exit from PFIP in relation to child safety, with only 4.7% of individuals placed within this category. However, there was a significant shift between those individuals assessed as an *actual* risk and those perceived as a *potential* risk as outlined in Figure 4 below. On exit from the PFIP 65.1% of individuals were perceived as a *potential* risk and 30.1% of individuals were perceived as an *actual* risk in this area.

Given that the PFIP had identified child safety issues amongst families as outlined above at 4.4.1, resulting in their referral to Children’s Social Care or their placement on a Child Protection Plan during the intervention period, it is unsurprising that Key Workers have remained cautious in presenting individuals as *no problem* in relation to child safety. The reduction by 43.7% of perceived *actual* risks related to child safety reflects national research on Family Intervention Projects in this area (Flint et al, 2011) and evidences the stabilising nature of the outcomes for families working with PFIP.

Figure 4: Risk Scores for Child Safety



4.4.4 PFIP Work: Child Safety

- A specialist parenting worker required families to address their communication issues and parents to develop their parenting skills.
- The specialist worker and Key Workers provided one-to-one sessions for parents to resolve their specific problems.
- Key Workers actively referred families to the Advice and Assessment team in Social Care to gain advice on child protection issues.
- Key Workers engaged whole families in activities and strategies that ensured they could work together as a team.
- Key Workers challenged parents on issues that placed their children at risk and required them to take responsibility for their parenting.
- Key workers ran programmes for families and signposted parents to appropriate programmes to support and develop their parenting skills. For example, Key Workers ran 'Assertiveness in Parenting' workshops, 'Incredible Years' worked with parents of young children aged 5-10, 'Strengthening Families' engaged parents and children aged 11-15 and 'Take 3' focused on families who had issues with teenage behaviour.

4.5 Physical Health

Outcome: Reduced risks contributing to ill health and health inequalities

Performance Measures:

- Increase in family members registered at GP
- Increase in family members registered at Dentist
- Reduction in family members smoking tobacco
- Increase in number of people partaking in some sort of physical exercise each week
- Increase in healthy eating within family
- Improved overall health and well-being

4.5.1 Registration with Services

Each of the evaluations of the PFIP since 2008 have shown high rates of family registration with a General Practitioner (GP) when they entered the intervention. In 2012 there were similar evaluation findings with all families having registered with a GP on entry to the project. On exit from the PFIP this finding was replicated, so all families had retained their registration with a GP.

This evaluation found that registration with a dentist by families was higher in 2012 than in previous years, with 77.8% of families having all family members registered with a dentist on entry to the intervention. A further 11.1% of families had at least some family members registered with a dentist on entry to the project. On exit from the PFIP in 2012, 86.7% of families had all family members registered with a dentist. One family continued to have only some members registered with a dentist and one family remained on the waiting list for a dentist.

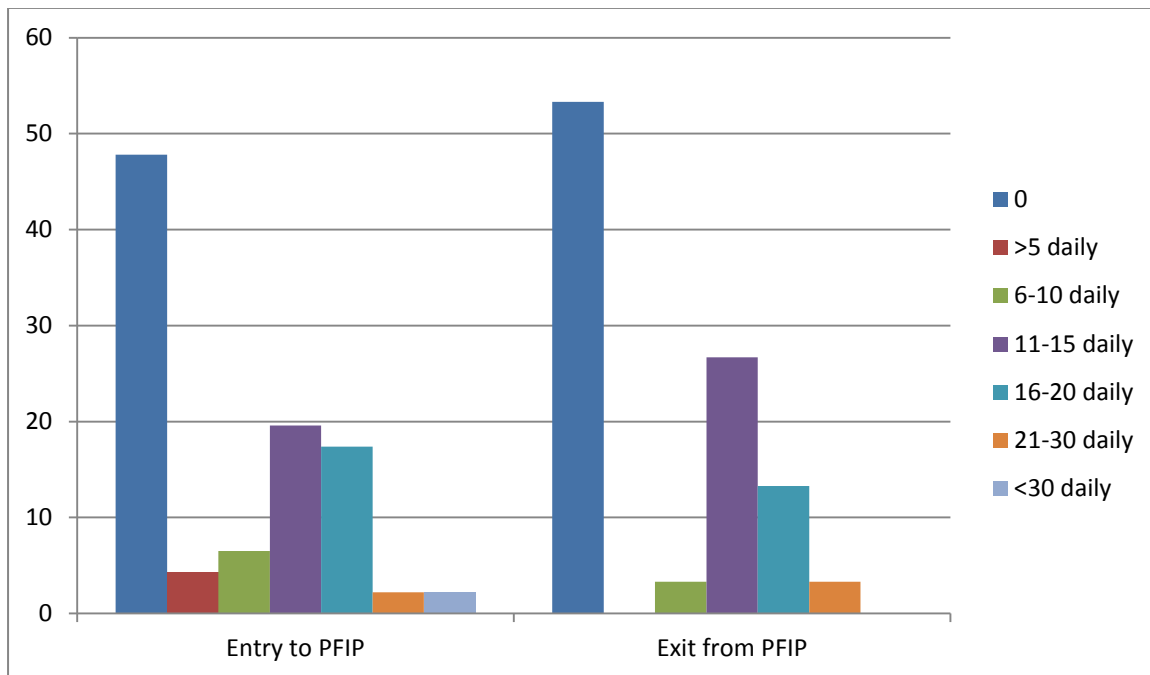
4.5.2 Smoking

In order to tackle health issues and address overall well-being, the cessation of smoking and harm reduction strategies around smoking are central to the work of PFIP Key Workers on health matters.

On entry to the PFIP 52.2% of individuals (aged over 9 years) smoked tobacco products. This was a smaller proportion of individuals than in 2011. Some individuals smoked heavily with 2.2% of individuals smoking more than 30 cigarettes daily. A further 2.2% of individuals smoked between 21 and 30 cigarettes a day, 17.4% smoked between 16 and 20 cigarettes a day, 19.6% smoked between 11 and 15 cigarettes a day, 6.5% smoked between 6 and 10 cigarettes a day and 4.3% smoked less than 5 cigarettes a day.

As can be seen in Figure 5 below, smoking amounts reduced significantly over the period of PFIP intervention, with only 46.7% of individuals aged over 9 smoking on exit from the PFIP intervention. No one smoked more than 30 cigarettes a day on exit from the intervention, 3.3% of individuals smoked between 21 and 30 cigarettes a day, 13.3% smoked between 16 and 20 cigarettes a day, 26.7% smoked between 11 and 15 cigarettes a day and 3.3% smoked between 6 and 10 cigarettes a day.

Figure 5: Smoking Amounts



In previous evaluations it has been noted that young people tend to smoke tobacco, which is of particular concern to health professionals. In this evaluation it was found that some young people aged between 10 and 17 did smoke (28.6% of those aged 10-17), however, this was fewer than in previous years. Those that smoked most commonly were individuals aged between 18 and 25 and those that smoked most heavily were aged over 30.

In order to reduce harm in families related to smoking, Key Workers provided advice and guidance on smoking. This advice was provided to 94.4% of families. This is the first evaluation since 2008 to find some significant reduction in smoking amongst family members during the PFIP intervention period.

4.5.3 Exercise

Family engagement in exercise is considered an important element of the maintenance of good physical health and well-being. On entry to the PFIP 22.2% of families involved their entire family in regular physical exercise. A further 61.6% of families had some members that took part in regular physical exercise and 16.7% of families had no members that did regular physical exercise. On exit from the PFIP a greater number of people in families were involved in regular physical exercise, with 53.8% of families involving the entire family in exercise and 38.5% of families

having some members regularly exercising. One family did not partake in any regular physical exercise on exit from the PFIP intervention.

4.5.4 Diet

One of the most popular programmes delivered by the PFIP intervention as noted in previous evaluations provided families with guidance and advice on healthy eating. Indeed, this evaluation shows that 100% of families received advice on healthy eating during the intervention period.

On entry to PFIP in 2012 only 27.8% of families involved all family members consuming a healthy diet, with a further 38.9% of families having some members eating healthily. 33.3% of families had no members eating healthily on entry to the project. On exit from the PFIP 53.8% of families had all members eating healthily and a further 38.5% of families having some members eating healthily. Only one family did not eat a healthy diet at all when they exited the PFIP.

Interestingly the family that did not eat a healthy diet was not the same family that did not take part in exercise. Therefore, the family that took part in regular exercise did not have a healthy diet and the family that had a poor diet took part in regular exercise, resulting in both families having embraced some elements of living a healthy lifestyle. Furthermore, neither of these families had disengaged from the PFIP intervention and so all families, whether they had fully engaged with PFIP or not had attained advice on exercise and diet and had improved outcomes in this area.

4.5.5 Overall Health and Wellbeing

Research by Boddy et al (2012) showed that by addressing health issues in families Family Intervention Projects were able to resolve social issues, particularly those associated with anti-social behaviour. It is therefore particularly relevant for this evaluation that health and well-being issues are considered given the high levels of anti-social behaviour identified above at 4.2.1.

During the assessment process for the PFIP intervention families' health issues are identified and addressed. It is apparent from the paperwork analysed for the process of evaluation that a range of chronic and severe health problems are prevalent amongst families referred to the PFIP. This finding coheres with national research (Lloyd et al, 2011, Boddy et al, 2012).

On entry to the PFIP in 2012, 17.6% of individuals in families were described as being in *poor* or *very poor* health, 48.6% of individuals were in *OK* health and 33.8% of individuals were in *good* or *very good* health. On exit from the PFIP there were no individuals recorded as being in *very poor* health and only 11.5% of individuals were in *poor* health. 32.7% of people were in *OK* health and 55.7% were in either *good* or *very good* health on exit from the PFIP intervention.

