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# Plymouth Families Project Evaluation 2011

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Plymouth University

# Plymouth Family Intervention Project Evaluation 2011

Final Report

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# Plymouth Families Project Evaluation 2011

## 1.0    Introduction

This report represents the findings of the evaluation of the Plymouth Family Intervention Project (PFIP)[1], carried out for 2011. It follows on from previous annual reports that evaluated PFIP in 2008 (Browning, 2008), in 2009 (James and Gilling, 2009) and in 2010 (James, 2010). As such it refers directly to the previous annual evaluations by way of comparison to their research findings. Further, it considers the annual PFIP evaluations in light of the national evaluation of Family Intervention Projects between 2007 and 2011 which was published in December 2011 (Lloyd et al, 2011)[2].

The aims of the 2011 PFIP evaluation were:

- To evaluate the progress and outcomes of families in the period from August 2010 to August 2011: 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 introduced nationally by the New Labour government in 2006 following a successful pilot of such interventions that had been funded by government from 2003. The aim of Family Intervention Projects was to tackle anti-social behaviour and consequent homelessness which additionally impacted on children having to enter the care system. Subsequently the remit for Family Intervention Projects was broadened to tackle youth crime problems, female offenders and families with children living in poverty.

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[1] Plymouth Family Intervention Project was formally known as Plymouth Families Project (PFP).
[2] Comparisons are made to the national evaluation (Lloyd et al, 2011) where possible. It should be noted that the national report provides percentages for families whereas this evaluation, in line with the previous annual evaluations of PFP, provides percentages for families and for individuals in families. Further, some issues are conflated in the national evaluation whereas they are provided in more detail in this report.

The PFIP was set up by the Plymouth Anti-Social Behaviour Unit in 2007 as a response to the national developments in this area. The pilot projects initiated in 2003 had been designed to resolve the problem that a disproportionate amount of anti-social behaviour was committed by a small number of families in neighbourhoods (Dillane et al, 2001). The best way to address this issue was found to be via a 'twin track' approach which coupled enforcement with intensive support for families (Nixon et al, 2006, White et al, 2008). This approach was carried out within a multi-agency working environment, tackling neighbourhood problems as part of the then governments' 'Respect Agenda'.

The PFIP was initially set up to focus on government agendas and evidence based practice. The design of PFIP was innovative in that it incorporated this commitment to policy and practice in the design of its assessment tool for families entering the intervention. Additionally PFIP engaged in annual evaluation of the intervention by utilising the assessment tool and family review evidence alongside policy and practice developments locally and nationally. Therefore the PFIP key workers, employed to work intensively with families, were engaged in the requirements of policy via their completion of the assessment tool and family review paperwork.

The PFIP follows the standard practice of Family Intervention Projects of employing key workers to support families intensively. The support provided by key workers involves their being in regular contact with families at all hours of the day and evening. They provide information and advice to families on the practicalities of life such as providing information on parenting, life skills, goal setting and motivational techniques (Lloyd et al, 2011). They also act to signpost families to appropriate services, including health professionals, social services, mental health support services, substance abuse interventions, police, housing officers and private or third sector service providers. The dedicated case load of key workers in PFIP, their commitment to families over an extended period of time and the intensive nature of their engagement with families are central to the success of the intervention (White et al, 2008). 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 a worker employed under the European Social Fund who is linked to the team 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 addresses the core needs of families as a whole by assessing 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.

These areas 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.

As noted above, the PFIP evaluations in 2008, 2009 and 2010 utilised the whole family assessment tool to address the performance targets set out under each of the thirteen categories for families. The 2011 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.

The current Coalition government agenda has been affirmed in relation to Family Intervention Projects recently as the Prime Minister David Cameron and his Communities Secretary, Eric Pickles, have launched their intention to tackle 'troubled families' (DCLG, 2012). Indeed, in January 2012 Eric Pickles and Louise Casey, Head of the central government Troubled Families Unit, came to Plymouth to specifically meet with PFIP which is considered a national example of good practice in resolving the problems of troubled families. Further, the Manager of PFIP, the Manager of the Plymouth Anti-Social Behaviour Unit and the Chief Executive of Plymouth City Council were subsequently invited to 10, Downing Street to meet David Cameron at the launch of 'the 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.


## 3.0    Research Process

The 2011 PFIP evaluation was carried out by the report author at Plymouth University. 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. Further, the 2011 PFIP evaluation was designed to address the progress of families who had disengaged from PFIP during their intervention. This element of the evaluation was intended to consider the impact of PFIP on 'disengaged' families to see whether they had benefitted from the PFIP intervention, despite their inability to complete the entire PFIP process. As such, the research considers outcomes for disengaged families and the reasons for their disengagement.

*3.1 Policy Update and Performance Target Review*

Previous evaluations of PFIP (2008, 2009) have reviewed the policy environment in order to inform the setting of performance measures for PFIP. In 2010 the evaluation of PFIP did not follow the process of policy review due to the change in Government to a Coalition which had not set out its policy intentions. Subsequently, as outlined above at 2.0 the Coalition Government engaged with the 'troubled families' agenda and showed support for Family Intervention Projects. As part of the process of evaluation from 2010 in to 2011 the PFIP team therefore worked with the report author to develop the assessment and review tools utilised by PFIP to ensure that they addressed a number of policy matters within their performance measures. This process led to the 'tweaking' of some performance measures, such as the inclusion of specific measures to address 'worklessness' within the broader framework of adult engagement with employment, education and training. Further, the process led to the addition of new performance measures under broad frameworks that specifically addressed the issues of 'personal responsibility' and 'debt'. The 2011 evaluation incorporates analysis of these new performance measures.

*3.2 Research Project Parameters*

The annual process of evaluating PFIP has been driven by a number of factors. The original evaluation in 2008 provided an extensive review of the process of setting up PFIP whereas subsequent evaluations in 2009 and 2010 provided a streamlined analysis of PFIP performance measures. As such the 2009 and 2010 evaluations provided information on the baselines set for families on entry to PFIP and on exit from PFIP. By doing so the evaluations were able to set out the outcomes achieved for families engaged in PFIP. The 2011 evaluation replicates this process by measuring the outcomes for families by reviewing the baselines set for each family, which are framed by the PFIP performance measures, on entry to PFIP and on exit from PFIP.

Each year the process of evaluation is reflected on by the report author in association with the PFIP Manager. In 2009 the reflective process led to the 2010

evaluation incorporating analysis of risk scores set for individuals by key workers in each area of their work with families. The 2011 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 is reviewed by a key worker, their risk scores are reviewed and re-done. This process allows the key worker to see where potential problems may arise for families which will require on-going work or where actual problems are manifesting and therefore need immediate attention.

In order to analyse the baselines, 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 2011. The research findings from this process are outlined below at 4.0.

*3.3 Added Value*

The PFIP evaluations in 2009 and 2010 provided additional information on specific aspects of PFIP identified as required by the PFIP Manager as part of the reflective evaluation process. In 2009 the evaluation reviewed, and provided evidence of, the extensive and varied ways in which the project worked with families. It did this by identifying the ways in which key workers engaged with families, how they acted as facilitators for families to engage with multiple agencies from the statutory and third sectors and how they worked with communities to ensure sustainability of their work. In 2010 the evaluation included an analysis of interviews with families who were in the process of working with the project or had exited the project and key workers who were working in the project, either as a specialist or as a general worker. These interviews provided a useful insight in to the persistent nature of PFIP as an intervention, the support mechanisms provided by PFIP, the effectiveness of enforcement mechanisms, the sustainability of positive outcomes achieved by PFIP and the particularity of PFIP as a Family Intervention Project.

The 2011 evaluation has explored the issue of family disengagement from PFIP as an addition to the evaluation of baselines and risk scores for families. The PFIP Manager noted in reflection on the 2010 evaluation that families did disengage from PFIP, but that the time spent within PFIP may have impacted on their lives in some way, particularly when disengagement of families occurred mid-way through PFIP intervention. The 2011 evaluation therefore incorporates disengaged families within

analysis of baselines and this report contains consideration of disengagement throughout.

## 3.4 The Sample

The analysis in this report represents data gathered on a comprehensive sample of families who worked with PFIP between the summer of 2010 and the summer of 2011. The sample includes 22 families in total, including 10 families that had completed the process of working with PFIP through to final exit and 12 families that had disengaged from PFIP during the intervention process.

### 3.4.1 Disengaged families

The issue of disengagement of families has been a central focus of the 2011 evaluation and therefore the number of disengaged families has been increased within the 2011 sample (previous evaluations have comprised fewer families). The review of Family Intervention Projects by Lloyd et al (2011) distinguishes between families that have left an intervention as 'successful' and those that were 'unsuccessful' or 'inconclusive'. Their criteria for being unsuccessful were those families who had refused an intervention or had not engaged with the project. When applying these criteria to PFIP, there were five families that were unsuccessful, by the fact that they did not engage with PFIP. In each of these cases the families were unwilling to engage with parenting work and were likely to have substance abuse issues. They were subsequently referred to an appropriate agency for their individual needs.

Lloyd et al (2011) set out the criteria for 'inconclusive' families as those that disengage from the Family Intervention Project due to: their being high risk, having moved away from the area, no longer living as a family unit, children having been removed from the home, referral to an alternate family intervention project or another service. The PFIP sample contained seven families that were 'inconclusive' according to the Lloyd et al (2011) criteria. Of those seven families, two families moved away from the area, two families were referred to a more appropriate service, in one family the children moved to a new home as a consequence of a Family Group Conference and for two families children were removed from the home due to safeguarding.

Overall then, the inconclusive nature of a significant proportion of the PFIP families sampled highlights the necessity to consider their outcomes in relation to the performance measures, despite their failure to formally 'exit' the intervention. Additionally, the length of time that disengaged families spent working with PFIP should be considered, particularly given the intensive nature of the intervention which is most apparent in the early stages of key worker involvement with families.

### 3.4.2 Duration of Intervention

The national average duration of family intervention project work with families in 2011 was 11 months (Lloyd et al, 2011) which had decreased from thirteen months in 2010. PFIP interventions have previously been found to last longer than the national average, with the longest duration being an average of fifteen months in the 2009 evaluation. However, this reflected the very large average family size during the 2009 evaluation period. In 2011 the average duration of a PFIP intervention was 13 months, with the shortest intervention being for seven months and the longest being for a year and seven months. This finding shows that PFIP appear to work with families for longer than the national average generally which may reflect the multiple problems families engaged with PFIP experience.

An analysis of the duration of PFIP intervention with disengaged families shows that they had worked with PFIP on average for nine months in the 2011 period, the least amount of time spent being six months and the longest being 12 months. The duration of the intervention was not significantly affected by whether families' outcomes were 'inconsistent' or 'unsuccessful'. Therefore, disengaged families received extensive provision from PFIP and it would be reasonable to expect some positive outcomes for families who had disengaged from PFIP in these circumstances. The report will go on to consider this issue comprehensively at 4.0 below.

### 3.4.3 Type of Family Intervention Project and Referring Agency

Twelve of the families sampled fulfilled the criteria for 'Anti-Social Behaviour' intervention, three families were 'Youth Crime' interventions, one family was a 'Women Offenders' intervention and six families were 'Child Poverty' interventions. The type of intervention was determined on the basis of the families' presenting issues. The use of interventions to tackle anti-social behaviour reflects the origins of PFIP and the national picture of interventions (Lloyd et al, 2011).

Families who engaged with PFIP and attained a 'successful' outcome were most likely to be 'Anti-Social Behaviour' families (6/10). Successful outcomes were also achieved with families who were identified as 'Youth Crime' (2/10), 'Women Offenders' (1/10) and 'Child Poverty' (1/10).

Interestingly, of the families that disengaged, a significant proportion were families identified as 'Child Poverty' families (5/12) and in all but one of these families the result of the intervention was 'inconclusive' due to PFIP resolving the issues for their children. In three of the families children were either removed to the care of next of kin or moved to live with next of kin following a Family Group Conference. One family moved out of the area. The families whose interventions were 'unsuccessful'

were most likely to be 'Anti-Social Behaviour' families (4/12) who would not comply with the requirements of PFIP to work on their parenting skills and had significant drug problems.

The main referring agency to PFIP in this evaluation was Children's Social Care who were responsible for referring 59% of families to PFIP. The police referred 14% of families, as did registered social housing providers (9% of which were referrals from Plymouth Community Homes). Otherwise Education (9%) and the Youth Offending Service (5%) referred families to PFIP.

### 3.4.4 Family Demographics

As noted above, this evaluation represents analysis of the outcomes of 22 families assessed by PFIP. The families constituted 94 people, including 63 children and 31 adults. The families were commonly headed by a lone parent (59%), as has been found generally in Family Intervention Projects nationally (Lloyd et al, 2011). The lone parent status of families in PFIP is slightly lower than the national average for Family Intervention Projects (64%), but far higher than it is for the general population (25%). Lone parents were most commonly mothers, though some fathers fulfilled this role too.

The size of families engaged in Family Intervention Projects are commonly larger than for the general population and the 2008 evaluation found PFIP were dealing with particularly large families. The 2010 evaluation found family size had reduced to an average of 4 people and likewise this evaluation found the average family size to be 4 people. However, this average is skewed somewhat by the broad range of family sizes represented across the 22 families. Indeed, four families constituted only 2 people (18% of families), whereas thirteen families had three or more children (56%) which is higher than the national average for Family Intervention Projects (51%). Some families were particularly large, including one family that had 6 children.

The families in this evaluation were found to be generally younger than previously identified by evaluations. Of the children, 62% were aged under 10, with only 29% of the children being aged between 10 and 14 and 10% aged between 15 and 17. The average age of family members was 16, lower than the previous evaluation in 2010, but most striking was the most common age of family members, which was 5. The 2010 evaluation found the most common age of family members to be 13.

The previous evaluation of PFIP in 2009 noted problematic issues for families containing adult children. In this evaluation there were no families that contained adults that were not parents, meaning that the key parenting issues were generally with small children or pre-teens, who were most common in the families. It should

be noted however, that a number of families had adult children who did not live with the family but remained connected to the family. Parents in families ranged in ages from 19 to 53, with the majority of parents being in their 20s (51%), having had their children at a younger age.

The ethnicity of families working with PFIP 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 outlines the key findings of this evaluation by presenting statistical analysis of the baselines that were set for families when they engaged in PFIP and which were reviewed on their exit from PFIP. Baselines were set for each family according to the performance measures identified under each of the thirteen critical issues set out above at 2.0.  Further, alongside consideration of the baselines set for families, analysis of family 'risk' scores (see 3.2 above) are presented here in order to evaluate changes in key workers perceptions of risk for individuals in families. The measurement of risk provides an important springboard for key workers to identify family baselines and targets and subsequently to set targets for individuals within families.

In order to provide some context to the evaluation findings in this section of the report some examples of PFIP work carried out by key workers, specialists and partners are identified. The PFIP work set out here does not represent the range or scope of the work of PFIP, nor is it required to. Rather, the aim here is to identify examples of good practice within PFIP to show how each of the areas evaluated are operationalized by the PFIP team.

In order that the 2011 evaluation is directly comparable to previous years' evaluations, the report is ordered according to the priorities of the original PFIP, with offending, anti-social behaviour and housing initially outlined. The report then goes on to address child safety, physical, mental and sexual health in families, substance use, domestic abuse, personal responsibility, debt, employment and education. Crime and anti-social behaviour remain the core government priorities for Family Intervention Projects in the Department for Communities and Local Government agenda on 'troubled families' from 2011.

*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*

Offending rates are measured by considering the number of officially recorded offences committed by individuals in the six months prior to family entry to PFIP and in the six months prior to family exit from PFIP. In previous evaluations offending rates had reduced significantly in families, with the most successful drop in offending having occurred in 2010 when there were no recorded offences by families who exited PFIP in the six months prior to their exit. Similarly, Lloyd et al (2011) record reductions in offending issues for families nationally when they have completed similar interventions.

This evaluation found that 13% of individuals in families had committed offences in the six months prior to entry to PFIP, a similar number of offences to the 2010 evaluation. In the six months prior to exit from PFIP in 2011 only 3% of individuals had committed offences. Although this is a slight increase on the 2010 evaluation findings, it represents a significant drop in the number of offences committed by individuals in families. The number of offences committed reduced in all individuals who had recorded offences.

Further analysis of offending rates in families shows that the 3% of individuals who had offended in the six months prior to exiting PFIP had disengaged from PFIP without completing the intervention in full. No individuals that had completed the intervention had offended in the six months prior to exit from PFIP. This finding identifies the impact of the PFIP intervention on families. Firstly it identifies that completion of the PFIP intervention is highly successful in reducing offending behaviour. Secondly it shows that those families that disengage from PFIP also reduce their offending behaviour.

Offending behaviour was committed by a range of age groups, though the younger aged family members (aged 10-14) were disproportionately responsible for the number of crimes committed. Young people aged 10-14 were responsible for 39% of

offending in families on entry to PFIP. This finding is reflected in the number of young people that had entered the youth justice system on entry to PFIP with 32% of young people aged 10-18 having entered the youth justice system. On exit from PFIP this percentage had dropped significantly to only 5% of young people aged 10-18 being in the youth justice system, which constituted one person. In previous years youth offending had also reduced, but this evaluation shows that PFIP have effectively worked with a larger proportion of young offenders than in previous years.

*4.1.2 Risk Scores: Offending*

In order to contextualise offending rates detailed above, key workers scores for 'risk' of offending are analysed in light of the data on recorded offending behaviour. The findings on risk of offending are set out in Figure 1 below. Key workers considered 34% of individuals at an actual risk of offending on entry to PFIP, whereas on exit from PFIP only 8% of individuals were considered at actual risk of offending. The potential risk of offending by individuals rose from 24% on entry to PFIP to 30% on exit from PFIP. On entry to PFIP 42% of individuals were considered to have no problem with offending and on exit this had risen to 62% of individuals having no problem with offending.

The findings on risks of offending, as perceived by key workers, shows a general decline in risks posed by individuals in families as they exit PFIP. Although there is a rise in the number of individuals that are perceived as potentially risky, this demonstrates recognition by key workers that offending may not remain an actual risk, but prior offending behaviour implies a potential risk of offending. Those individuals who were previously considered to be potentially at risk of offending on entry to the project are most likely to have moved in to the 'no problem' category on exit. Hence, risks of offending have reduced, as has actual offending behaviour as represented in the recorded offending rates detailed at 4.1.1.

Figure 1: Risk Scores for Offending
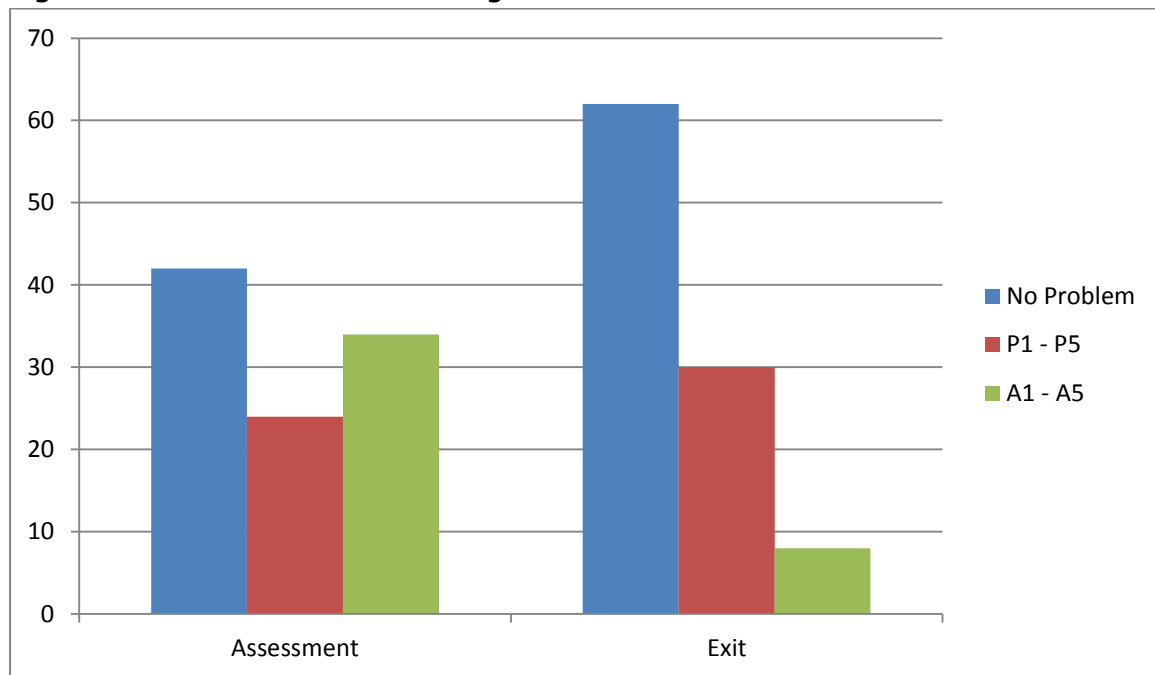


### 4.1.3 PFIP Work: Offending

- 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 up-to-date information on offending rates for families and reports to police of crime related activity.
- Key workers engage family members in a range of programmes that work in partnership with PFIP to tackle criminality. For example, 'Routeways' works with families to encourage them to work as teams, and the 'Garage Project' provides training for young people in car mechanics.

### 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*

Anti-social behaviour is measured similarly to offending behaviour; the numbers of officially recorded anti-social behaviour incidents committed by individuals in the six months prior to family entry to PFIP and in the six months prior to family exit from PFIP are compared. PFIP was found to reduce anti-social behaviour significantly in families in the evaluations in 2008, 2009 and 2010. This evaluation has found similar reductions in anti-social behaviour to previous years, again, in line with national research findings on Family Intervention Projects (Lloyd et al, 2011).

This evaluation found that 26% of individuals in families had committed anti-social behaviour in the six months prior to entry to PFIP. Of those individuals that had committed anti-social behaviour, 65% had been reported between 1 and 5 times, 30% had been reported between 6 and 10 times and 5% had been reported between 11 and 20 times. In the six months prior to exit from PFIP only 7% of individuals had been reported for anti-social behaviour and of those individuals that had been reported, none had been reported for more than 5 incidents of anti-social behaviour. Therefore, the number of reports of anti-social behaviour had reduced and the number of incidents had likewise reduced significantly during the PFIP intervention.

Families were additionally assessed on their understanding of the consequences of anti-social behaviour. Although 26% of individuals had been reported for their anti-social behaviour on entry to PFIP, a further 18% of individuals showed no understanding of the consequences of anti-social behaviour, constituting 44% of individuals in families overall lacking an understanding of the consequences of anti-social behaviour. This finding identifies the problem of anti-social behaviour as being poorly recognised by families generally on entry to PFIP. On exit from PFIP only 8% of individuals showed a lack of understanding of the consequences of anti-social behaviour. Comparatively then, on exit from PFIP only 1% more individuals lacked an understanding of anti-social behaviour than had been reported for anti-social behaviour (7%), suggesting that family perceptions overall of the consequences of anti-social behaviour had largely changed.

Further analysis of the findings on anti-social behaviour shows that of those people that were reported for anti-social behaviour in the six months prior to exit from PFIP, 67% had disengaged from PFIP prior to completion of the intervention. Interestingly however, of those individuals that showed a lack of understanding of the consequences of anti-social behaviour, all of them were from families that had disengaged from PFIP prior to completion of the intervention. This finding shows then that despite some individuals having persisted in anti-social behaviour in the six

months prior to exiting PFIP, those that completed the intervention had gained an understanding of the consequences of anti-social behaviour and are therefore more likely to desist in the future.

Overall then, there was a reduction in the number of people who committed anti-social behaviour and in the number of anti-social behaviour incidents in the period of PFIP intervention in families that had fully engaged and those that had disengaged. Full engagement with PFIP did address family understanding of the consequences of their anti-social behaviour.

A range of ages of individuals had committed anti-social behaviour on entry to PFIP, though similar to offending behaviour a significant proportion of young people aged 10-14 had been reported for anti-social behaviour (21%). On exit from PFIP, those individuals that had been reported for anti-social behaviour were from a range of ages and young people were not disproportionately represented.

### 4.2.2 Risk Scores: Anti-social Behaviour

Analysis of the risk scores set by key workers for individuals in relation to anti-social behaviour highlights the broader context within which anti-social behaviour is considered. The risk scores for ASB are set out in Figure 2 below. On entry to PFIP 38% of individuals were considered by key workers to be at actual risk of committing anti-social behaviour. On exit from PFIP no individuals were considered at actual risk of committing anti-social behaviour. This finding is interesting as it is coheres with the previous finding at 4.2.1 that families engaged with PFIP understood the consequences of their anti-social behaviour. It is possible then that any recorded reports of anti-social behaviour in the six months prior to exit from PFIP had been resolved as issues in the community. It should be noted here that those families that disengaged from PFIP were not included in the risk measures.

On entry to PFIP 22% of individuals in families were considered at potential risk of committing anti-social behaviour. This figure rose significantly on exit from PFIP with 56% of individuals considered potentially at risk of committing anti-social behaviour. Similar to offending behaviour, this finding is likely to reflect key workers recognition that previous engagement in anti-social behaviour poses a risk of it re-emerging. However, given the positive findings on families understanding of the consequences of their anti-social behaviour, desistance may be more likely. The proportion of individuals considered no problem in relation to anti-social behaviour rose from 40% on entry to PFIP to 44% on exit from PFIP.

Figure 2: Risk Scores for Anti-social Behaviour
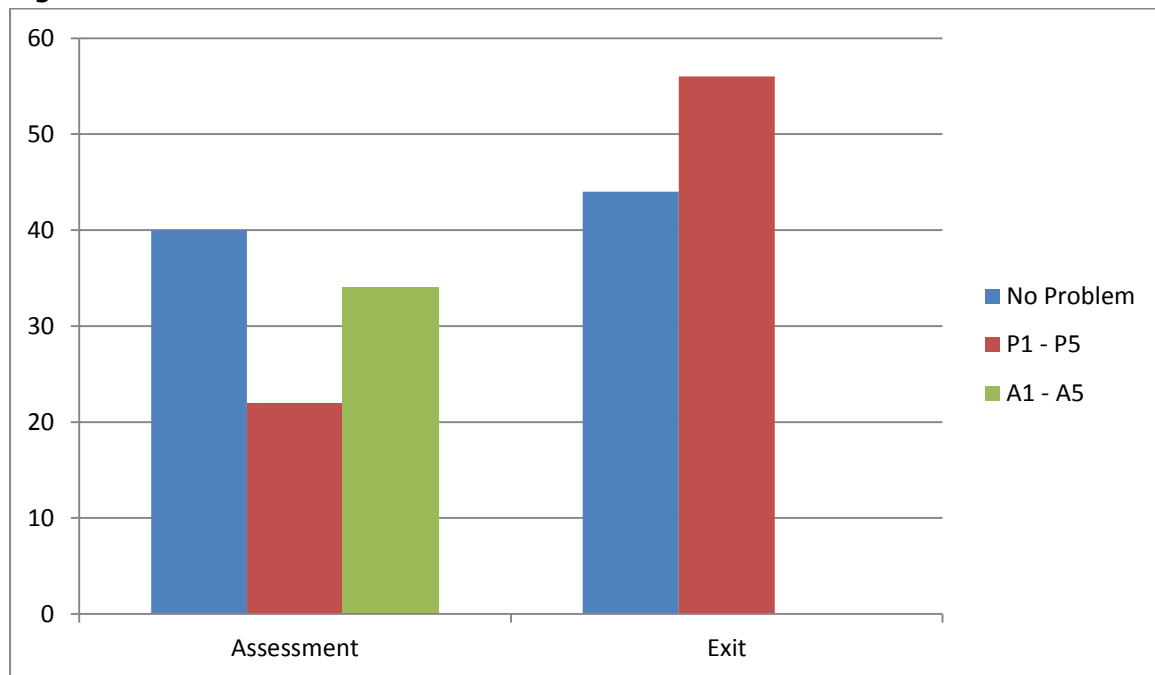


*4.2.3 PFIP Work: Anti-social Behaviour*

- 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, 'Voices for Change' ran a drama group at the Barbican Theatre and Streetwise worked with children within their own communities to tackle their anti-social behaviour issues.