As with previous findings in this evaluation, disengagement from the PFIP did not impact on positive outcomes for general physical health and well-being, with all families seeing some improvements in their overall physical health outcomes. The stabilising nature of these outcomes is particularly important to note, given that well-managed health is likely to reduce 'crisis' points in family lives and improve the likelihood of stability and effective family functioning (Batty and Flint, 2012). These general findings on physical health will be explored in more detail when considering mental and sexual health matters and substance and alcohol use issues below.

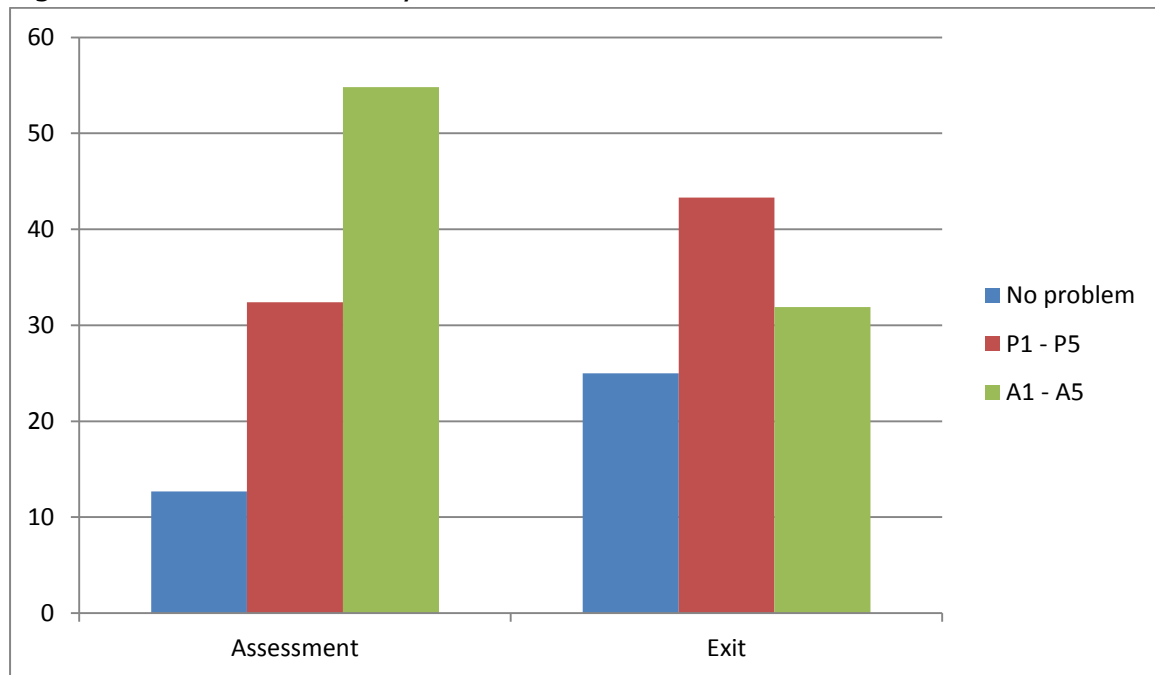
4.5.6 Risk Scores: Physical Health

In the 2011 PFIP evaluation it was noted that there were far higher perceived risks around ill health than national research has previously identified. Indeed, the PFIP has annually noted Key Worker concerns regarding the risks associated with poor physical health amongst families. This evaluation for 2012 similarly identifies concern amongst PFIP Key Workers regarding physical health, with only 12.7% of individuals in families considered to have *no problem* in this area on entering the PFIP. A further 32.4% of individuals were considered to have *potential* risks with their physical health and 54.8% of individuals had *actual* risks with their physical health on entry to the PFIP in 2012.

Research carried out by Boddy et al (2012) suggests that some Family Intervention Projects have failed to sufficiently address health issues within their remit of supporting troubled families. This cannot be said of the PFIP which has included assessments of health and well-being issues since it was set up in 2007. It is unsurprising then that the PFIP risk assessments for individuals physical health show marked improvements on exit from PFIP, as outlined below at Figure 6. On exit from the PFIP intervention 25% of individuals were considered by Key Workers to have *no problem* in this area, a further 43.3% of individuals had a *potential* risk and 31.9% had an *actual* risk. The reduction in risks for physical health followed a similar pattern to those found for offending and anti-social behaviour, wherein the risks reduced overall and shifted down the scale of concern for Key Workers. As families working with the PFIP suffer chronic and severe physical health problems, it would be

expected that Key Workers would record risks as remaining prevalent. However, their reduction implies good health management, as outlined above.

Figure 6: Risk Scores for Physical Health



4.5.7 PFIP Work: Physical Health

- Key Workers provided advice to families on health matters such as smoking, healthy eating and exercise.
- Key Workers ran healthy eating sessions with families to encourage them to cook meals from scratch using fresh ingredients.
- Key Workers advised families on healthy lifestyle activities and encouraged their engagement in sports and outdoor activity.
- Partner agencies delivered support to families for healthy living. For example, families and health visitors worked with Key Workers to support families with young children, Key Workers provided nit combs and conditioners bi-annually and the Peninsula Dental School ran a clinic for the PFIP.

4.6 Mental and Emotional Health

Outcome: Increased numbers of adults, children and young people with mental and emotional health issues accessing mental health, CAMHS or other relevant services

Performance Measures:

- Increase in numbers of children and young people with emotional and mental health issues accessing CAMHS or other relevant service
- Increase in numbers of adults with emotional and mental health issues accessing mental health services
- Improved general health and well being

4.6.1 Under 18s Mental Health

Each of the previous PFIP evaluations had noted that children and young people in families had experienced mental and emotional health problems. This evaluation found that a similar proportion (52.1%) of children and young people had mental and emotional health issues as had been found in 2009 and 2010 (in 2011 the proportion had reduced somewhat). Research has identified high levels of chronic and severe mental health problems amongst families referred to Family Intervention Projects nationally (Boddy et al, 2011), though Lloyd et al (2011) found generally lower levels of mental illness in Family Intervention families in their national study (39%) than was found in this evaluation of the PFIP intervention, as will be further borne out by the findings below on adult mental health.

On exit from the PFIP intervention, the proportion of children who had mental or emotional health issues had reduced to 46.9%. Although this appears a relatively small reduction, it should be noted that it is unlikely that such issues would be entirely resolved during the process of intervention. The 5.2% reduction represents those children who left the PFIP with no continuing mental and emotional health issues.

Key Workers support children and young people to access appropriate services to support their mental and emotional health issues. On entry to the PFIP only 48% of children had accessed support for these issues, whereas on exit from the project, this statistic had risen to 73.4% of children and young people having accessed support. Disengagement from the PFIP intervention did not impact on whether services had been accessed by young people in this area.

4.6.2 Adult Mental Health

As noted above, national research on Family Intervention Projects identified families' problems with mental and emotional health issues, with one report recording 39% of families affected by these issues (Lloyd, et al, 2011). This evaluation found a far higher proportion of individuals affected by poor mental and emotional health. In 2012 this evaluation found that 73.1% of adults had problems in this area. This

represents an even higher proportion than reported in the 2010 evaluation (64%), which was the previous highest recorded figure in the five years of evaluation.

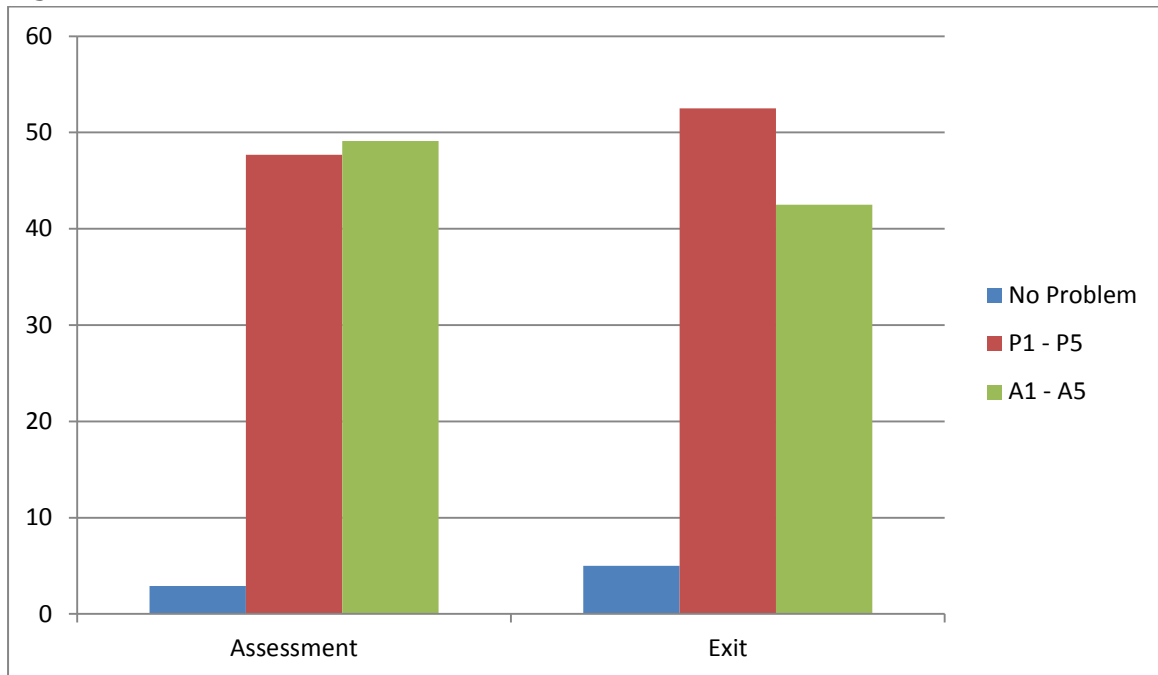
On exit from PFIP the proportion of adults with mental and emotional health issues had reduced to 63.2%. Therefore 9.9% of adults had completely resolved their mental health issues in the period of the PFIP intervention. Of those adults that had a mental health problem only 17.7% of them had accessed mental and emotional support services on entry to the PFIP intervention. On exit from the PFIP 50% of adults had accessed a support service to deal with these issues. Whether a family had disengaged from the PFIP did not impact on whether they had attained support with their mental and emotional health issues. It is possible that those people who had not accessed a specific mental health service were being supported via an alternative route. For example, as will be noted below at 4.9, families that had issues relating to domestic abuse would have received support from the specialist domestic abuse Worker, as part of their PFIP engagement and therefore may not have required additional referral to mental health services.

4.6.3 Risk Scores: Mental and Emotional Health

Key Workers perceptions of risks in relation to mental and emotional health for individuals in this evaluation for 2012 reflect the findings above as noted in Figure 7 below. On entry to the PFIP only 2.9% of individuals were considered by Key Workers to have *no problem* in this area. A further 47.7% of individuals were considered to have a *potential* problem in this area and 49.1% of individuals were considered to have an *actual* problem with their emotional and mental health.

On exit from the PFIP intervention Key Workers appear to have been similarly cautious regarding their risk scores as was evidenced above in relation to child safety and housing. The risks have shifted downwards, with 5% of individuals perceived by Key Workers as having *no problem* with their emotional and mental health on exit from the intervention, 52.5% perceived as having a *potential* problem and 42.5% perceived as having an *actual* problem in this area. It should be noted that within the risk scoring process, the levels of perceived *potential* and *actual* risk reduced on exit from the project overall. The findings for risk levels in this area reflect the previous year's evaluation, with Key Workers overall perceptions of risk reducing, while recognising that risk in this area remains.

Figure 7: Risk Scores for Mental and Emotional Health



4.6.4 PFIP Work: Mental and Emotional Health

- Key Workers supported families and individuals to attend health appointments and follow guidelines set out by mental health professionals.
- Key Workers signposted individuals to appropriate services for support with mental health issues. For example, individuals were advised to seek advice from their GP or CAMHS. Additionally, third sector agencies were utilised for support, such as 'Twelve's Company' who provided advice and help for adult survivors of sexual abuse and 'Jeremiah's Journey' who supported bereaved families.

4.7 Sexual Health

Outcome: Reduced risk of teenage pregnancy and increased safe sex awareness

Performance Measures:

- Reduction in conception rates in under 18 year olds
- Increase in contraception use by under 18 year olds
- Increase in safe sex awareness

4.7.1 Conception, Contraception and Safe Sex Awareness

Each of the annual PFIP evaluations have found that no young women under the age of 18 had conceived during the intervention period and this evaluation for 2012 found likewise that no young women conceived.

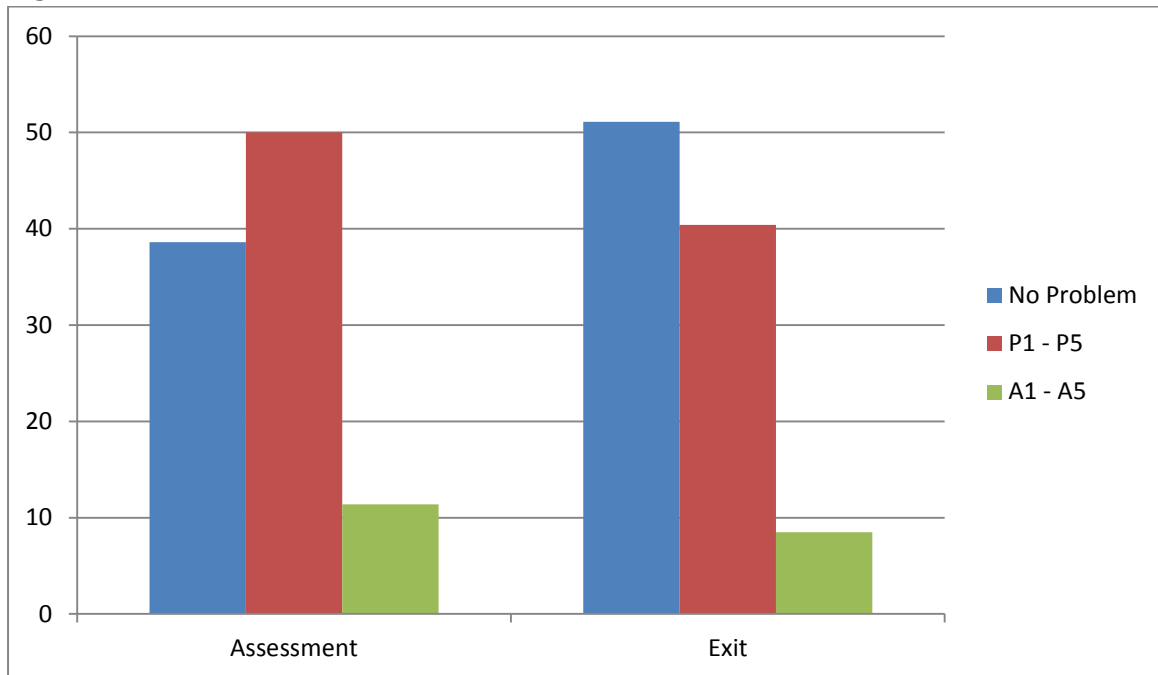
Use of appropriate contraception by young people under the age of 18 remained the same when young people entered the PFIP intervention to when they left (25%). It is difficult to estimate the degree to which young people cohered with advice provided regarding use of appropriate contraception, given the variability of ages and sexual activity. However, given the lack of conception during the period of the intervention, it may be assumed that young people heeded advice provided by Key Workers.

Overall, young people and adults were provided advice by Key Workers on sexual health that was age appropriate and included discussion of contraception and chlamydia awareness and screening. On entry to the PFIP intervention 83.3% of young people and adults were aware of good sexual health. On exit from the PFIP intervention 100% of young people and adults were aware of good sexual health. This therefore included all of those families that had disengaged from the PFIP intervention, alongside those that had completed it.

4.7.2 Risk Scores: Sexual Health

Key Workers risk scores for sexual health remained low in this evaluation, similar to previous years' and most akin to the 2010 evaluation. On entry to the PFIP 38.6% of individuals were considered by Key Workers to have *no problem* in this area, with 50% considered to be at *potential* risk and 11.4% at *actual* risk. On exit from the PFIP intervention the risks scores had reduced significantly across all categories, with no individuals recorded at the highest risk level. These findings are presented below at Figure 8, and show a similar pattern to offending, anti-social behaviour and physical health above. On exit from the PFIP intervention, 51.1% of individuals were considered to have *no problem* with their sexual health, a further 40.4% were recorded as having a *potential* risk in this area and 8.5% had an *actual* risk.

Figure 8: Risk Scores for Sexual Health



4.7.3 PFIP Work: Sexual Health

- Key Workers provided age appropriate advice to individuals in families on safe sex practice, sexually transmitted diseases and suitable contraception.
- Key Workers advised parents on their protective responsibilities and the vulnerability of children.
- Partner agencies worked with adults and young people to ensure that they were appropriately informed about sexual health. For example, 'The Zone' provided guidance to young people and 'Clued Up' was a young peoples' group that explored relationships and sexual health.

4.8 Substance Use

Outcome: Reduced levels of problematic substance use

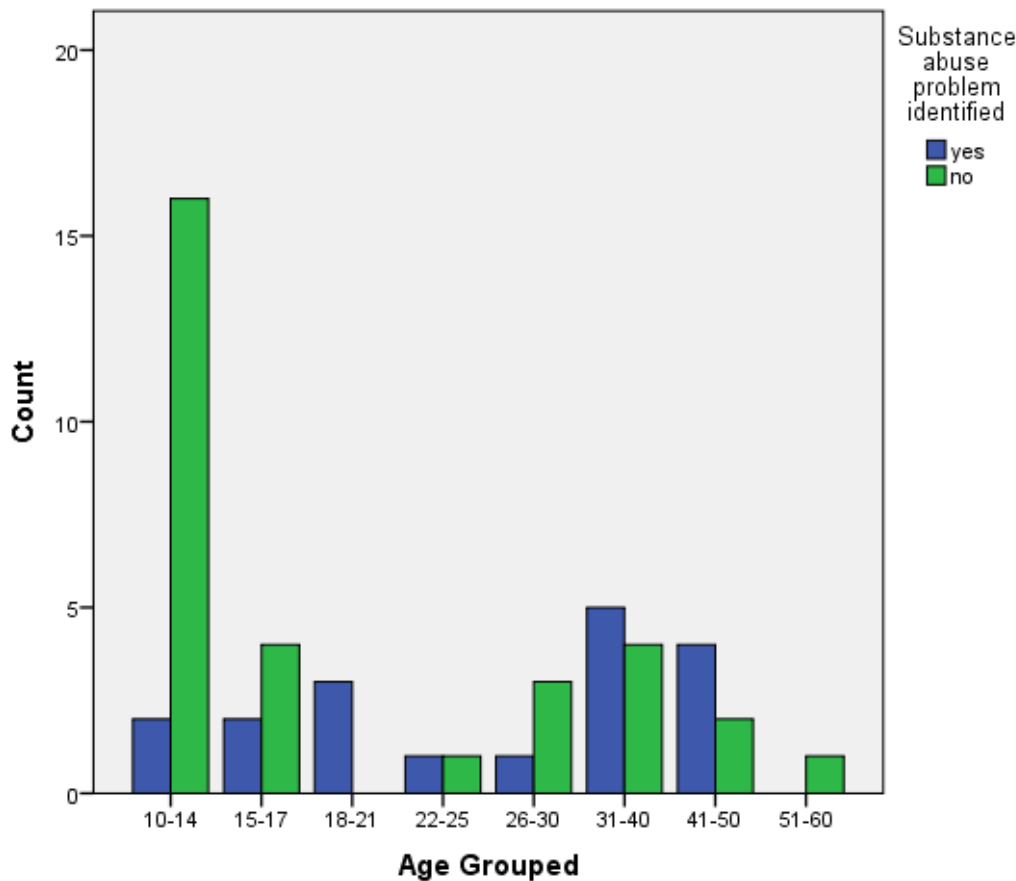
Performance Measures:

- Increase in numbers of problematic substance users in treatment or engaged with drug or alcohol agency
- Increase in numbers of people at risk of developing problematic substance use receiving substance use intervention
- Reduction in harm caused by substance use

4.8.1 Drug and Alcohol Problems

National research on Family Intervention Projects has identified a prevalence of drug and alcohol problems in troubled families (Lloyd et al, 2011). Likewise, the previous PFIP evaluations have noted issues amongst families in this area. This evaluation for 2012 has identified slightly reduced proportions of individuals with drug and alcohol issues than in 2011, with 36.7% of individuals aged over 10 identified as having a problem in this area on entry to the PFIP. As noted below in Figure 9, the most common age for this problem to manifest was between 31 and 40 years. However, as in 2011, it should be considered that some young people aged between 10 and 14 had a problem in this area. This finding further identifies the risky nature of young people's behaviour, alongside anti-social behaviour, offending and smoking tobacco.

Figure 9: Substance Abuse and Age



Analysis of the types of substance used problematically by individuals on entry to the PFIP in 2012 shows that poly-drug use was common across ALL age ranges. In 2011, the evaluation had found that young people were most likely to use cannabis

or alcohol problematically, whereas this evaluation shows that young people used a range of substances, as did their parents.

When analysing problematic substance use, use of substance was identified as either, 'serious', 'semi-serious' or 'casual' in order to distinguish between types of use and user. Overall, 33.3% of individuals were considered to use substances on a 'casual' basis, 38.9% used them 'semi-seriously' and 27.8% used them to a 'serious' degree. The problematic use of substances by young people, aged 10-17 was considered 'semi-serious', whereas their parents problematic substance use was more likely to be considered 'casual'. Those considered to have a 'serious' problem in this area were aged either between 18 and 21, or between 31 and 40.

On exit from the PFIP a greater proportion of individuals had been identified by Key Workers as having problematic substance use issues (34.9%). This finding is likely to reflect the intensive and lengthy nature of the PFIP intervention, which roots out problems in families over a period of time that may not have initially been prevalent or easily identified. On exit from the PFIP intervention, the levels of seriousness of drug use had shifted however, probably reflecting the recognition of users who had previously not come to light. So, 40% of use was 'casual' on exit from PFIP, with 13.3% of use considered, 'semi-casual' and 46.7% as 'serious'.

4.8.2 Support for Substance Use Problems

The performance measures for PFIP on problematic substance abuse centre on the provision of services to those individuals manifesting a problem with alcohol or drugs. Having identified above the levels of problematic alcohol and drug use, it is therefore essential to consider whether support had been provided to people with these issues during the intervention period.

On entry to the PFIP intervention 50% of people with an issue in this area had not received any support with it. On exit from the project this had reduced to only 20% of individuals not having received support, which constituted three people. Of that 20%, whether the family had disengaged from the PFIP intervention did not impact on whether there had been support attained for substance abuse problems. Further analysis shows that of those three people that had not attained support for their problematic substance use, one had received a substance abuse intervention. Indeed, overall, on exit from the PFIP intervention, 86.7% of people with alcohol or drug abuse issues had received a substance abuse intervention and 100% of these people had received advice from Key Workers in this area.

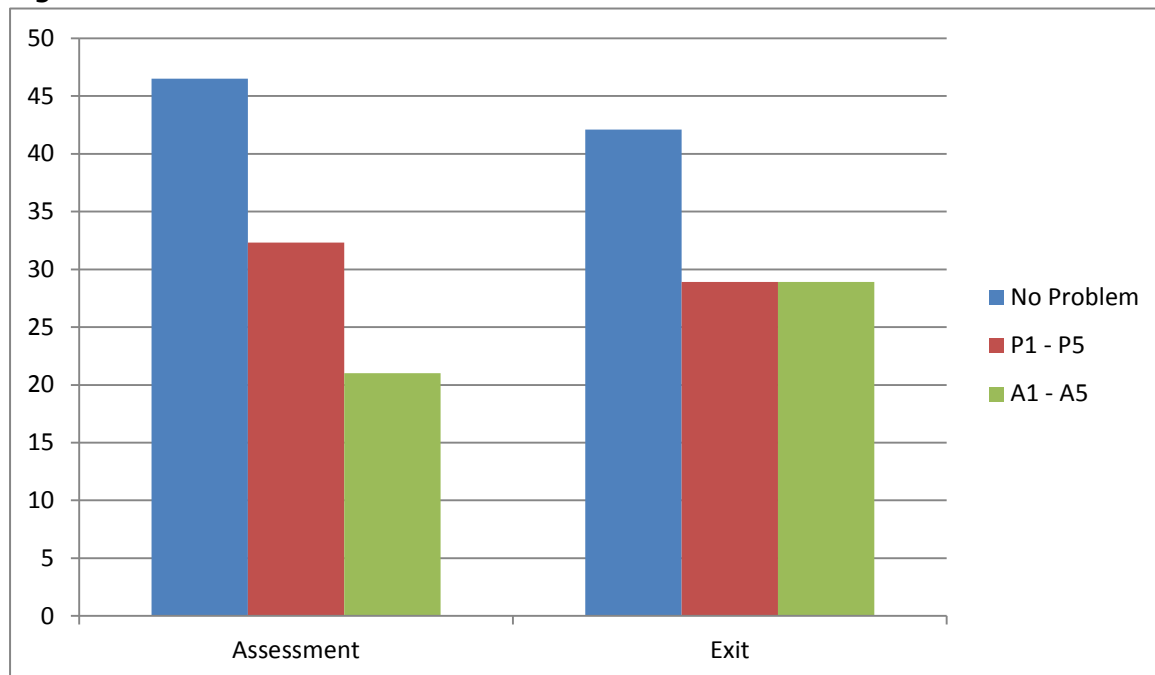
4.8.3 Risk Scores: Drug and Alcohol Problems

The risk scores for problematic substance abuse for this evaluation bear out the detailed findings on drug and alcohol abuse outlined above as identified in Figure 10 below. On entry to the PFIP evaluation Key Workers perceived substance abuse as less risky than they did on exit from the project. This is likely to reflect the apparent discovery of problematic substance use by some individuals after a period of time in the intervention process.

On entry to the PFIP intervention 46.5% of individuals were perceived by Key Workers to have *no problem* in this area, with a further 32.3% considered to have a *potential* problem and 21% to have *actual* problem with substance abuse. On exit from the PFIP intervention 42.1% of individuals were perceived to have *no problem* in this area, with 28.9% perceived to have a *potential* problem and 28.9% to have an *actual* problem with substance abuse.

These findings provide an interesting light on the use of risk scoring by Key Workers. Clearly, Key Workers are not automatically scoring risk low on exit from the PFIP intervention in order to fulfil their required performance targets. Rather, they are using the risk measure as a useful tool to inform their practice and to highlight areas of concern for future practitioners engaged with troubled families. The previous findings on risk scores for housing, child safety and mental health, show that Key Workers are prepared to be cautious in measuring risk and this area confirms their capacity to use the risk scoring process as it was intended in design (as assessed by the initial PFIP evaluation in 2008).

Figure 10: Risk Scores for Substance Use



4.8.4 PFIP Work: Substance Use

- A specialist drugs and alcohol worker challenged individuals on their substance use and advised them on harm minimisation.
- The specialist drugs and alcohol worker provided advice to families affected by substance use problems by addressing the dangers of substance use, implications for health and how the legal system functions.
- The specialist worker and Key Workers supported individuals in attendance at agency appointments and translating guidance in to safe practice at home.
- The specialist worker and Key Workers referred individuals with substance use problems to 'The Harbour Centre' that specialises in drug and alcohol treatment. Also, affected families were referred to Hamoaze for support and guidance.

4.9 Domestic Abuse

Outcome: Reduced harm caused by domestic abuse

Performance Measures:

- Reduction in number of domestic abuse incidents recorded by police
- Increase in reporting of domestic abuse incidents
- Increase in numbers of families receiving domestic abuse support services
- Reduction in level of harm caused by domestic abuse

4.9.1 Prevalence of Domestic Abuse

Each evaluation of PFIP since 2008 has identified domestic abuse as an issue affecting troubled families. This evaluation for 2012 similarly has identified both current and historic domestic abuse as a problem in families working with the PFIP. This is unsurprising, given that national research on Family Intervention Projects has likewise identified domestic abuse as core to families' problems (Flint et al, 2011, Lloyd et al, 2011). It is relevant to note however, that this evaluation found higher levels of domestic abuse than in the previous year's evaluations and higher than the national average of 30% (Lloyd et al, 2011).