*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
- Increase in ability to retain tenancy in suitable accommodation

- Reduction in families with consistent rent arrears
- Improved maintenance of properties by families

## 4.3.1 Risk of Eviction

The proportion of families considered at immediate risk of eviction from their homes on entry to PFIP was 50% in 2011. This was a rise on the previous years' evaluation, but represented a similar proportion of families to that identified in evaluations in 2009 and 2008. 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 Project.

On exit from PFIP only 9% of families were considered at immediate risk of eviction, which constituted two families. Of those families that remained at risk of eviction on exit from PFIP, one had not completed the PFIP intervention, having disengaged and one had completed the intervention. It should be noted that the family that had completed the PFIP intervention, but remained at risk of eviction, had reduced their overall risk of eviction extensively due to their desistance from anti-social behaviour. The risk of eviction was recorded on their exit from PFIP due to a Notice Of Seeking Possession remaining in place on their property, however this had been suspended.

This evaluation newly measured the ability of families to retain a tenancy in suitable accommodation. On exit from PFIP 95% of families had retained suitable accommodation, with only one family not having done so. That family had disengaged from PFIP prior to completion of the intervention and were also considered at risk of immediate eviction as noted above.

This evaluation is particularly concerned with considering the outcomes for families that had disengaged from PFIP prior to completion of the intervention. As noted above at 3.3.2, families that disengaged had worked with PFIP for an average of 9 months and it is relevant to consider the outcomes for those families. In relation to retaining a suitable tenancy and reducing risks of eviction, 91% of families that disengaged from PFIP had retained a suitable tenancy and were not at immediate risk of eviction. Only one family had not been successful in ensuring the stability of their tenancy. This provides evidence of the success of PFIP in working with families for an extended period of time, despite their formal disengagement from PFIP prior to completion of the intervention.

### 4.3.2 Rent Arrears

Debt was highlighted in the 2009 evaluation as an important measure of family functioning. Debt will be specifically considered at 4.11 below, however rent arrears continue to be addressed by key workers within the context of housing issues.

On entry to PFIP in 2011 55% of families had rent arrears. This represents a rise on previous years' evaluations. On exit from PFIP 39% of families continued to have rent arrears. Therefore, 16% of families had paid off their rent arrears completely in 2011 during the PFIP intervention. Of those families that continued to have rent arrears on exit from PFIP, key workers had provided advice and guidance on ensuring regular and timely payments, as discussed further below at 4.11.

### 4.3.3 Home Condition

The condition of the home for families working with PFIP is an important measure of family functioning. Key workers consider whether the family home is in a condition which may affect their tenancy. For example, the condition of external spaces may dictate whether children can play safely outside and the condition of internal spaces infers how well organised the family are and whether all family members are provided with an appropriate environment for daily living, including sleeping, eating, for school work and playing. On entry to PFIP in 2011, a significant proportion of families' homes condition was considered 'poor' by key workers (29%), a similar number to previous evaluation. A further 24% of families' homes were considered to be in need of improvement and 47% of homes were considered to be in a 'good' condition.

On exit from PFIP there were no families whose homes were considered to be in a 'poor' condition, 39% of families had improved the condition of their home and 61% of families had homes that were considered to be in a 'good' condition. This was an improvement on the previous years' evaluations. Again, as noted above at 4.3.1, this finding identifies a positive outcome for all families that have worked with PFIP, whether they had formally disengaged from PFIP or not.

### 4.3.4 Risk Scores: Housing

Key workers perceptions of risks to housing identify a keen awareness of this as an issue for families. The measurement of risk to housing for families on entry to PFIP in 2011 shows that key workers perceived 69% of individuals in families at actual risk of problems related to their home, with 19% of individuals considered at

potential risk in this area. Only 12% of individuals were considered to have no problem in relation to housing.

On exit from PFIP the pattern of risk shifts comprehensively, with no individuals considered at an actual risk in relation to housing issues. Key workers remain tentative in their assessment of risk however, with 87% of individuals in families considered at potential risk in relation to housing on exit from PFIP and only 13% considered not to have a problem in this area. This is an interesting finding, as unlike in relation to offending and anti-social behaviour wherein perceptions of risk slipped down the scale overall, increasing those who were potentially at risk and those who were no problem, with housing risk there has been a large shift of concern from key workers perceiving housing as an actual risk area to a potential risk, rather than it posing no problem to individuals. This may reflect homelessness as a central concern of key workers as identified in the original design of Family Intervention Projects (White et al, 2008).

Figure 3: Risk Scores for Housing
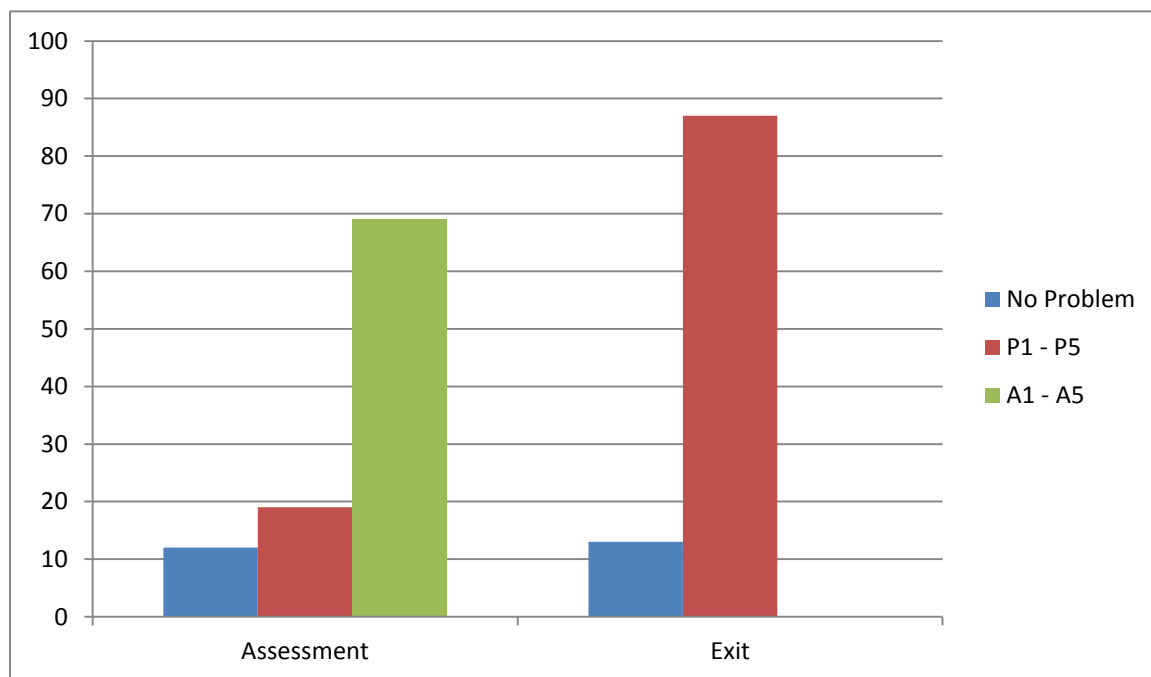


### 4.3.5 PFIP Work: Housing

- 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 provided advice and guidance on housing matters and eviction processes.

## 4.4 Child Safety

Outcome: Children prevented 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 capacity of parents to ensure children and young people are safe from harm
- Improved parenting of children and young people
- Reduction in families presenting to services at point of crisis
- Reduction in repeat presentation to services after case closure

### 4.4.1 Child Protection

The 2010 evaluation found that PFIP had worked with Children's Services who had removed children from their homes for their safety. Previous evaluations in 2008 and 2009 had found that no children had been taken in to the care of the Local Authority during the PFIP intervention. This evaluation found that three children had been taken in to the care of the Local Authority during the PFIP evaluation in 2011. In each of these cases the children were placed with next of kin by the Local Authority and the families had disengaged from PFIP prior to completion of the intervention.

As noted in the 2010 evaluation, 'the PFIP engagement process was a catalyst for Children's Services in these instances as they were able to gather a large amount of information in a short space of time from the intensive work carried out by the PFIP. This resulted in children being appropriately taken away from immediate and long term risk of neglect and serious harm'.

The number of children that were under a Child Protection Plan in 2011 was greater than in previous evaluations with 65% of children being under a Plan on entry to PFIP. On exit from PFIP however only 25% of children remained on a Plan. Of those children that remained on a Plan on exit from PFIP, 93% were children in families that had disengaged from PFIP prior to completion of the intervention.

The increased proportion of families containing children subject to a Child Protection Plan and the continuing need for Local Authorities to place children in their care since 2010 is important to consider, given that it shows a potential trend. It may be that the increased number of children under a Plan is due to the high demand from Children's Social Services for families to engage with PFIP, identified in their high referral rate (see 3.3.3 above). Also, the creation of the 'Child Poverty' category for PFIP work, may have influenced the number of referrals and the outcomes for families, particularly those families that disengaged from PFIP that were most likely to have been provided support under this category.

*4.4.2 Family Support*

This evaluation has considered key workers measurement of the capacity of families to ensure children and young people are kept safe from harm. In reviewing the assessment tools completed by key workers it was interesting to note that even at the point of assessment families were working very closely with key workers to improve safety within their homes, activities and actions. This is reflected in the finding that 33% of families were considered to have increased their capacity to ensure children and young people were safe from harm on entry to PFIP.

On exit from PFIP 81% of families were considered to have an increased capacity to ensure children and young people were safe from harm. Of the 19% of families that were considered not to have increased their capacity to ensure children and young people were safe from harm, all were families that had disengaged from PFIP prior to completion of the intervention. However, it is worth noting here that a large proportion of the families that had disengaged (64%) had increased their capacity to ensure children and young people were safe from harm.

Ensuring the safety of children and young people is largely based on parents attaining support with their parenting. On entry to PFIP 18% of parents had received support for their parenting, with 36% of parents having received some support and 46% of parents having received no support with their parenting. On exit from PFIP support for parents with their children had been enhanced with 52% of parents having received support with their parenting, 30% having received some support

with their parenting and 17% considered to not have been provided support. This finding reflects the 2010 evaluation findings.

Further consideration of the support provided for parenting in 2011 shows that all of the parents that had not been provided with parenting support were families that had disengaged prior to completion of the PFIP intervention. However, similar to the findings above relating to child safety, a significant proportion of the parents that had disengaged from PFIP (69%) had been provided with support, or at least some support with their parenting. 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 requirement for Child Protection Plans as outlined above.

### 4.4.3 Risk Scores: Child Safety

Unlike the evaluation in 2010, which found only a quarter of children in families to be under a Child Protection Plan, this evaluation shows that over half the children were under a Plan on entry to PFIP. Further, similar to 2010, this evaluation has shown above that a small number of children were taken in to the care of the Local Authority during the intervention period. On entry to PFIP, a high proportion of individuals (83%) were therefore considered at an actual risk in relation to child safety. Only 10% of individuals were considered at a potential risk in this area and 7% were considered to have no problem with child safety.

On exit from PFIP the pattern of risk had shifted significantly as perceived by key workers. Similar to the findings above at 4.3.4 with housing risks, the main shift in risk perceptions on exit from PFIP was from individuals considered to be at an actual risk (19%) to them being considered at a potential risk (74%). Those individuals considered not to be at risk in relation to child safety remained steady at 7%. This finding may reflect the work of PFIP in 2011 having focused in part on child poverty and having received a high number of referrals from Children's Social Services. Given that there was a significant reduction in the number of children subject to a Child Protection Plan in 2011, it is likely that the reduction of risk perception to 'potential' reflects key workers caution in this area, despite the removal of Plans in the main. The provision of support for parents and the increased capacity of families to ensure the safety of children and young people, as outlined above is intended to ensure the sustainability of child protection within families.

Figure 4: Risk Scores for Child Safety
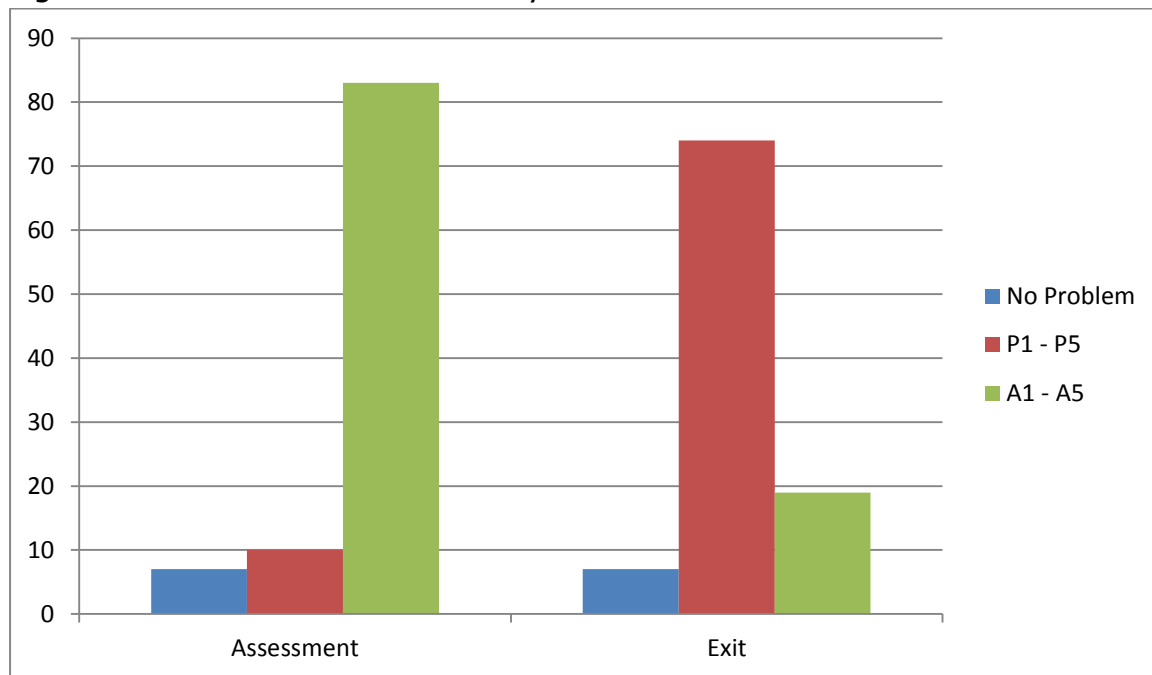


### 4.4.4 PFIP Work: Child Safety

- A specialist parenting worker required families to address their communication issues and parents to develop their parenting skills.
- The specialist worker provided one-to-one sessions for parents to resolve their specific problems.
- 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.
- The specialist worker and key workers signposted parents to appropriate programmes to support and develop their parenting skills. For example, '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 (and smoking within the home)
- 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

Evaluations in 2008, 2009 and 2010 have previously found that families were generally registered with a General Practitioner (GP) on entry to PFIP. This evaluation found similarly high numbers of GP registration on entry to PFIP in 2011 (96%). On exit from PFIP all families were registered with a GP.