On entry to the PFIP all families had experienced domestic abuse at some time, either currently or in the past. This finding reflects the original 2008 evaluation finding which prompted employment of a specialist domestic abuse Key Worker as part of the PFIP team. Further, 47.4% of families in this evaluation were found to be experiencing *current* domestic abuse on entry to the PFIP intervention in 2012. On exit from PFIP this figure had reduced to 37.5% of families experiencing *current* domestic abuse. All families that continued to experience domestic abuse had accessed support, as is detailed below at 4.9.3. The reduction of *current* domestic abuse levels by 9.9% has provided these families with a stabilising outcome that has the capacity to transform their lives (Batty and Flint, 2012).

4.9.2 Reporting Domestic Abuse

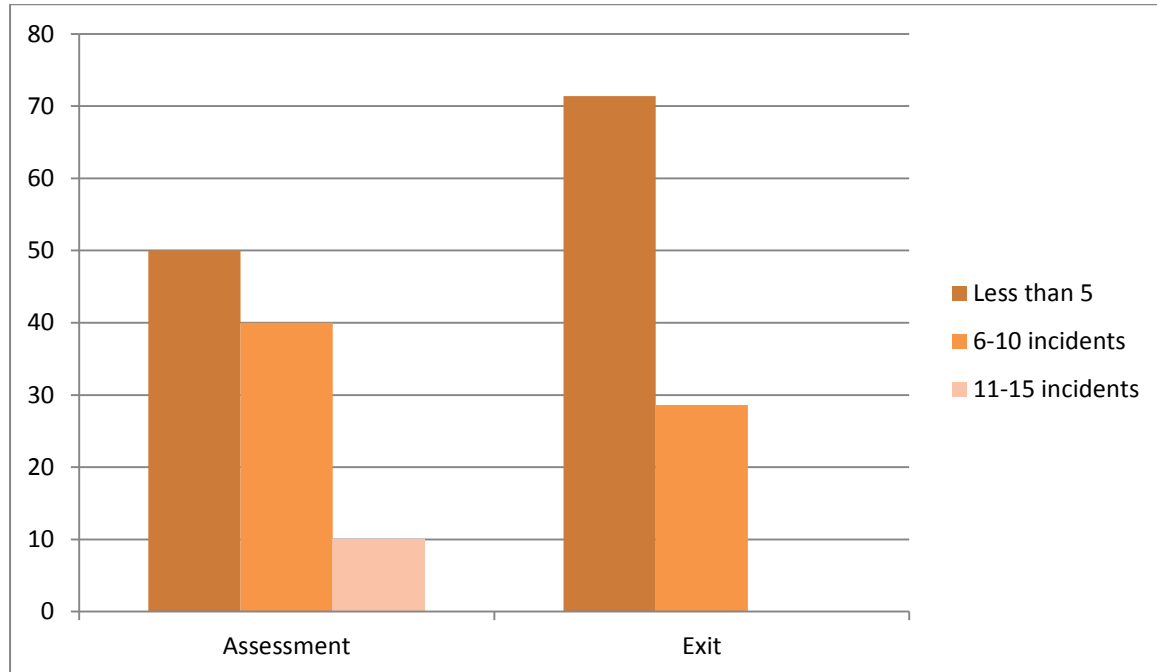
Reporting of domestic abuse to the relevant authorities is notoriously low nationally (Lloyd et al, 2011). The PFIP therefore works with families to ensure that they report such problems in their families and to ensure that they access the support that they need as discussed below.

On entry to the PFIP families experiencing domestic abuse had reported the problem to the authorities and likewise on exit, those families that had an issue in this area continued to report to the relevant authorities. However, further analysis shows that the number of domestic abuse incidents reported to the police diminished over the intervention period as shown in Figure 11 below. So, on entry to the PFIP intervention, 50% of the reports to the authorities equated to less than 5 incidents, 40% were between 6 and 10 incidents and 10% were between 11 and 15 incidents. On exit from the intervention, 71.4% of reported domestic abuse equated to less than 5 incidents and 28.6% were between 6 and 10 incidents.

This finding reflects the 2011 evaluation, which suggested that despite families' high reporting levels they continued to experience problems in this area until they

engaged with PFIP. In 2012 it is apparent that when families had worked with PFIP the number of incidents of domestic abuse reduced, again similar to the 2011 evaluation.

Figure 11: Reported number of domestic abuse incidents



4.9.3 Support for Domestic Abuse

As noted above, the inclusion in the PFIP team of a specialist domestic abuse Key Worker is necessary given that there are high rates of domestic abuse, either current or historic, amongst families referred to the project. On entry to the PFIP intervention only 11.1% of families had accessed support for domestic abuse. On exit from the PFIP 84.6% of families had accessed support for this issue.

In order to analyse further whether families were better able to challenge domestic abuse, the evaluation measured whether harm had been reduced in families in relation to domestic abuse. On exit from the PFIP evaluation 82.4% of families had reduced harm caused by domestic abuse. These included all those families that had disengaged from the PFIP, including those that had reported *current* domestic abuse issues.

The average length of intervention for families who had completed the PFIP intervention and had required support with *current* domestic abuse issues was 11.6 months – similar to the standard length of intervention for all families. However, it is notable that some families' that had experienced *current* domestic abuse worked

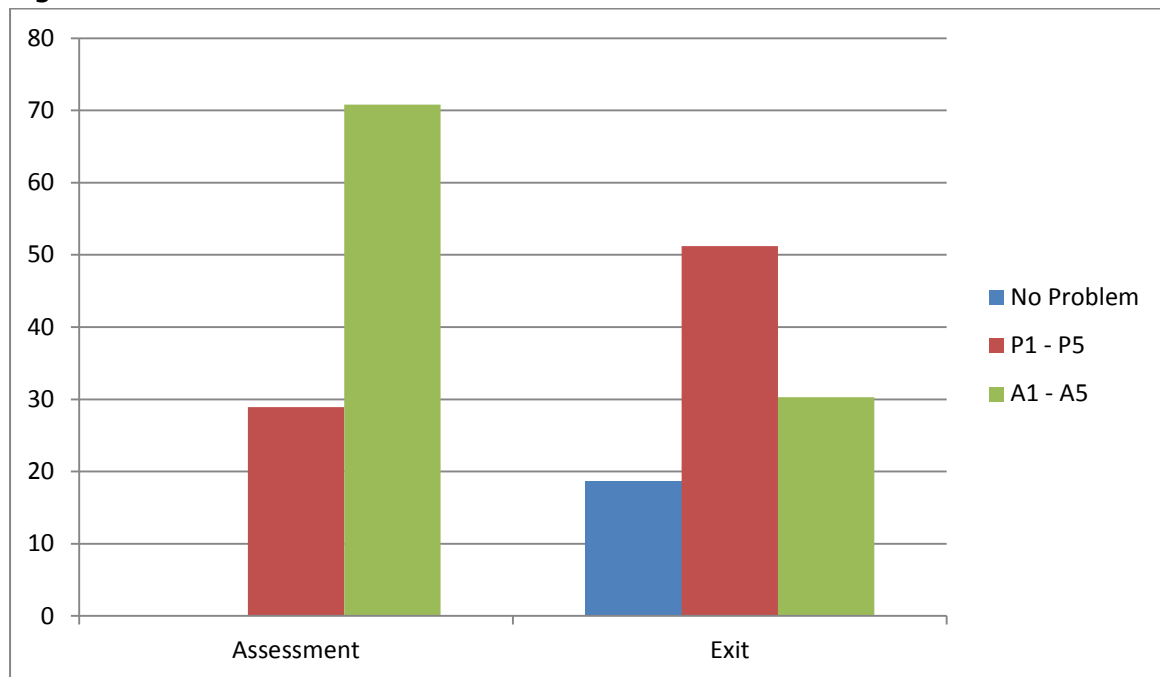
with the PFIP team for a protracted period of up to a year and 8 months. Key Workers and managers in the PFIP noted the additional resources and support required for families experiencing domestic abuse. Additionally, in the 2010 evaluation interviews with families identified the intensive, challenging, yet positive experience of tackling domestic abuse. The support provided to victims of domestic abuse and the resultant harm minimisation in this area is likely to further transform families circumstances, as discussed above, and provide families' with protective factors which are more likely to produce sustainable positive outcomes for them (Batty and Flint, 2012).

4.9.4 Risk Scores: Domestic Abuse

Key Workers perception of risk in relation to domestic abuse reflects the findings above (see Figure 12 below), with no individuals identified as having *no problem* in this area on entry to the PFIP intervention. Rather, 28.9% of individuals were recorded as being at a *potential* risk of domestic abuse on entry to the PFIP intervention and 70.8% were recorded as being at *actual* risk. Further analysis shows that 39.1% of individuals entering the PFIP intervention in 2012 were considered to be at the highest level of *actual* risk in relation to domestic abuse.

On exiting the PFIP intervention risk levels relating to domestic abuse had reduced significantly. On exit from the project 18.6% of individuals were considered to have *no problem* in this area, with 51.2% considered at a *potential* risk and 30.3% at an *actual* risk of domestic abuse. In each category of risk, the proportion of individuals reduced, with only 7% of individuals considered at the highest *actual* risk level, representing a 32.1% drop in the proportion of risk at this level. The reduction in risk levels perceived by Key Workers reflects the support provided by them and partner agencies to tackle domestic abuse and minimise harm in this area as discussed above.