Registration with a dentist on entry to PFIP was less common than GP registration, again similar to previous years' evaluation findings. In 2011, 41% of families were not registered with a dentist at all on entry to PFIP, with 18% of families containing at least some members that were registered with a dentist and 41% of families registered at a dentist. On exit, this had changed considerably, whereby 76% of families were registered with a dentist, only 4% of families not registered, 10% having some family members registered and 10% of families on the waiting list for a dentist.

### 4.5.2 Smoking

Smoking cessation and harm reduction in relation to smoking are central aims for managing health issues within PFIP, as identified in the performance measures for health above. This evaluation measured how much individuals smoked and incorporated all individuals aged over nine years. In 2011 a larger proportion of individuals smoked than found in previous years evaluations (74%). Some individuals smoked heavily, smoking between 21 and 30 cigarettes daily (7%). Most commonly people smoked between 6 and 10 cigarettes daily (20%). Of some concern was the prevalence of young people smoking, particularly in the 10-14 age group, as shown in Figure 5 below. It is clear from this bar chart that young people aged 10-17 commonly smoke, although they do smoke smaller amounts than older age groups. Within the adult groups those aged 18-21 and all those aged over 30 smoked.

As part of key workers practice with families' advice was provided on smoking cessation and harm reduction in 2011, with 100% of people who smoked receiving

comprehensive advice in this area. On exit from PFIP there was a slight decrease in the proportion of individuals who smoked (72%). Further, the amount that individuals smoked reduced slightly, with 6% of individuals continuing to smoke heavily (21-30 cigarettes daily) and 16% smoking between 6 and 10 cigarettes daily.

Given the complex range of issues and problems faced by families, it is likely that reducing smoking amounts is not the focus of their engagement with the project. Previous evaluations have likewise found minimal reductions in levels of smoking. However, this may be identified as an area of development for future work, particularly with young people who are smoking.

Figure 5: Smoking on Entry to PFIP by Age
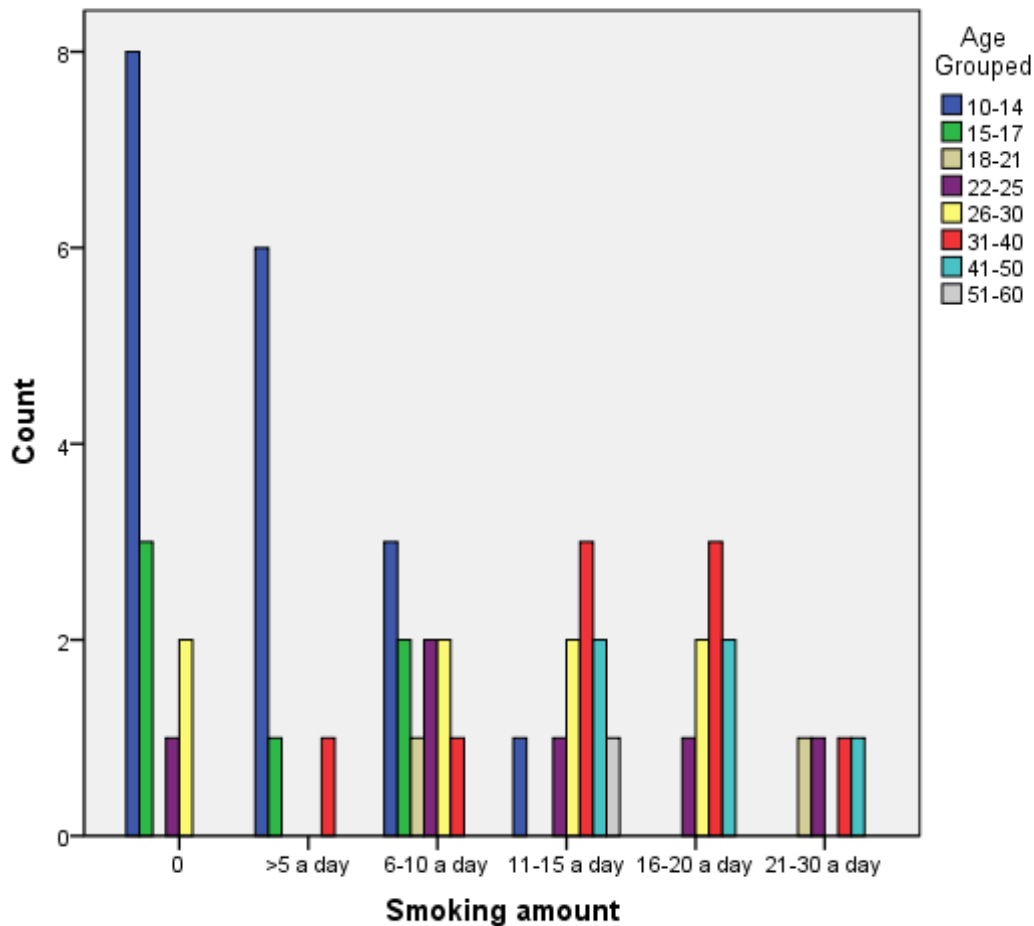


### 4.5.3 Exercise

Previous PFIP evaluations have shown that families partake increasingly in physical exercise during the intervention period. Similarly in 2011 families' involvement in physical exercise improved. On entry to PFIP 23% of families had no family

members involved in physical exercise, 68% of families had some members who exercised and 9% of families had all members involved in physical exercise. On exit from PFIP, the number of families who had no members involved in exercise had decreased to 5%, with 84% of families that had some members involved in exercise and 11% of families had all members involved in physical exercise. Given that a number of families contained members with severe or chronic illness it is unsurprising that some family members were unable to become involved in physical exercise.

*4.5.4 Diet*

In relation to healthy eating, on entry to PFIP in 2011 18% of families were not eating any healthy food, a further 50% were eating some healthy food and 32% were eating healthily. Again, similar to previous evaluations healthy eating increased in families in 2011, with only 11% of families eating no healthy food on exit from PFIP, 48% eating some healthy food and 42% eating healthily. All families (100%) were provided advice on healthy eating by key workers.

It is worth noting here that the families that did not eat healthily at all were those that had disengaged from PFIP prior to completion of the intervention. As noted above at 3.3.1, some families that disengaged from PFIP had refused to engage with parenting work. It is likely therefore that they had also not engaged with providing a healthy lifestyle for their family.

*4.5.5 Overall Health and Wellbeing*

The 2011 evaluation of PFIP measured key workers analysis of families' overall health and wellbeing, considering their physical health, exercise and diet. As mentioned above, a number of families had problems with severe and chronic illness and key workers considered their management of such problems as part of their overall wellbeing. On entry to PFIP 32% of families were considered to have 'poor' or 'very poor' overall health and wellbeing, with 59% of families considered to be 'ok' in this area and 9% to have 'good' health and wellbeing.

On exit from PFIP the overall health and wellbeing of families had improved distinctly with only 5% of families considered to have 'poor' health and wellbeing overall, 40% considered to be 'ok' and 55% considered to have 'good' overall health and being. Again, unsurprisingly, the family whose health and wellbeing was considered poor had disengaged from PFIP prior to completion of the intervention. It should be noted however that a large majority of families who had disengaged had improved their overall health and wellbeing.

## 4.5.5 Risk Scores: Physical Health

Evaluation of key workers risk scores for physical health in 2011 shows a small proportion of individuals having no problem in this area on entry to PFIP (6%). A further 51% of individuals had a potential risk of physical health problems and 43% of individuals had an actual risk of physical health problems. This research finding differs markedly from the national evaluation (Lloyd et al, 2011) as that study found much lower levels of poor health amongst families than the PFIP evaluation. They did however find that health had improved in families on exit from Family Intervention Projects nationally.

On exit from PFIP there was a slight increase in the proportion of individuals with no problem with physical health (13%). Those individuals considered at potential risk in relation to physical health increased to 60% and those with an actual risk in relation to physical health decreased to 27%. Given that health and wellbeing had improved in 2011 overall across all families bar one that had disengaged, it is likely that the risks associated with individuals reflect their experiences of severe and chronic health problems. The increase in potential risk shows that key workers recognised the on-going risks associated with ill health, with the reduction in actual risk associated with better management of ill health overall.

Figure 6: Risk Scores for Physical Health
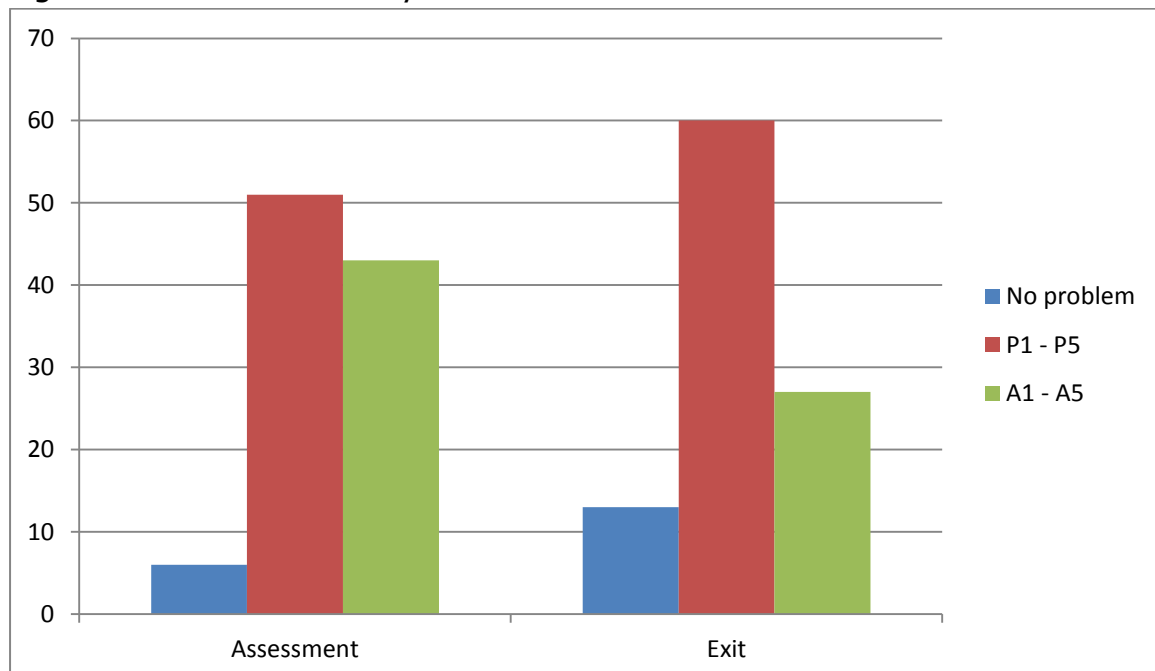
*4.5.6 PFIP Work: Physical Health*

- 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, the Mount Batten outdoor activities centre did rock climbing sessions with families and health visitors worked with key workers to support families with young children.

*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
- Increased coping mechanisms for dealing with stress and distress
- Improved family functioning
- Improved general health and well being

*4.6.1 Under 18s Mental Health*

Evaluations in 2008, 2009 and 2010 have noted that the mental and emotional health of children and young people in PFIP families had been problematic. This evaluation has found likewise in 2011, with 37% of children and young people aged under 18 identified as having mental and emotional problems on entry to PFIP. On exit from PFIP this proportion reduced to 22% of children and young people having mental and emotional problems.

PFIP key workers provide and support access to appropriate services such as CAMHS to deal with mental and emotional health problems. On entry to PFIP 32% of children and young people with mental and emotional health problems had accessed an appropriate service for support, 46% had not gained access to an appropriate

service and a further 22% had started the process of accessing services. On exit from PFIP 83% of children with mental and emotional health problems had accessed appropriate services and 17% were in the process of accessing them. Therefore all children with mental and emotional health problems had accessed an appropriate service on exit from PFIP.

### 4.6.2 Adult Mental Health

In 2010 the PFIP evaluation found a particularly large proportion of adults in families had mental health problems (64%). This evaluation found high levels of adult mental health problems, but they were reduced from the previous year's evaluation with 52% of adults experiencing such issues in 2011 on entry to PFIP. This proportion had reduced markedly on exit from PFIP with 38% of adults suffering from mental health problems.

Similar to their children, adult's access to appropriate services for mental health support is facilitated by key workers. On entry to PFIP 44% of adults had accessed appropriate mental health services, with 44% not having accessed any service and 12% having started the process of accessing services. On exit from PFIP 90% of adults that had mental health problems had accessed appropriate services and 10% were in the process of doing so. Therefore all adults with mental health problems had accessed an appropriate service on exit from PFIP.

Overall then, for both adults and children with mental and emotional health problems, PFIP provided or supported access to appropriate services for them to manage or deal with their issues in this area. This finding applies to all families, including those families that disengaged from PFIP prior to completion of the intervention.

### 4.6.3 Risk Scores: Mental and Emotional Health

Key workers set out their perception of mental and emotional health risks in light of their engagement with families overall. On entry to PFIP 8% of individuals in families were considered to have no emotional or mental health risks, 62% of individuals were considered to be at a potential risk in this area and 30% were considered to be at an actual risk. On exit from PFIP, there was a reduction in the level of risk perceived by key workers, but key workers remained cautious of potential risks for individuals. On exit, 4% of individuals are considered to not be at risk in this area, 81% of individuals are considered at potential risk and 15% are considered at actual risk in relation to mental and emotional health.