Figure 12: Risk Scores for Domestic Abuse



4.9.5 PFIP Work: Domestic Abuse

- A specialist domestic abuse worker provided support and advice to families on domestic abuse.
- The specialist worker ran the 'Freedom Programme' that was designed to empower and support victims of domestic abuse.
- The specialist worker carried out one-to-one sessions with survivors of domestic abuse to provide them with support and guidance on how to manage their current or past experiences of domestic abuse.
- The specialist worker worked with Key Workers to identify families with hidden needs in relation to domestic abuse.
- Partnership agencies worked with the specialist domestic abuse worker and Key Workers to support and advise families. For example, 'Promise' worked with women around specialist issues relating to offending, such as domestic abuse, and the 'Making Changes' programme worked with perpetrators of domestic abuse to challenge their behaviour.

4.10 Personal Responsibility

Outcome: Improved social and interpersonal communication and presentation skills of adults, young people and children

Performance Measures:

- Improved social skills of adults, young people and children
- Improved interpersonal communication skills of adults, young people and children
- Increased engagement of families with local community

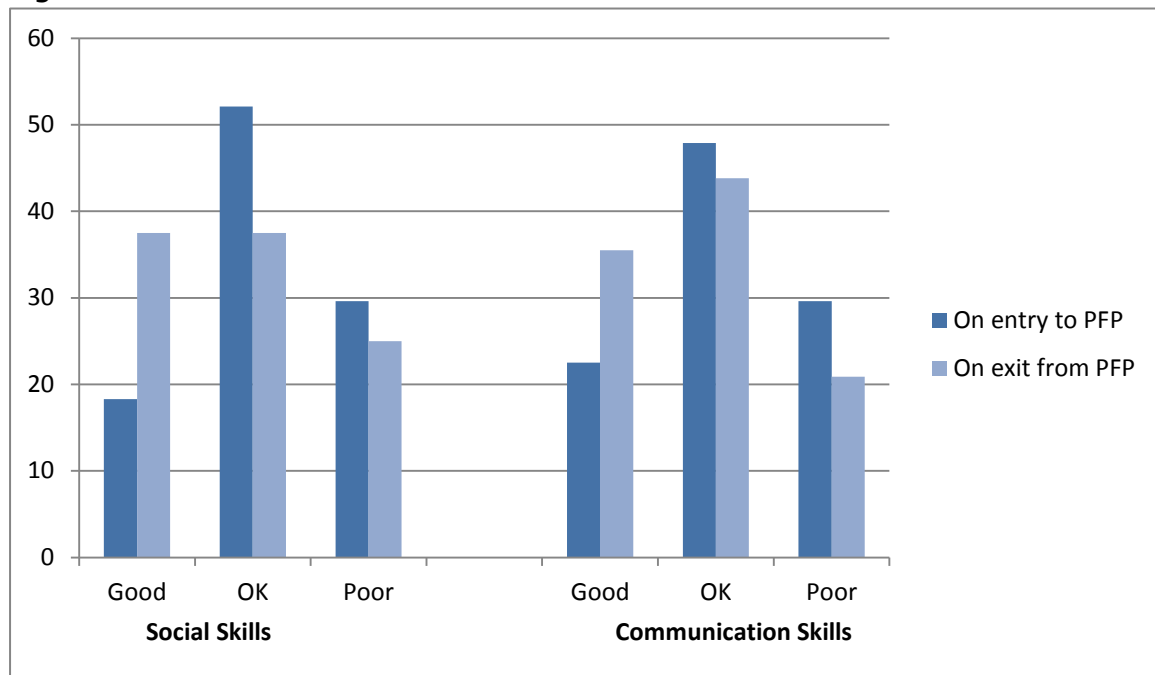
4.10.1 Social and Communication Skills

The 2011 evaluation newly measured families social and communication skills as an important element of family functioning. By assessing and evaluating social and communication skills, the PFIP Key Workers are able to consider how families communicated with each other and outside agencies. Additionally it provides families the opportunity to improve their social and communication skills in a way that should inform their ability to engage in their local community and in education and work environments.

This evaluation found that individuals social and communication skills improved over the period of intervention as outlined in Figure 13 below. Individuals' social skills improved from 18.3% being *good* and 29.6% being *poor* on entry to the PFIP intervention, to 37.5% being *good* and 25% being *poor* on exit from the project, the remainder being considered, *OK*. Communication skills improved from 22.5% being *good* and 29.6% being *poor* on entry to the PFIP intervention to 35.5% being *good* and 20.9% being *poor* on exit from the project, again with the remainder being *OK*.

This finding may represent the 'journey travelled' (Flint et al, 2011) by individuals in families, as they are challenged to engage more effectively with each other and their communities. Given that the majority of families referred to the PFIP in 2012 were involved in anti-social behaviour, improvements in their social and communication skills are essential.

Figure 13: Social and Communication Skills



4.10.2 Engagement with Local Community

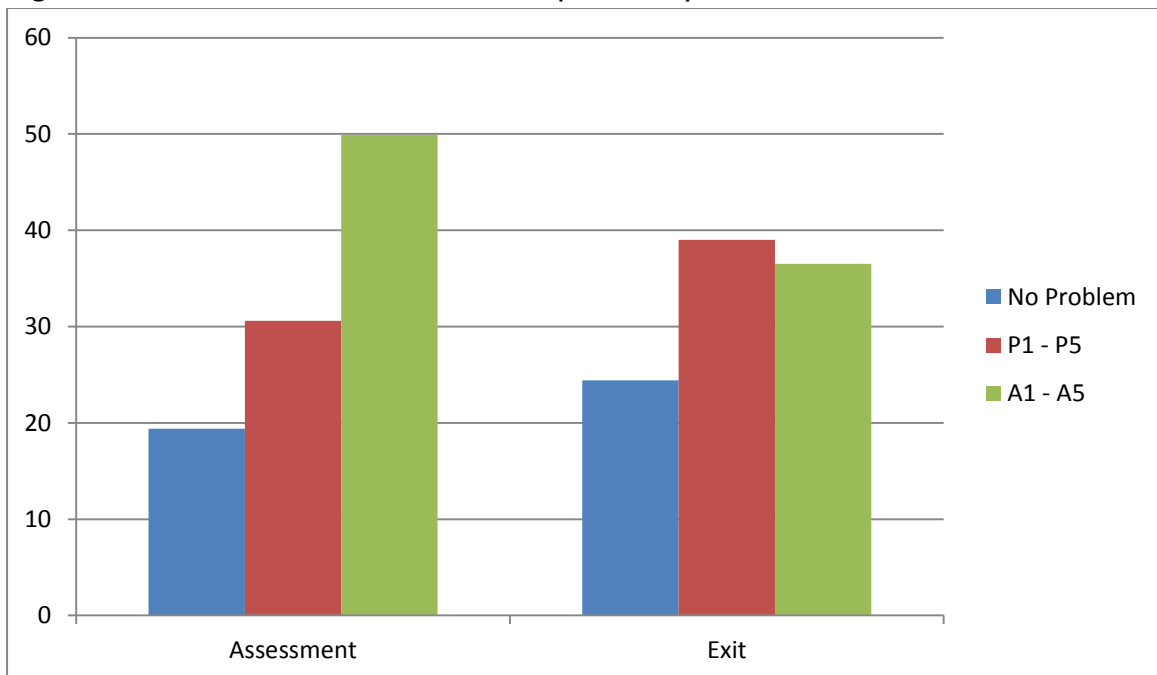
Families' engagement with the local community has previously been found in PFIP evaluations to improve as anti-social behaviour has diminished. This evaluation has found similarly that community engagement has improved in 2012, alongside the reduction in anti-social behaviour as set out at 4.2 above. It is also likely that the improved social and communication skills of individuals as outlined above, improved their capacity to engage with their local communities.

On entry to the PFIP in 2012, 5.6% of families involved all family members in community activities, with a further 33.3% of families including some people who engaged with the local community and 61.1% of families involving no members in the community. On exit from the PFIP, 30.8% of families included all family members in community activities, with a further 38.5% having at least some family members involved with the community and only 30.8% of families not being involved in the community at all. As with other aspects of this evaluation, whether a family had disengaged or not did not appear to impact on their engagement with the community, as 50% of those families that did not take part in their local community had disengaged from the PFIP intervention prior to completion and 50% had not.

4.10.3 Risk Scores: Personal Responsibility

Key Workers perceptions of risks in relation to personal responsibility reflect the findings above that show an improvement in all aspects of personal responsibility, including social and communication skills alongside better engagement with the local community. On entry to the PFIP intervention 19.4% of individuals were perceived by Key Workers to have *no problem* in this area, with 30.6% considered to be at a *potential* risk and 49.9% at an *actual* risk in relation to their personal responsibility. On exit from the PFIP however, the risks reduced, with 24.4% of individuals perceived by Key Workers to have *no problem*, 39% to be at a *potential* risk and 36.5% to be at *actual* risk in relation to their personal responsibility. Such outcomes for individuals might be perceived as 'soft' by Batty and Flint (2012), but they nevertheless consider them to be 'transformative' for individuals in their capacity to achieve change.

Figure 14: Risk scores for Personal Responsibility



4.10.4 PFIP Work: Personal Responsibility

- Key Workers supported families to address their social and communication skills within their family and beyond their home environment.
- Key Workers identified and encouraged attendance at local community activities, sports and clubs, such as 'Chicks', 'Tomorrow's People' and the 'Prince's Trust'.

- Key Workers challenged families to communicate effectively with neighbours to build positive relationships.
- Adults were referred to 'Shekinah' for achievement training and for preparation for work.

4.11 Debt

Outcome: Reduced number of people living with significant debt problems

Performance Measures:

- Reduced levels of significant problem debt
- Increased family awareness of debt issues
- Increased take up of appropriate welfare benefits and tax credits

4.11.1 Significant Debt Issues

Having established in the 2009 evaluation that debt issues were problematic for troubled families, the 2011 evaluation measured the extent to which debt impacted on families' lives and ability to function. Having previously noted that rent arrears were better managed in 2012 above at 4.3.2, this section considers broader matters of significant family debt. National research has highlighted this as an issue faced by families working with Family Intervention Projects (Lloyd et al, 2011).

Measurement of debt in this evaluation was carried out by addressing whether a family had 'significant', 'medium', 'minor' or no debt problems. On entry to the PFIP 22.2% of families were considered by Key Workers to have no debt problems, with 16.7% of families having a 'minor' problem, 44.4% of families having a 'medium' problem and 16.7% having a 'significant' debt problem. However, on exit from the PFIP these proportions had largely risen, rather than reduced as might have been expected. On exit from the PFIP intervention a slightly higher proportion of families were considered to have no debt problems, meaning that 4.5% of families had ridden themselves of debt. But otherwise the problem of debt appeared to have increased, with only 13.3% of families perceived to have a 'minor' debt problem, 33.3% considered to have 'medium' problem and 26.7% of families considered to have a 'significant' debt problem.

The evaluation finding that there appeared to be more 'significant' level debts in families on exit from the PFIP appears to reflect the evaluation findings on substance abuse above at 4.8, wherein it was found that families' drug and alcohol issues came to light during the intervention period, probably due to the intensive and lengthy

nature of the intervention during which it would be difficult to keep issues out of sight of Key Workers overall.

In order to better understand how debt was managed by families in 2012, this evaluation considered families awareness of debt as a problematic issue. On entry to the PFIP intervention families were generally aware of their debt issues, with only one family suggesting that they did not have any awareness of debt as a problem. On exit from the intervention all families were aware of debt issues. The ability of families to understand how money should be managed harm minimised in relation to debt is considered below.

4.11.2 Take up of Welfare Benefits and Tax Credits and Money Management

In order that families have the capacity to manage their finances and resolve debt issues Key Workers support their engagement with appropriate agencies to access benefits and support in this area. In 2011 the PFIP evaluation found that 10% of families had not accessed their correct benefits and tax credits. In 2012 however, all families had already gained access to the appropriate resources on entry to the PFIP. Future evaluations may wish to explore this matter in some detail however, as the Coalition Government has made significant changes to the welfare system that may impact on troubled families resources or access to them.

On exit from the PFIP intervention all families had received advice regarding their management of money and addressing their debt issues. This finding clearly had an impact on families' capacity to manage their finances as money management had improved during the intervention period in 2012. On entry to the PFIP, 26.3% of families were considered to be *good* at managing their money, with 47.4% considered *OK* at doing this and 26.4% considered *poor* at it. On exit from the PFIP intervention, 46.7% of families were considered *very good* at managing their money, with 40% considered *OK* at it and only 13.3% of families considered *poor* at managing their money.

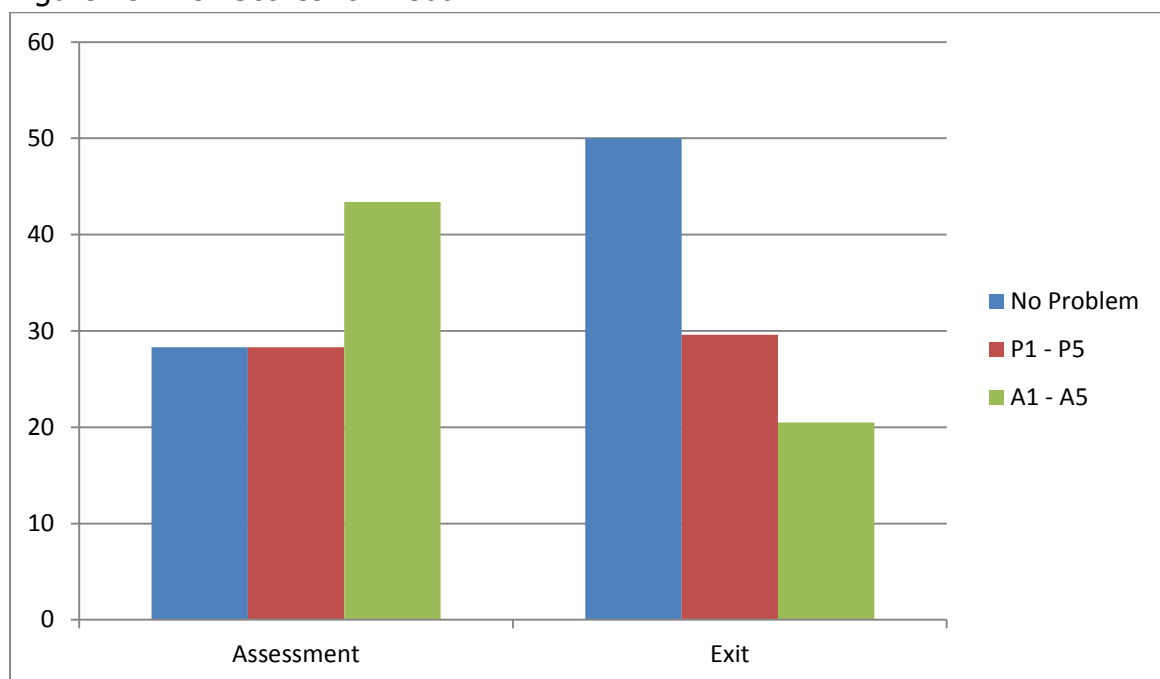
4.11.3 Risk Scores: Debt

As shown in Figure 15 below, Key Workers perceptions of the risks associated with debt reduced comprehensively during the period of PFIP intervention. On entry to the project 28.3% of individuals were considered to have *no problem* in this area, with 28.3% of individuals considered at *potential* risk and 43.4% of individuals at *actual* risk in relation to debt issues. On exit from the PFIP intervention 50% of individuals were considered by Key Workers to have *no problem* in this area, with

29.6% considered to be at *potential* risk and 20.5% of individuals at *actual* risk, though no individuals were recorded in the highest risk category.

The measurement of risk here explains further the evaluation findings above. Despite the fact that more debt had become apparent to Key Workers during the PFIP intervention period, families' ability to manage that debt improved having been provided comprehensive advice in this area. Therefore, the risks associated with debt reduced, despite apparent debt levels increasing. Again, this finding illuminates the usefulness of risk measures in informing the practice of Key Workers in the PFIP and the evaluation process.

Figure 15: Risk Scores for Debt



4.11.4 PFIP Work: Debt

- Key Workers identified debt issues with families and challenged failure to resolve them.
- Key Workers supported parents with budgeting by identifying techniques for managing money such as spending diaries, saving plans and use of the Credit Union.
- Key workers signposted families to agencies with specialist support mechanisms such as the Citizen's Advice Bureaux and Money Advice that provided information and advice on budgeting and debt management.

4.12 Education, Employment and Training

Outcome: Reduced number of adults and young people not in education, employment or training

Performance Measures:

- Reduced numbers of young people and adults not in education, employment or training
- Reduced levels of worklessness

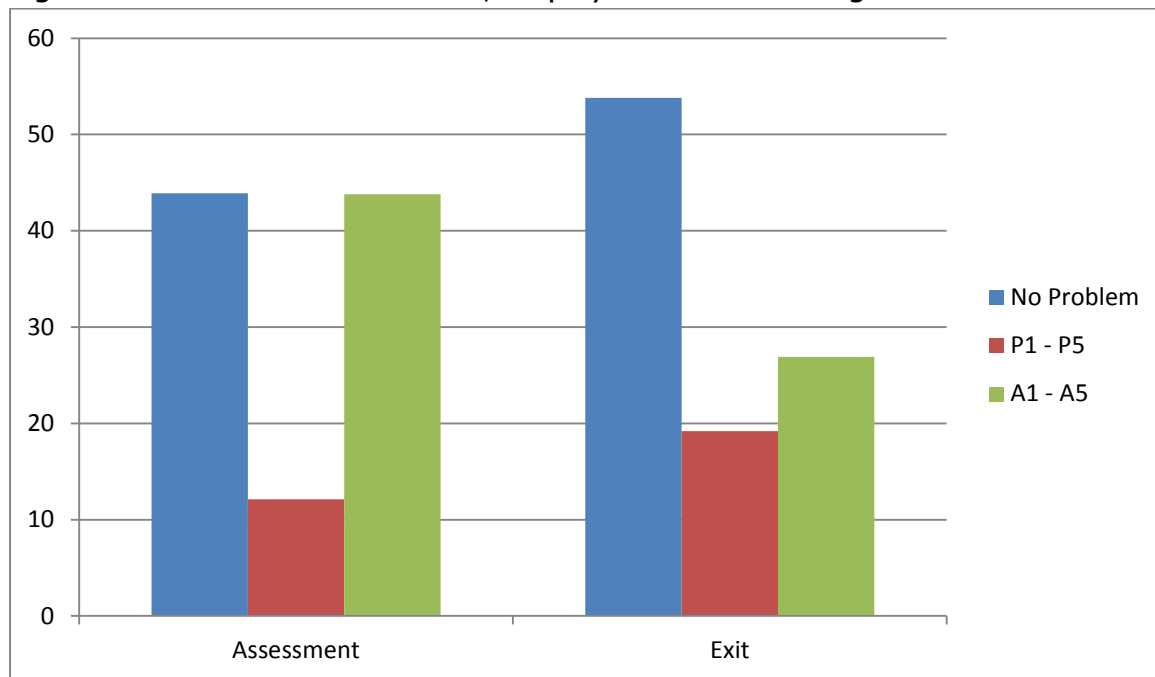
4.12.1 Engagement with Education, Employment and Training

Since 2010 the annual evaluation of the PFIP has considered levels of 'worklessness' in families. This area has been particularly difficult for PFIP Key Workers to address, with only small increases in family engagement with employment, education and training in 2010 and 2011. This evaluation identifies similar issues in 2012, with no increases in employment, education or training identified. The key difference in this evaluation to the previous years' is the high proportion of families where no adult family member was in employment, education or training. In 2012 only 33% of families contained at least one adult that was in education, employment or training on entry to the PFIP, similar to national proportions of worklessness (Lloyd et al, 2011). On exit from PFIP only 31% of families contained at least one adult in employment, education or training. The finding is most likely explained by the high proportion of single-parent families referred to the PFIP in 2012 as noted above at 3.3.4. Single parents with responsibility for caring for young children are unlikely to engage in employment, education or training.