The health risks identified above and set out at Figure 7 below shows that key workers' perceptions of risks for mental and emotional health increase slightly with fewer individuals considered not to have a problem in this area on exit from PFIP. However, there is also a concomitant reduction in those individuals considered at actual risk by key workers. Therefore, the potential risk of mental and emotional health problems is particularly noted by key workers here. In order to unpack this finding further, it is possible to interrogate the average score of risk on entry to PFIP in comparison to the average score of risk on exit from PFIP (see 3.2 above for details of the risk scoring process). The average risk score on entry to PFIP was a 'high' potential risk (scoring either P4 or P5), whereas on exit from PFIP the average risk score was 'medium' potential risk (scoring either P2 or P3). Therefore, the overall risks for individuals with their mental and emotional health on exit from PFIP, though remaining potential risks were considered on average to be less serious than on entry to PFIP.

Figure 7: Risk Scores for Mental and Emotional Health
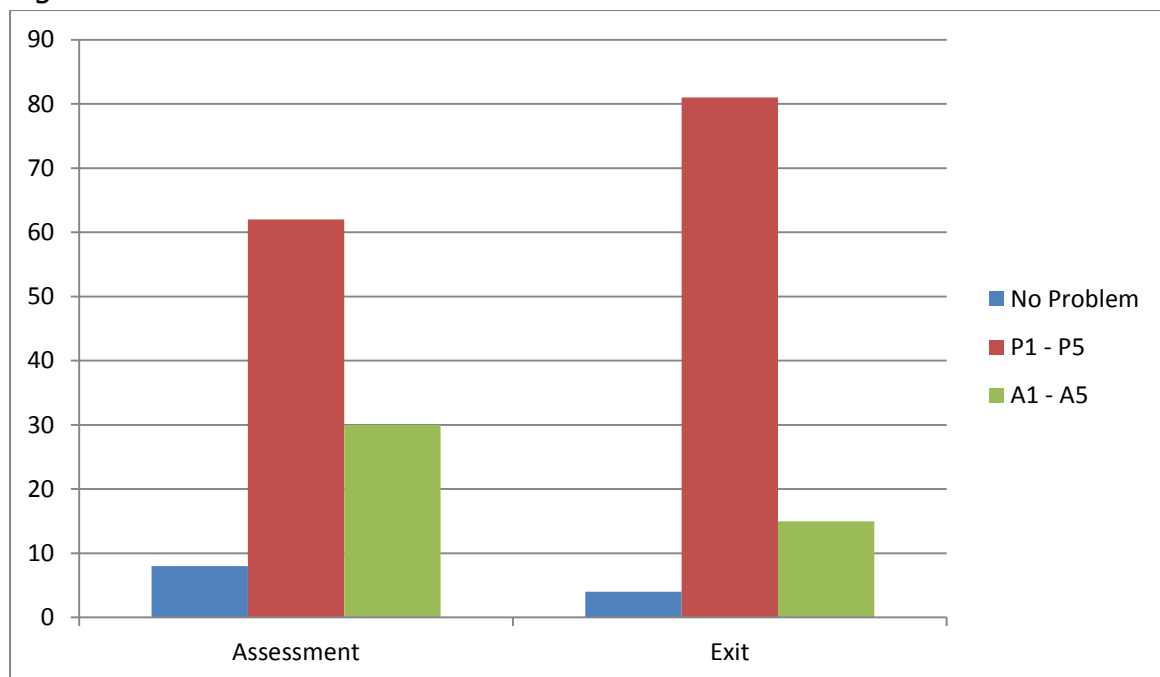


### 4.6.4 PFIP Work: Mental and Emotional Health

- 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 number of chlamydia screens for under 18 year olds
- Increase in safe sex awareness

## 4.7.1 Conception, Contraception and Safe Sex Awareness

As in 2008, 2009 and 2010 this evaluation found that no young women conceived during the evaluation period.

On entry to PFIP only 29% of young people aged under 18 reported using appropriate contraception. On exit from PFIP 43% of young people aged under 18 reported using appropriate contraception.  Provision of advice to young people by key workers included discussion of contraception and ensuring chlamydia awareness and screening where appropriate.

Age appropriate advice on sexual health was provided by key workers to adults and young people. Individual's awareness of sexual health matters increased across the intervention period, with 54% of individuals being aware of safe sex practice on entry to PFIP and 86% of individuals being aware on exit from PFIP. This is similar to the findings of the 2010 evaluation. In 2011 the evaluation additionally considered advice provided on safe sex by key workers and found that age appropriate advice had been given to young people and adults for 94% of individuals. Of those individuals who did not receive advice (3 people), two were from families that had disengaged from PFIP prior to completion of the intervention. However, 88% of those families that had disengaged had attained advice on sexual health, providing a positive outcome for those families.

*4.7.2 Risk Scores: Sexual Health*

In the 2010 evaluation actual risk scores were very low for individuals in relation to sexual health. This evaluation identified slightly higher overall scores, both on entry and on exit from PFIP. On entry to PFIP 18% of individuals were considered at an actual risk in relation to sexual health, with 51% of individuals considered at a potential risk and 31% considered to have no problem in this area.

On exit from PFIP risks reduced, but similar to previous risk scores in this evaluation, they remained within the potential risk category. On exit from PFIP 9% of individuals were considered at an actual risk in relation to sexual health, 59% were considered a potential risk and 32% had no problem in this area as perceived by key workers. Despite comprehensive advice given then, key workers remained concerned about the sexual health of family members.

Figure 8: Risk Scores for Sexual Health
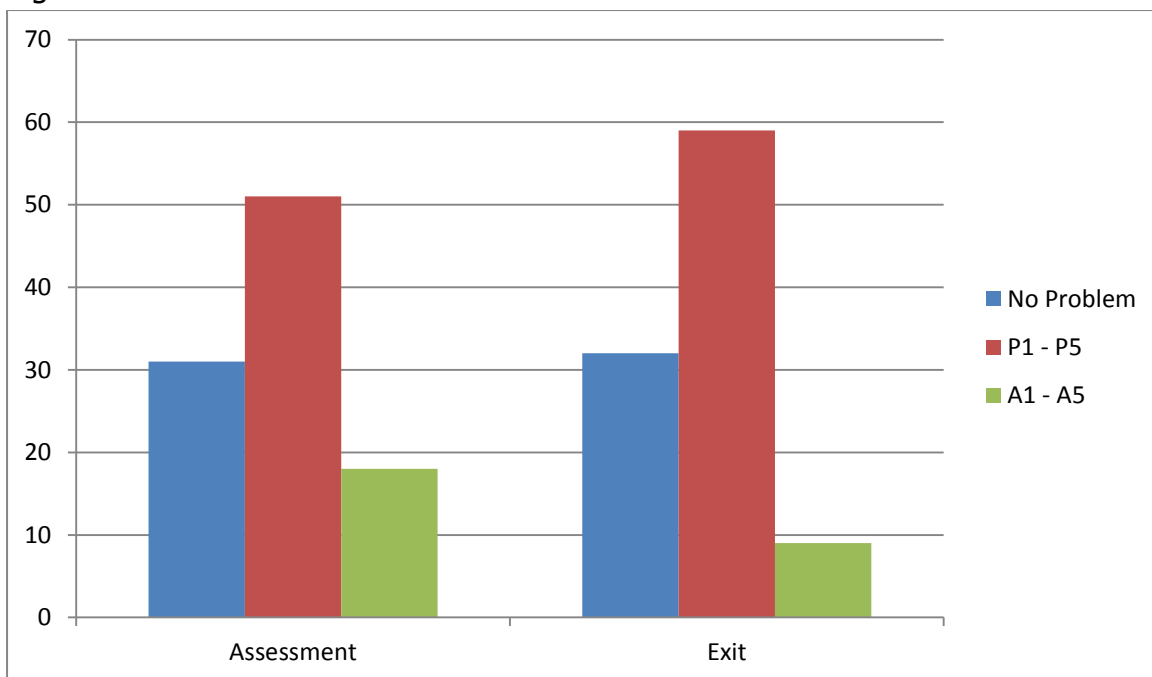


*4.7.3 PFIP Work: Sexual Health*

- 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 frequency and amount of substance use
- Reduction in harm caused by substance use

## 4.8.1 Drug and Alcohol Problems

Previous PFIP evaluations and the national evaluation of Family Intervention Projects (Lloyd et al, 2011) have identified a prevalence of drug and alcohol problems in troubled families. This evaluation has similarly identified this area as problematic for families and has hence delved deeper in to the nature of the problems than previously considered by PFIP evaluations.

On entry to PFIP in 2011 44% of individuals aged over 10 years had problems with substance use. Those individuals most likely to have a problem in this area were aged between 26 and 30. However, of concern here is the finding that 20% of individuals who had problems with substance use were aged between 10 and 14 as highlighted by Figure 9 below. Similar to the previous findings on crime, anti-social behaviour and smoking tobacco above, on entry to PFIP young people were engaged in this risky behaviour.

Figure 9: Substance Abuse and Age
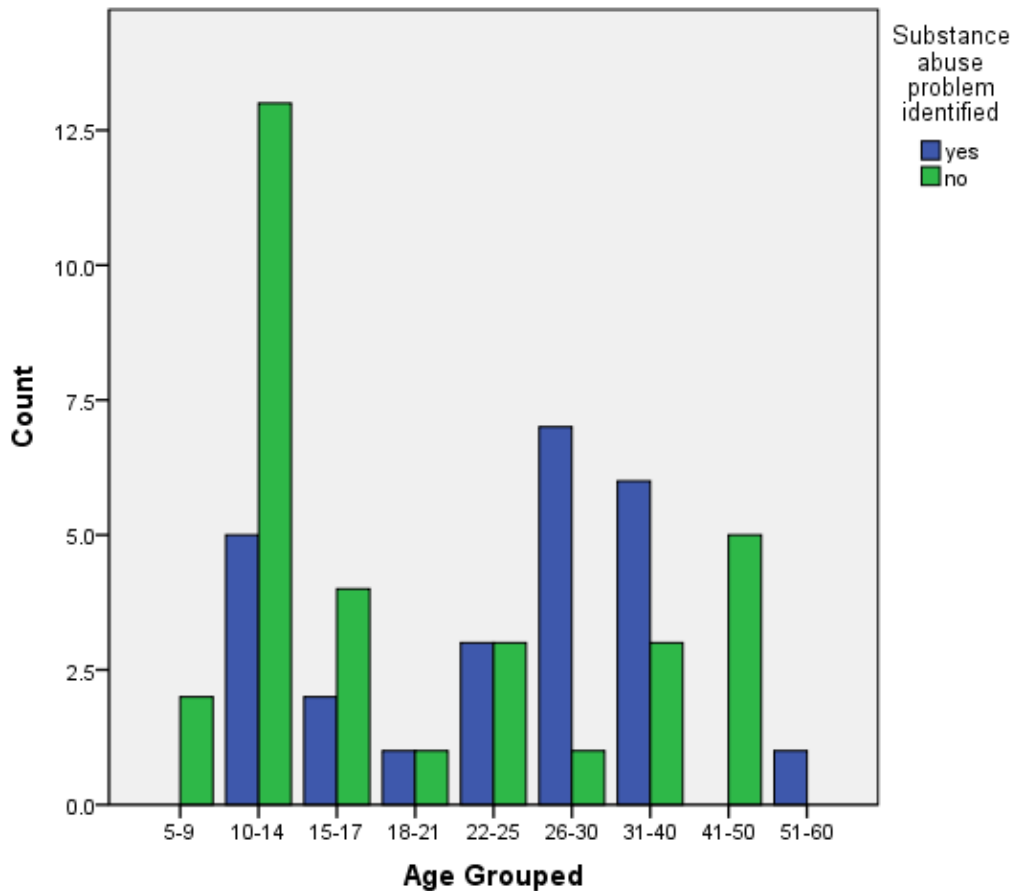


Analysis of the type of substance used problematically on entry to PFIP shows clearly that young people, aged between 10 and 18, utilised alcohol and cannabis, with most problematic use associated with cannabis. Cannabis use was prevalent amongst all age groups but those people aged between 22 and 25 and between 31 and 40, additionally had particular problems with heroin use. The group that had most problematic drug use, aged between 26 and 31 were more likely to be using alcohol or cannabis and most likely to be on a methadone or subutex prescription. Further, there was some evidence of poly-drug use amongst the older age groups of 31-60.

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. Those individuals whose drug use was most commonly 'serious' on entry to PFIP were aged between 26 and 40. However, problematic substance use that was 'serious' was also identified in the 10 to 14 age group.

On exit from PFIP there had been a slight reduction in the proportion of individuals who had a substance use problem (42%). This is unsurprising as having such a problem is unlikely to disappear but will require management or harm minimisation (Staddon, 2009). On further analysis of the data in light of the age groups identified above, it can be seen that those people aged 10-14 were only a little less likely to have a problem with substance use on exit from PFIP constituting 18% of problematic substance users at that point. However, their use of substances had changed; no individual had a problem with alcohol in this age group on exit from PFIP, the sole problematic substance being used was cannabis. Additionally, whereas on entry to PFIP some young people had been identified as 'serious' substance users, on exit from PFIP they were more likely to be 'casual' users with no one identified as a 'serious' user.

On exit from PFIP those people aged between 31 and 40 that had previously had problems with heroin use had changed their use by taking a methadone or subutex prescription to manage their addiction. Those individuals who continued to use heroin were aged between 22 and 25. Further, these heroin users had disengaged from PFIP prior to completion of the intervention.

Levels of drug use reduced overall on exit from PFIP with 18% of individuals substance use considered 'serious' on exit from PFIP in comparison to 33% of individuals substance use being considered 'serious' on entry to PFIP. Management of substance use problems and harm minimisation had impacted on the seriousness of substance use problems on exit from PFIP as identified in Figure 10 below.