4.12.2 Risk Scores: Education, Employment and Training

The risk scored as recorded by Key Workers and set out in Figure 16, identify diminishing concerns regarding employment, education and training. On entry to the PFIP, 43.9% of individuals were considered to have *no problem* in this area, with 12.1% considered to be at *potential* risk and 43.8% at an *actual* risk in relation to their education, employment and training. On exit from the PFIP, the recorded risk reduced somewhat, with 50% of individuals considered to have *no problem*, 29.6% to be at *potential* risk and 20.5% to be at *actual* risk.

Figure 16: Risk Scores: Education, Employment and Training



4.12.3 PFIP Work: Education, Employment and Training

- Key Workers provided one-to-one sessions with adults and young people on their employment, education and training needs and aspirations.
- Key Workers signposted adults and young people to resource centres such as Achievement Training and Careers South West.
- Referrals were made to the European Social Fund and Job Centre Plus.

4.13 School Level Education

Outcome: No permanent exclusions from school and improved attendance at school by for children and young people

Performance Measures:

- No permanent exclusions during programme as detailed on school records
- All children receiving education
- Improved attendance as in school records

4.13.1 School Attendance

This evaluation found that two families contained a child that had been excluded from school when they entered the PFIP intervention in 2012. This constitutes only

11% of families having contained an excluded child in 2012, which is far lower than the national average of 60% of families (Lloyd et al, 2011). On exit from PFIP both children that had previously been excluded from school permanently had attained places in schools. One of these children was from a family that ultimately disengaged from the PFIP intervention, but prior to disengagement schooling issues were resolved by the PFIP team.

No children had been excluded from school temporarily when they entered the PFIP, nor had any been on exit from the PFIP intervention. On entry to the PFIP 80% of children of school age were considered to be 'gaining an education'. On exit from PFIP, 94.7% of children were considered to be 'gaining an education'. The two children who were not 'gaining an education' on exit from PFIP were in their later teenage years and had poor attendance records at school. Neither of them were from families that had disengaged from the PFIP intervention prior to completion.

Improved attendance and engagement at school is noted by Batty and Flint (2012) as an important 'hard' outcome that has the capacity to transform children's lives. On entry to the PFIP intervention 28.6% of children had poor attendance records at school. This had improved on exit from PFIP with only 8.1% of children recorded as attending poorly by their school. Of the 8.1% attending poorly, two were the older teenage boys identified above and one was a 5 year old child, again, none of whom were from families that had disengaged prior to completion of the PFIP intervention. The potential then for children's lives to be transformed through positive engagement with education, appears then to hold true for all families that worked with the PFIP in 2012, whether they disengaged from the intervention prior to completion or not.

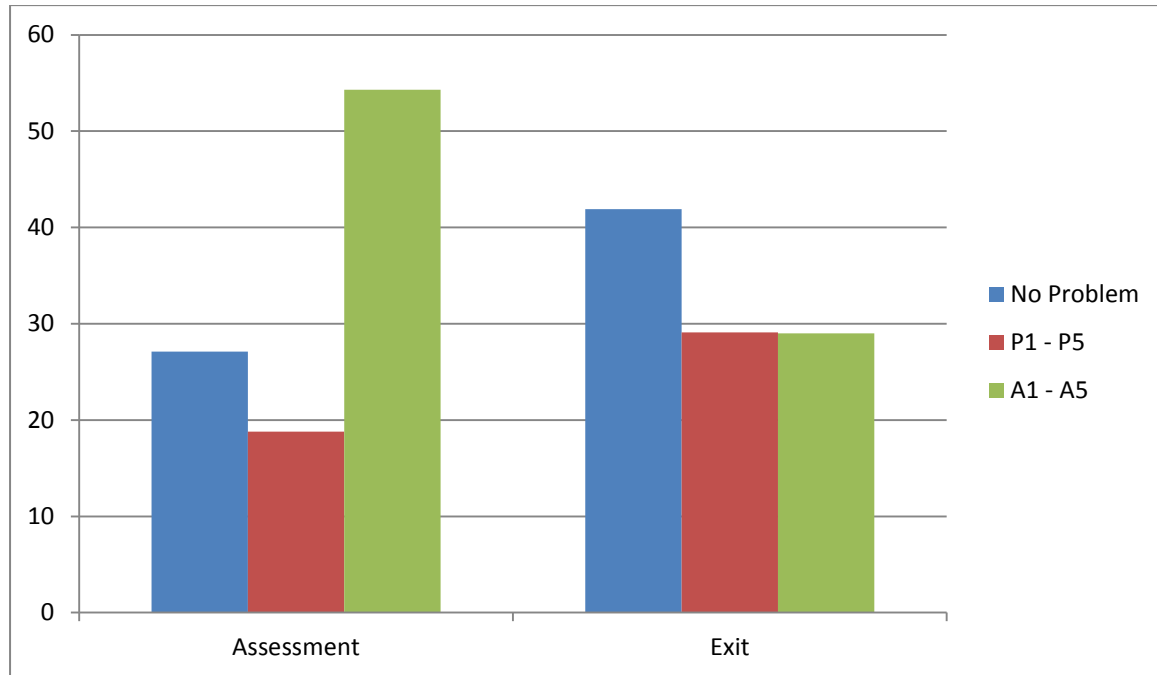
4.13.2 Risk Scores: School Attendance

The Key Workers recorded risk scores for school attendance are detailed below at Figure 17. These scores show a similarly reducing pattern to those recorded above for offending and anti-social behaviour above. On entry to the PFIP 27.1% of individuals were considered by Key Workers to have *no problem* in this area, with 18.8% of individuals considered at *potential* risk and 54.3% considered at *actual* risk. On exit from the PFIP however, 41.9% of individuals were perceived by Key Workers to have *no problem* with school attendance, with 29.1% perceived as at *potential* risk and 29.1% perceived at *actual* risk.

The findings on risk here are interesting in comparison to the 2011 evaluation, which found that Key Workers placed the majority of individuals within the *potential* risk category. National research suggests that education is one of the most sustainable

areas of change for families as a consequence of engagement with a Family Intervention Project, which was noted in the 2011 evaluation. It is possible, that the evaluation feedback to Key Workers that is carried out annually has informed their risk scoring in this area, giving them more confidence to recognise the impact of positive outcomes for children in relation to school engagement.

Figure 17: Risk Scores for School Attendance



4.13.3 PFIP Work: School Level Education

- Key Workers worked with children and young people in one-to-one sessions to encourage them to engage with their education and fulfil their potential.
- A PFIP administrator rang schools regularly to check on the attendance of risky young people and reported their findings to Key Workers.
- Key Workers provided advice and guidance to parents on school attendance and bullying issues.
- Key Workers engaged with Educational Welfare Officers to ensure families fulfilled their education obligations.
- Key Workers signposted parents to Parent Support Advisors/Parent Partnerships in Schools to provide sustainable advice and guidance on parenting matters and school support mechanisms.

5.0 Conclusion

This report has presented the research findings of the PFIP evaluation for 2012. It has set out evidence for the outcomes for families working with the PFIP across each of the thirteen critical issue areas of: physical health, mental and emotional health, sexual health, substance use, offending behaviour, anti-social behaviour, domestic abuse, child safety, personal responsibility, housing, debt, adult employment and training, and children's education. In doing so it has addressed the key substantive domains of interest for Family Intervention Projects which are: crime and anti-social behaviour, education, family functioning, health and employment. The report has specifically measured forty three performance measures.

Overall the 2012 PFIP evaluation has found a range of positive outcomes for families. In relation to the core government target areas, this evaluation found that offending and anti-social behaviour amongst families had significantly reduced. Further, in relation to truancy, the evaluation shows that attendance at school improved markedly over the intervention period. Such improvements have been identified as transformative for troubled families. In relation to worklessness however, the evaluation did not find improved engagement in employment, education or training. Worklessness did not increase during the intervention period however, and families showed improved social and communication skills, as well as better engagement in communities which are likely to improve future opportunities for sustainable employment, education and training.

In order for the transformative outcomes noted above to be sustained, improved family functioning and family health is required. This evaluation has shown that families were better able to function following the PFIP intervention in 2012, as domestic abuse issues had been addressed, as had drug and alcohol issues. Families homes were more secure and in a better condition and debts were better managed. Families had been provided comprehensive advice and support to challenge their risky behaviours, including their failure to address physical and mental health issues.

Families in the PFIP in 2012 were found to have particularly high levels of mental and emotional ill health and domestic abuse. Rather than these and other family matters being dealt with via a constant cycle of crisis management, which requires extensive and expensive resources, families were provided by PFIP with a set of skills, contacts and resources to break down the 'crisis'. Overall then, families were provided sufficient time by Key Workers, over the period of around a year, to tackle their complex and multiple issues. By doing so, they have been able to exit from the PFIP with the resources to sustain healthy and positive lifestyles.

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