Figure 10: Substance Use Seriousness on Entry and Exit from PFIP
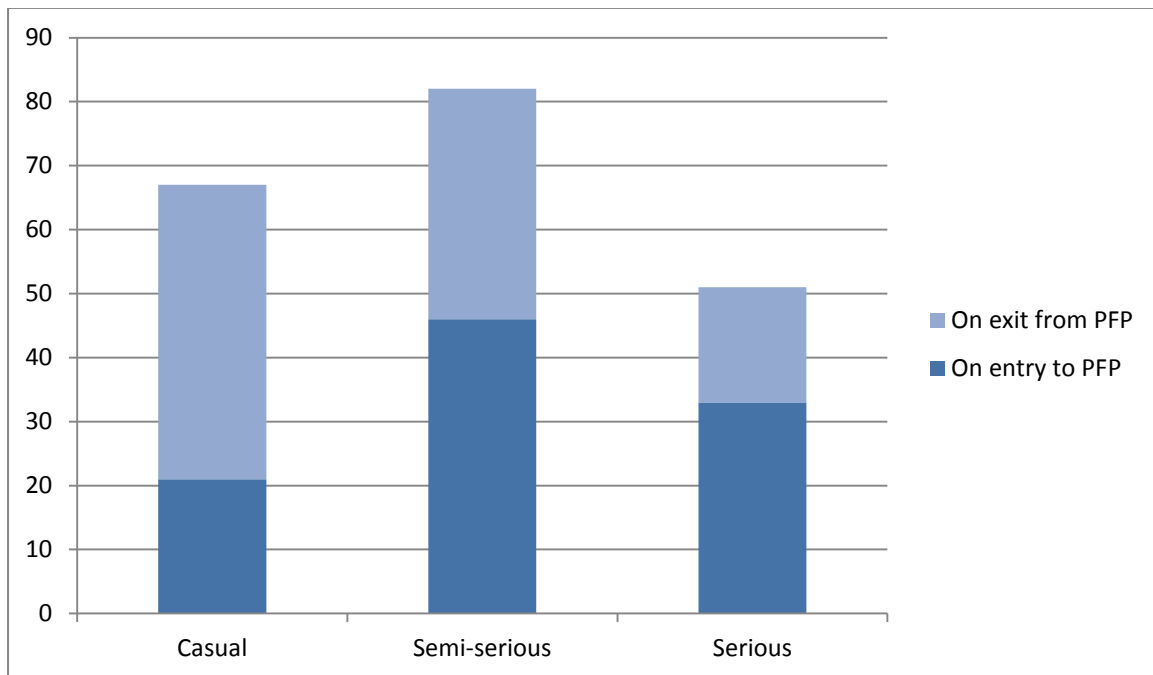


### 4.8.2 Support for Substance Use Problems

The reduction in seriousness of substance use is likely to have been most impacted on by individual's engagement with substance use support services. On entry to PFIP a significant proportion of individuals with substance use problems had accessed services (36%) and some individuals were in the process of accessing services (4%). On exit from PFIP this had increased to 64% of individuals with substance use problems having accessed services for support and a further 9% in the process of accessing such services.

An analysis of the people who had not accessed services in relation to their substance use problems shows that there was no difference between those that had disengaged from PFIP prior to completion of the intervention, constituting 50% of those that had not accessed services, and those that had engaged with PFIP, constituting 50% of those that had not accessed services. Of those people that had not accessed services, all bar one individual had a substance use problem that was defined as 'casual'. The one person who was an exception to this had their use defined as 'semi-serious'.

Those people who had not accessed services on exit from PFIP had most commonly used cannabis. Indeed, all individuals that were using heroin, methadone/subutex or alcohol *had* accessed substance use support services on exit from PFIP. Therefore,

all those who had serious substance use issues and those using heroin, methadone/subutex or alcohol, including those individuals that had disengaged from PFIP prior to completion of the intervention, had accessed appropriate support services to manage their substance use problems and minimise harm in this area. This positive outcome for individuals in relation to problematic substance use highlights the benefits of PFIP work for families overall as substance use problems interfere with family functioning on multiple levels.

Overall then, use of drugs and alcohol has been found in this evaluation to be problematic, similar to previous year's evaluations. A deeper analysis of problematic substance use by individuals working with PFIP shows that the most problematic substance use is amongst older age groups when they enter PFIP, though it is noted here that young people, aged 10-14 had also used cannabis and alcohol and were occasionally considered to have a 'serious' issue with doing so when they entered PFIP. On exit from PFIP problematic substance use had reduced in seriousness and the types of drugs used were less harmful or better managed by all age groups. It is likely that the reduction in seriousness of substance use and associated harm minimisation for those using substances problematically can be associated with the engagement of individuals with support services, particularly in relation to those people who had serious problems in this area and were using opiate derivative drugs or alcohol. Finally, in order to ensure protective factors for individuals in families aged over 10 in relation to substance use, key workers had provided age appropriate advice on this area to 95% of individuals.

### 4.8.3 Risk Scores: Drug and Alcohol Problems

Risk scores for problematic substance use, as outlined below at Figure 11, are quite different from risks measured for other problems in families outlined above. Although risks relating to substance use were perceived by key workers to diminish slightly in 2011, overall the risks to individuals were considered to remain the same. Having carried out a detailed analysis of drug use, as outlined above, it is clear that harm has been minimised in this area for all families that had used drugs and alcohol problematically. It is therefore possible that key workers may consider how they measure risk in relation to substance use in the future.

Figure 11: Risk Scores for Substance Use
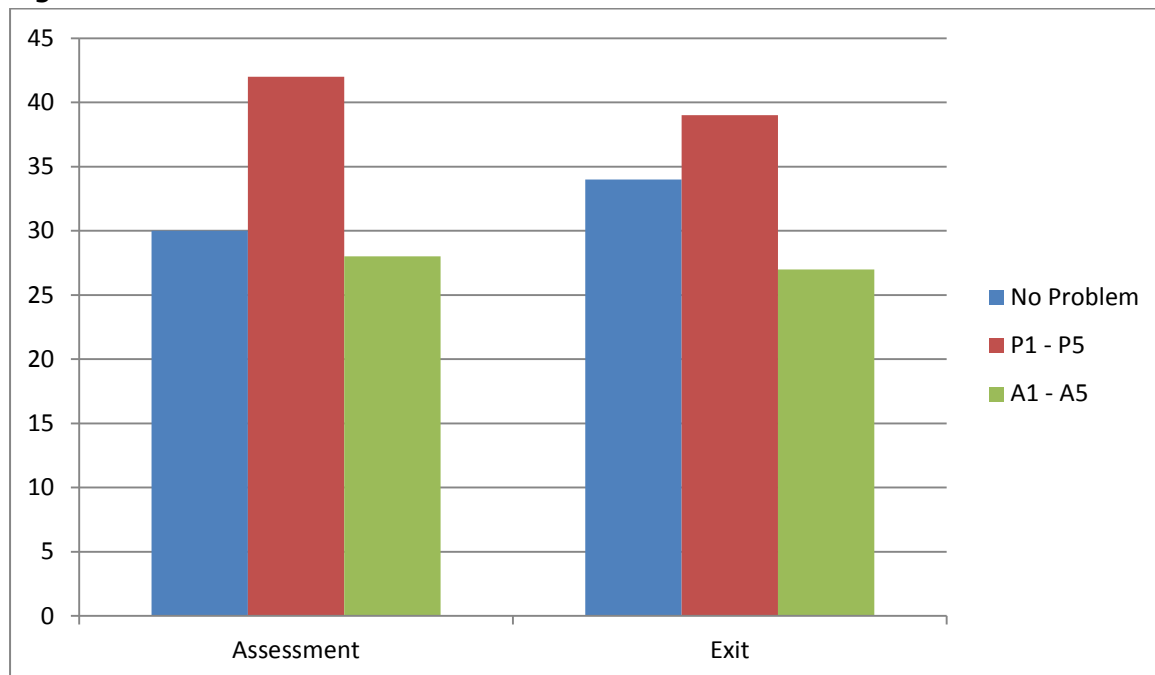


*4.8.4 PFIP Work: Substance Use*

- 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 problems.

*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

The original PFIP evaluation in 2008 identified domestic abuse as a particular problem experienced by families. Subsequent evaluations in 2009 and 2010 have noted this to be a continuing issue for families working with PFIP. In 2011 on entry to PFIP 36% of families were experiencing 'current' domestic abuse, a similar proportion to that found in the national evaluation of Family Intervention Projects (Lloyd et al, 2011). Additionally, in this evaluation 96% of families had experienced domestic abuse in the 'past'. Such high levels of domestic abuse within families had previously warranted the employment of a specialist key worker to support families around this issue and in 2011 this work continued to help families deal with past and current experiences of domestic abuse.

On exit from PFIP only 1 family continued to experience 'current' domestic abuse, so 95% of families were free from immediate problems in this area, a similar reduction in domestic abuse to the national evaluation. The family that continued to experience domestic abuse had received support from the specialist key worker in this area and therefore harm was likely to have been minimised. This family had *not* disengaged from PFIP prior to completion of the intervention and as such the family would have had multiple protective factors in place prior to exiting PFIP.

### 4.9.2 Reporting Domestic Abuse

Reporting levels for domestic abuse are notoriously low and PFIP aims to engage families in the process of reporting such problems to appropriate agencies to ensure that such behaviour is challenged and prosecuted and to ensure that victims receive comprehensive support. Interestingly families that experienced 'current' domestic abuse on entry to PFIP had largely reported the problem to the police. However, it was not until they had been engaged with PFIP that the domestic abuse had reduced, implying that they had not been empowered by the criminal justice process to prevent future occurrences of such abuse.

### 4.9.3 Support for Domestic Abuse

On entry to PFIP in 2011 only one of the families that had experienced 'current' or 'past' domestic abuse had accessed domestic abuse support services. This research finding, considered in light of the high levels of reporting of domestic abuse identified above, suggests that the reporting process is not signposting victims to support services sufficiently.

On exit from PFIP 65% of families that were victims of domestic abuse had accessed support services or were in the process of accessing support services. Of those families that had not accessed support services in this area, their engagement or disengagement from PFIP did not impact on their failure to access support services. However, this evaluation also measured the extent to which harm had been minimised in families that had experienced domestic abuse during the intervention period.

The research findings show that 79% of families had minimised harm in this area, including the family whose domestic abuse remained 'current'. Those families that had not reduced harm in this area were those that had disengaged from PFIP prior to completion of the intervention.

### 4.9.4 Risk Scores: Domestic Abuse

Key workers perceptions of risk in relation to domestic abuse in families on entry to PFIP reflects the previous findings that a high proportion of families had problems in this area with 52% of individuals considered at an actual risk and only 6% of individuals having no problem in this area. On exit from PFIP the number of individuals considered to have an actual problem reduced to 31% and those considered to have no problem in relation to domestic abuse rose to 30% of individuals. Having attained support from the specialist key worker for domestic abuse within PFIP and having been signposted to other support services are likely to have been the key drivers for the reduction of risks for individuals in relation to domestic abuse.

Figure 12: Risk Scores for Domestic Abuse
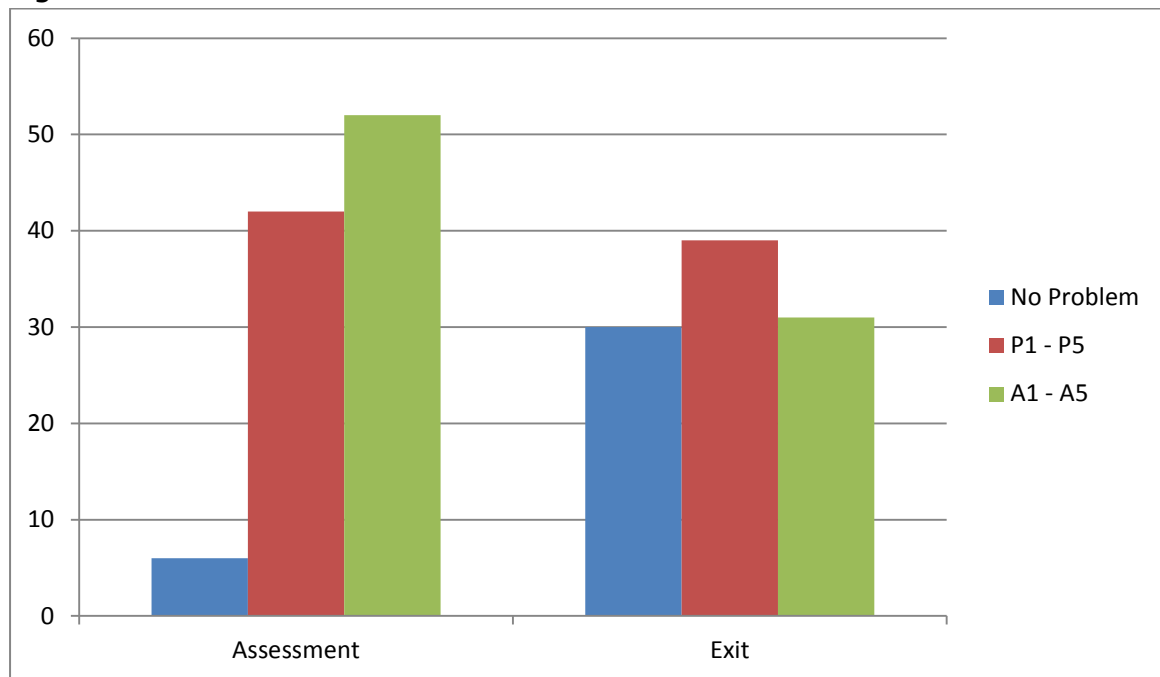


## 4.9.5 PFIP Work: Domestic Abuse

- 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, 'Plymouth Domestic Abuse Service' engaged with female survivors of domestic abuse and the Police Domestic Violence Unit particularly addressed reporting issues.

## 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*

A new area of measurement in this evaluation has been around 'personal responsibility'. This area was identified as relevant to family functioning by the PFIP Manager as it allowed key workers space to consider how families communicated with each other and outside agencies. Additionally it provided families the opportunity to improve their social and communication skills in a way that would inform their ability to engage in their local community and in education and work environments.

As can be noted from Figure 13 families' social and communication skills on entry to PFIP were often limited with 26% of individuals considered to have poor social skills and 31% of individuals considered to have poor communication skills. On exit from PFIP such skills had improved however, with only 9% of individuals considered to have poor social skills and 10% of individuals considered to have poor communication skills.

Figure 13: Social and Communication Skills
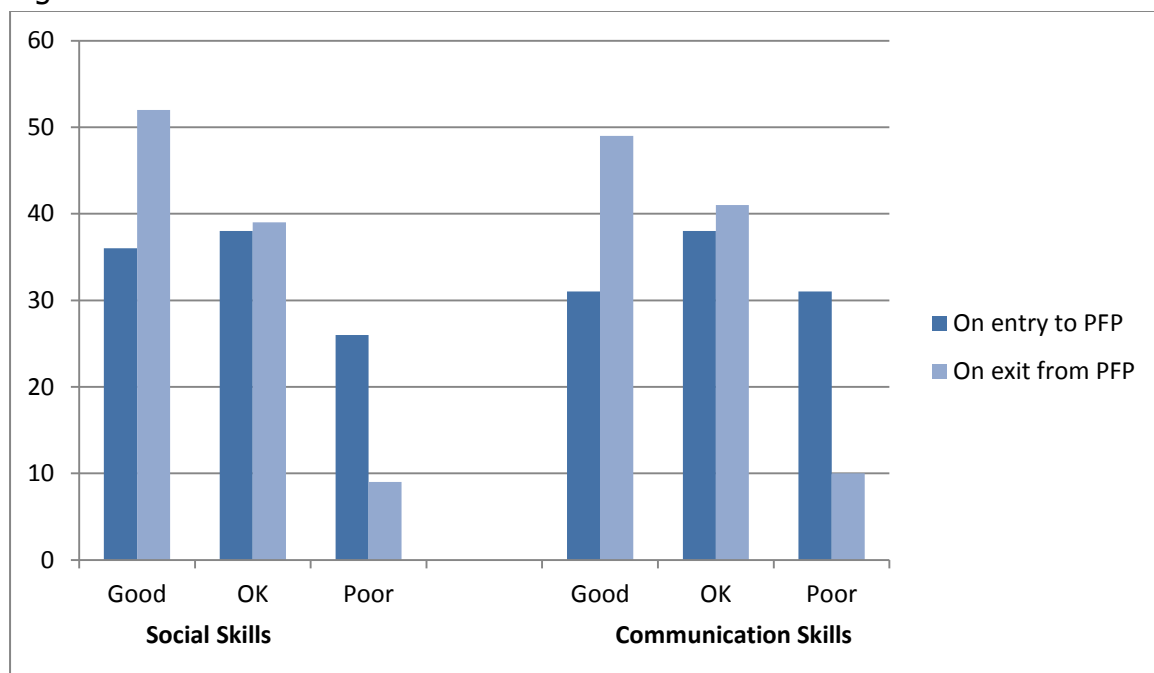
### 4.10.2 Engagement with Local Community

Effective engagement with the local community had been included within analysis of anti-social behaviour in previous evaluations. Community involvement had been perceived as an important tool to empower perpetrators of anti-social behaviour to desist from such behaviour. Indeed, in previous evaluations since 2008, community engagement had improved as anti-social behaviour diminished.

This evaluation has considered community involvement as part of the development of personal responsibility and has found similar results to previous evaluations. On entry to PFIP in 2011 only 46% of families were involved in their local community and this never constituted all family members being involved. On exit from PFIP this had increased to 74% of families being involved in their local community, and 5% of families having all members of the family being involved in the community. Increased social confidence to communicate is likely to have impacted positively on families' willingness to engage effectively with their local community. Further, families' desistance from anti-social behaviour and crime as outlined above at 4.1. and 4.2, is likely to have aided the process of communication within communities.

### 4.10.3 Risk Scores: Personal Responsibility

Key workers perception of risks in relation to personal responsibility shows a distinct decline from entry to PFIP to exit from PFIP as would be expected from the research findings set out above. On entry to PFIP in 2011 45% of individuals were considered to be at an actual risk in this area, with 34% of individuals considered a potential risk and 21% of individuals perceived to have no problem. On exit from PFIP only 16% of individuals were perceived by key workers to be at an actual risk in relation to personal responsibility, with 51% of individuals considered a potential risk and 33% of individuals perceived to have no problem in this area.

Figure 14: Risk scores for Personal Responsibility
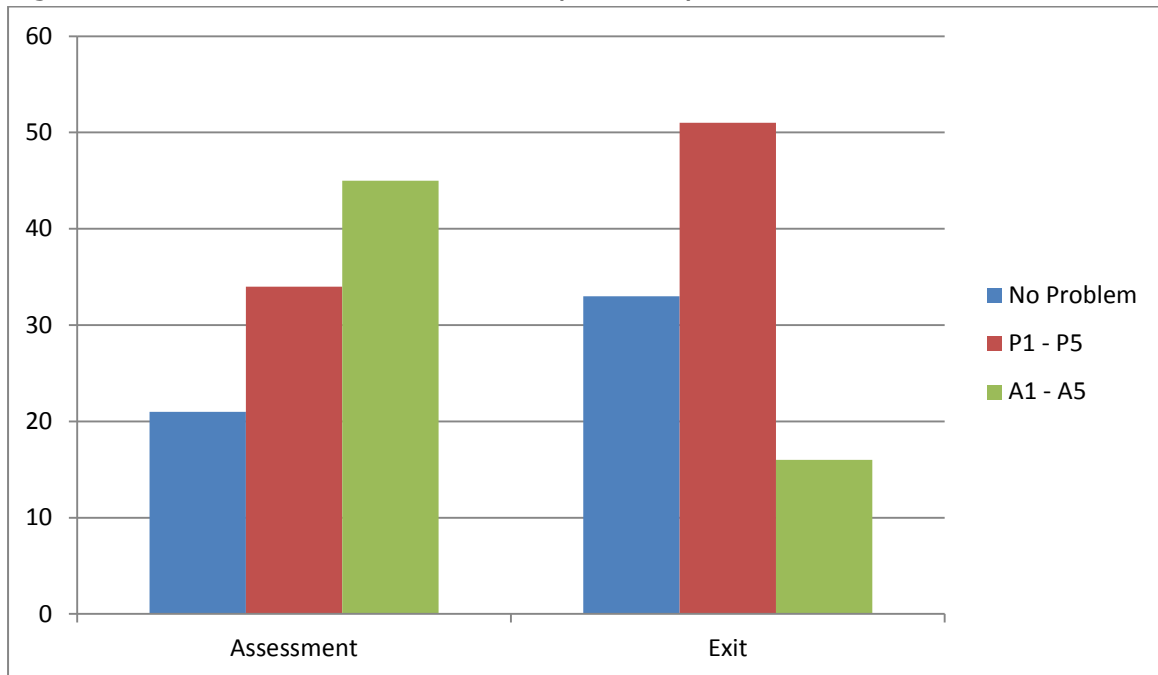


*4.10.4 PFIP Work: Personal Responsibility*

- 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.
- Key workers challenged families to communicate effectively with neighbours to build positive relationships.

*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
- Increased ability to manage money

*4.11.1 Significant Debt Issues*

In 2011 families' debt issues were considered as a specific performance measure, following note of this as an issue in the 2009 evaluation. It has been noted that debt is a relevant problem for families that should be resolved to enable effective family functioning (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 PFIP in 2011 53% of families were considered to have a 'significant' debt problem, with 21% considered to have a 'medium' debt problem, 21% considered to have a 'minor' debt problem and 5% of families perceived to have no debt problem. Similar to the findings above at 4.3.2 on rent arrears, families reduced their debt issues during the PFIP intervention, though this did not necessarily resolve them completely. On exit from PFIP only 6% of families were considered to have a 'significant' debt problem, 47% were considered to have a 'medium' debt problem, 27% had a 'minor' debt problem and 20% of families had no problem with debt.

As with rent arrears general debt problems are not necessarily resolved with speed, but awareness of them is necessary in order for them to be managed effectively. On entry to PFIP only 35% of families were aware of their debt issues, whereas on exit from PFIP 93% of families were aware of their debt issues. Key workers addressed this area comprehensively with families, providing advice to 95% of families overall. Only one family had not received advice on debt issues on exit from PFIP and they had disengaged from PFIP prior to completion of the intervention. All other families, including those that had disengaged, had attained advice on this area, identifying a positive outcome for all families.

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

An important aspect of debt resolution requires families to be able to manage their money effectively and ensure they have received appropriate welfare benefits and tax credits. On entry to PFIP 10% of families had not accessed their appropriate welfare benefits and tax credits. On exit from PFIP all families had been supported to access their appropriate welfare benefits and tax credits.

Key workers engagement with families on debt issues, welfare benefits and tax credits aimed to ensure that families were able to manage their money effectively and see the benefits of education, employment and training where appropriate. On entry to PFIP in 2011 50% of families were considered to manage their money either

'poorly' or 'very poorly', with 44% of families considered 'OK' at managing their money and 6% considered 'good' at managing their money.

On exit from PFIP money management was not considered by key workers to be a particular problem for families. Although some data on debt issues was missing from final paperwork, particularly for disengaged families, for those for whom the information was available, 27% were considered to be 'OK' at managing their money, 60% considered 'good' at it and 13% considered 'very good'. This research finding coheres with the national evaluation of Family Intervention Projects (Lloyd et al, 2011) which also identified debt as a common problem for families and support with budgeting an important aspect of the intervention process to resolve debt issues.

*4.11.3 Risk Scores: Debt*

As Figure 15 below identifies, key workers perception of risk associated with debt diminished comprehensively for individuals in families on exit from PFIP. Although those individuals considered to have no problem did not change from entry to PFIP (37%) to exit from PFIP (37%), the proportion of individuals considered an actual risk in this area dropped by 34% from 48% of individuals at actual risk from debt on entry to PFIP to only 14% of individuals at actual risk from debt on exit from PFIP.

Figure 15: Risk Scores for Debt
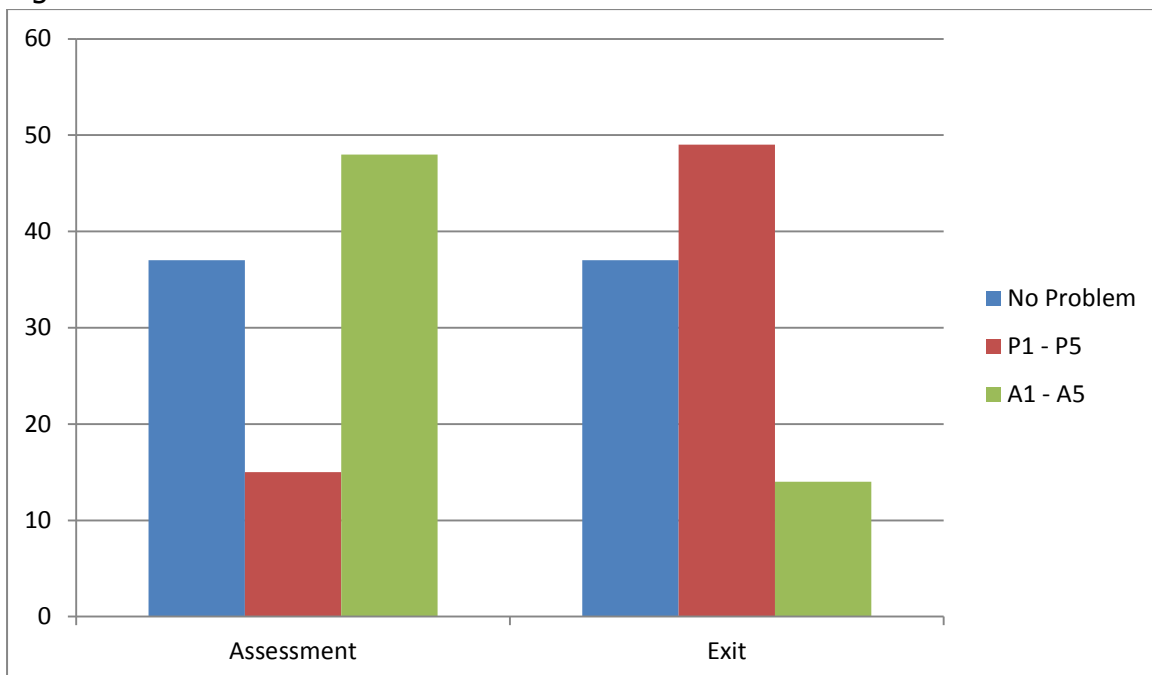
*4.11.4 PFIP Work: Debt*

- 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 and saving plans.
- Key workers signposted families to agencies with specialist support mechanisms such as the Citizen's Advice Bureaux which 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
- Increased uptake of Job Centre Plus/Department of Work and Pensions resources
- Increased take up of volunteer opportunities
- Reduced levels of worklessness

*4.12.1 Engagement with Education, Employment and Training*

The 2010 evaluation identified that a high proportion of families who worked with PFIP were reliant on welfare benefits. In 2011 this pattern remained apparent with 21% of individuals of work age identified as 'workless' on entry to PFIP. The remaining families had at least one member who was reliant on welfare benefits due to their ill health or, most commonly, responsibility for young children. These findings were similar to the national evaluation of Family Intervention Projects (Lloyd et al, 2011).

The proportion of young people and adults in employment, education or training on entry to PFIP was 59%, though this included all those individuals that were legitimately engaged in a caring role or were unwell or incapacitated and claiming associated welfare benefits. On exit from PFIP there was a slight increase in the proportion of individuals in employment, education or training at 67%. A minimal increase in employment, education and training was also found for families on exit from Family Intervention Projects nationally.

Key workers particularly supported individuals with their uptake of resources provided by Job Centre Plus and the Department of Work and Pensions. On entry to PFIP in 2011 18% of individuals had accessed these resources, whereas on exit from PFIP 55.6% of individuals had accessed them. Unfortunately take up of volunteering activities was less successful, with only one individual having volunteered on exit from PFIP, none having done so on entry to PFIP.

*4.12.2 Risk Scores: Education, Employment and Training*

Key workers perception of risk in relation to employment, education and training for those aged over 16 reduced in 2011 in a similar pattern to debt. Overall, individuals were considered at most risk on entry to PFIP with 53% of individuals considered to be at actual risk in this area, 30% of individuals considered at a potential risk and 17% of individuals perceived to have no problem. On exit from PFIP however, the majority of risk is perceived by key workers to be 'potential' risk, with 23% of individuals considered at an actual risk in relation to education, employment and training, 59% of individuals considered at potential risk and 18% of individuals to have no problem in this area.

Perceptions of risk in relation to education, employment and training for young people and adults are likely to shift in the future as the welfare system changes to limit the ability to claim for incapacity and illness issues. Therefore it is worth noting that future evaluations of PFIP may consider this issue in greater depth, particularly in light of issues of debt and personal responsibility. PFIP now has the capacity to gain additional support for families in this area via a key worker who has been linked to the core PFIP team, employed by the European Social Fund, to tackle worklessness issues.

Figure 16: Risk Scores: Education, Employment and Training
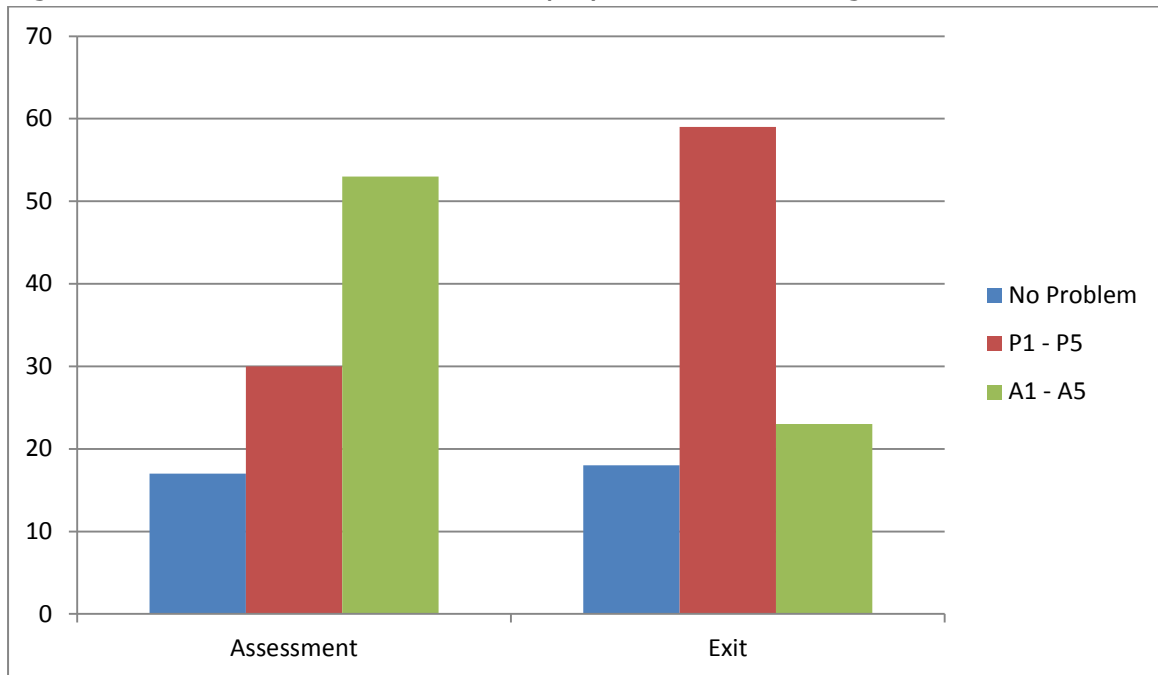


### 4.12.3 PFIP Work: Education, Employment and Training

- 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 'The Zone' that provided personal development courses and 'Connexions' which provided careers guidance.

### 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 PFIP intervention
- Reduction in fixed term exclusions
- All children receiving education
- Improved attendance as in school records

*4.13.1 School Attendance*

On entry to PFIP in 2011 two children had been excluded from school permanently and four children had been temporarily excluded from school. On exit from PFIP only one child remained permanently excluded from school and two children had been temporarily excluded from school.

In terms of attaining an education, all children were found in this evaluation to have received an education, bar two children who were aged between 10 and 14. These children were from different families. Both families had disengaged from PFIP prior to completion of their intervention. The disengagement of these families was due to their unwillingness to engage with PFIP on parenting issues and each could be considered an 'unsuccessful' intervention according to Lloyd et al (2011).

Attendance at school has been noted by evaluations previously as problematic in families working with PFIP. As families struggle to function in each aspect of their lives, so school attendance can suffer. On entry to PFIP in 2011 25% of children's attendance at school was considered 'poor', 44% was considered 'OK' and 31% was considered 'good'. On exit from PFIP only 9% of children's attendance was considered 'poor', with 18% considered 'OK' and 73% considered 'good'.

Family disengagement from PFIP did not impact specifically on children's attendance at school, with a significant proportion of both children from disengaged families and those from fully engaged families having improved school attendance levels.

*4.13.2 Risk Scores: School Attendance*

School attendance risk scores are particularly interesting in this evaluation. On entry to PFIP in 2011 24% of children were considered by key workers to have no problem in relation to school attendance, with 32% considered to have a potential problem and 44% considered to have an actual problem. On exit from PFIP only 11% of children were considered to have no problem with school attendance, with 64% perceived to have a potential problem and 25% considered to have an actual problem in this area.

Key workers have therefore overall perceived children to be potentially at risk in relation to school attendance, despite the research finding above that a large majority of children are gaining an education and attendance has improved considerably ('good' attendance having increased by 42%). Throughout this evaluation key workers have been found to be cautious in their risk scores. This may be due to their tentativeness in assuming the sustainability of life changes made by

individuals whose 'learned behaviour' is reticent to challenge. However, the national evaluation of Family Intervention Projects suggests that sustainable outcomes for families are most likely in education (Lloyd, 2011). Therefore, key workers concerns around risk measurement could be carefully considered in light of this research.

Figure 17: Risk Scores for School Attendance
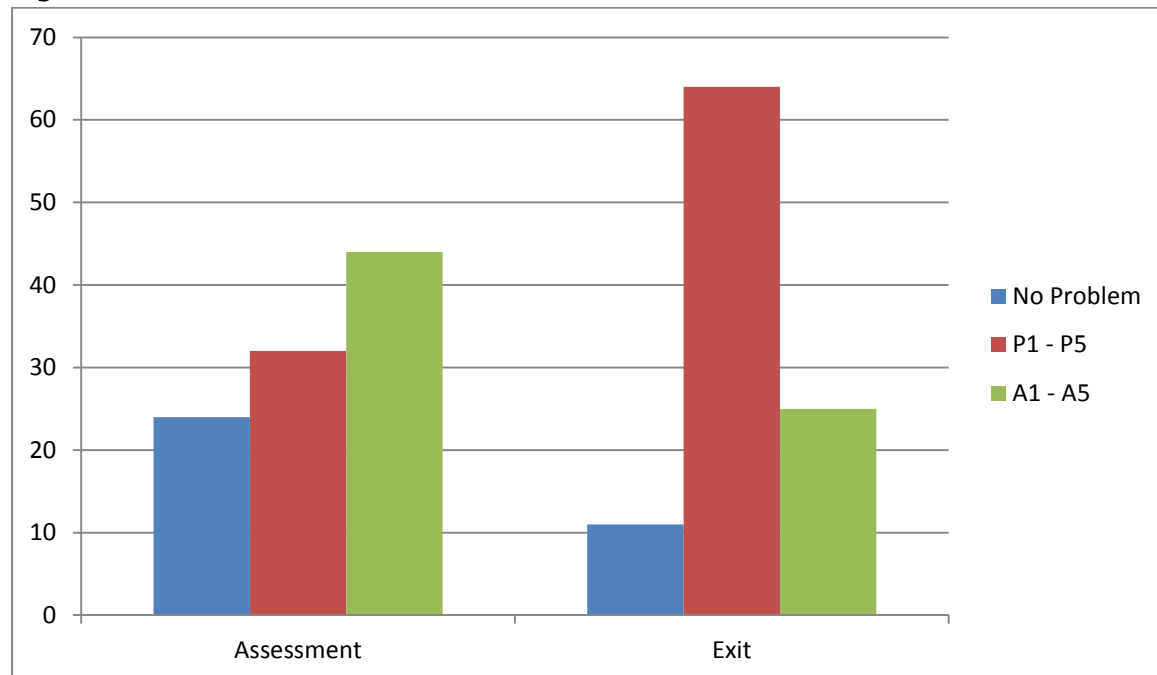


### 4.13.3 PFIP Work: School Level Education

- 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.
- 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 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 2011. It has provided evidence of outcomes for families working with PFIP across each of the

key substantive domains of interest for Family Intervention Projects which are: crime and anti-social behaviour, education, family functioning, health and employment. Within these domains it has addressed 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, and children's education. Within these critical issues it has specifically measured the outcomes for fifty four performance measures.

Overall, the PFIP evaluation for 2011 has shown that PFIP has successfully fulfilled its required outcomes to address the multiple and complex needs of troubled families. Further, by specifically considering outcomes for families that had disengaged from PFIP prior to completion of the intervention, the evaluation has evidenced positive outcomes for those families, despite their disengagement.

In summary, the evaluation found that offending and anti-social behaviour rates reduced across all families. Those families that continued to offend or commit anti-social behaviour had disengaged from PFIP but their rates of offending or anti-social behaviour and its level of seriousness had also reduced. Young people entered PFIP with crime and anti-social behaviour issues, particularly those aged 10-14. PFIP resolved those issues and on exit from PFIP those young people had desisted from crime and anti-social behaviour. Additionally there was an increased understanding in families of the impact of their anti-social behaviour on their local community.

In 2011 families risk of eviction reduced significantly and the large majority of families retained a suitable tenancy. Associated with this, all families had improved the condition of their homes, including those families that ultimately disengaged from PFIP. Further, families had developed strategies for resolving rent arrears.

Some families had their children removed in to the care of the Local Authority during the 2011 period and more children were under a Child Protection Plan than found in previous evaluations. However, this was likely to reflect the high number of referrals to PFIP from Children's Services and the introduction of the 'Child Poverty' Family Intervention Project category during this period. Those children that were taken in to Local Authority care or whose Child Protection Plan remained on exit from PFIP were from families that disengaged prior to completion of the intervention. All other children who were subject to a Plan on entry to PFIP had the Plan lifted by the time the family exited the intervention.

The majority of families gained support with parenting in 2011, including the majority of those that disengaged from PFIP. This is likely to have led to the

research finding that a high proportion of families had increased their capacity to ensure children and young people were safe from harm on exit from PFIP. Again, even amongst those families that disengaged from PFIP a large proportion had increased their capacity to keep their children safe.

In relation to health, the 2011 evaluation identified smoking as a particular issue for families, with young people aged 10-14 smoking tobacco on entry to PFIP. Smoking reduced somewhat in the 2011 period, but this may be an area of focus for future evaluations. Overall, physical health improved across all families, with increased levels of exercise and families consuming better diets. Again, the majority of families that had disengaged had improved their health and wellbeing, though those families that had not improved in this area were those that had disengaged from the intervention.

Mental and emotional health problems were prevalent amongst family members in the 2011 period. All family members, including all those that had disengaged from PFIP, had accessed an appropriate service for support with their mental and emotional health issues on exit from PFIP. Risks relating to mental ill health did not diminish to the extent that would be expected given the positive research findings in this area.

During the 2011 period key workers provided comprehensive advice and support to families on health issues and signposted them to appropriate agencies for guidance. In relation to sexual health families understanding of safe sex practices and appropriate use of contraception improved during the intervention. However, again, key workers were reticent to perceive risks in this area as diminished greatly.

The prevalence of drug and alcohol use by family members in the 2011 evaluation remained similar to previous evaluations. Again, of particular concern was the use of drugs and alcohol by young people aged between 10 and 14. Overall, use of drugs and alcohol diminished in amount and seriousness during the intervention period and families were supported to minimise harms in this area. In particular, young people reduced their use and the seriousness of their use and those individuals that used opiates or their derivatives minimised harm through engagement with support services. Those people that had not accessed such services had disengaged from PFIP prior to completion of the intervention.

Over a third of families were experiencing 'current' domestic abuse in the 2011 period and a large majority of families had experienced domestic abuse in the past, evidencing the continued problem of domestic abuse for families who work with PFIP. Over the intervention period the level of current domestic abuse had reduced

dramatically, with one family continuing to have a problem in this area on exit from PFIP. However, this family had been provided with extensive support on this issue and strategies had been put in place to minimise harm. The evaluation found that families experiencing 'current' domestic abuse had reported it to the police in the past. However, only one family had accessed support for domestic abuse prior to working with PFIP. This research finding suggests that families had not previously been empowered by the criminal justice system to access domestic abuse support services. On exit from PFIP support with either current or past domestic abuse had been provided to 65% of families and 79% of families had reduced harm in this area. Those families that had not minimised harm in this area had disengaged from PFIP, though a significant number of disengaged families had attained support and minimised harm in this area.

This evaluation addressed two new critical issues in 2011 which were 'personal responsibility' and 'debt'. Families were initially found to have poor social and communication skills and were reticent to engage in their local community. However, on exit from PFIP social and communication skills of individuals had improved greatly and families were more likely to be involved in their local community. In relation to debt, the evaluation found significant levels of debt within families on entry to PFIP. Although the intervention period was insufficient to resolve the debt fully, families were supported in management of their finances and reduced debt levels overall.

A significant proportion of families were reliant on welfare benefits in the 2011 period and some individuals within families were considered 'workless'. Similar to other Family Intervention Projects nationally, engaging families in employment, education or training proved difficult in the intervention period, with only a slight increase identified in this area. However, in the future PFIP will work closely with a linked worker who will support adults and young people in addressing this issue.

Finally, the 2011 evaluation identified poor levels of school attendance by children on entry to PFIP. However, attendance rates improved during the intervention period and all children bar two were attaining an education on exit from PFIP. Those two children were from families that disengaged from PFIP and were therefore referred to another agency. Key workers perceptions of risks in education were slightly anomalous, as they increased on exit from PFIP despite positive evidence of children attaining education and increasing attendance.

The PFIP evaluation for 2011 has therefore highlighted the range of multiple and complex needs within troubled families and the positive outcomes for families that work with the intervention, particularly for those that engaged with the intervention, but also for those that disengaged. Further, the evaluation has shown that PFIP has

similarly performed alongside Family Intervention Projects nationally, though it faced particular challenges with greater proportions of families suffering ill health and domestic abuse than nationally.

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