Monitoring and evaluation of family interventions (information on families supported to March 2010)

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Acknowledgements

Content

Glossary

ABC	Acceptable Behaviour Contract
ASB	Anti-social behaviour
ASBO	Anti-social Behaviour Order
ALMO	Arms Length Management Organisation
CAMHS	Child and Adult Mental Health Services
CP	Child Poverty
FI	Family intervention
FIIS	Family intervention Information system
FIPs	Family Intervention Projects
HA	Housing Association
HAT	Housing Action Trust
LA	local authority
NEET	Not in education, employment or training
RSL	Registered social landlord
SEN	Special educational needs
YC	Youth Crime

Executive summary

Introduction and Background

Intensive family interventions (formerly known as Family Intervention Projects or FIPs) work with the most challenging families and tackle issues such as anti-social behaviour, youth crime, inter-generational disadvantage and worklessness in families. They take an intensive and persistent multi-agency approach to supporting the whole family and helping them overcome their problems, coordinated by a single dedicated 'key worker'. The interventions form part of the Coalition Government's commitment to investigate a new approach to support families with multiple problems and links to the announcements in the Spending Review around a national campaign underpinned by pooled community budgets to support and turn around these families. All local authorities in England, apart from the City of London and the Isles of Scilly, provide support to families through intensive family interventions.

Headline findings from the monitoring and evaluation of these interventions were published in an Official Statistics Release[1] on 15 September 2010[2]. This report provides further commentary and analysis of the families receiving an intensive family intervention between January 2006 and 31 March 2010.

Key findings

- The longer families work with a family intervention the greater the chance that they will achieve successful outcomes. Surprisingly the number of contact hours that a family intervention has with a family did not appear to be significant.

- Out of the 7231 referrals 4870 families (67 per cent) were offered and accepted a family intervention, 1860 families (26 per cent) were not offered a family intervention, 203 families (3 per cent) declined an intervention and 298 families (4 per cent) were placed on a waiting list.

- 1952 families had completed a family intervention by 31 March 2010 and show a number of improvements across a range of measures (between their Support Plan being put in place and Exit):

    o Of the 1413 families reported to have problems with family functioning and risk 65 per cent (917 families) experienced a reduction in the number of their problems including poor parenting, relationship or family breakdown, domestic violence or child protection issues.

    o Of the 1588 families reported to have involvement with crime and anti-social behaviour 64 per cent (1024 families) experienced a reduction in the number of issues they were involved with.

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[1] http://www.education.gov.uk/rsgateway/DB/STR/d000956/OSR09-2010-FIPs.pdf

[2] The outcomes analysis presented in this report differs from the figures presented in the Statistical Release as the current report restricts this analysis to only families who have exited the intervention.

- Of the 1137 families reported to have a health risk 56 per cent (634 families) had reduced their health risks including mental or physical health and drug or alcohol problems.

- Of the 1546 families reported to have an issue with education and employment 48 per cent (746 families) had reduced the number of their problems in this domain.

Methodology

As part of the original evaluation of the design and set up of Family Intervention Projects3, the National Centre for Social Research (NatCen) created a secure web-based Information System (in 2007) to collect comprehensive data about all families referred to an intensive family intervention. This information is collected and inputted by family intervention staff and provides quantitative evidence about the type of families referred to a family intervention, their circumstances and risk factors when a Support Plan is put in place, how they are progressing at regular formal reviews, their outcomes at the point a family exits from a family intervention and whether these outcomes are sustained nine to 14 months after they leave the intervention.

The findings presented in the report are based on the families referred to family interventions in 150 local authorities prior to 31 March 2010. The findings for families who had formally exited a family intervention are based on data from 87 local authorities (because not all family interventions – particularly those that set up relatively recently - have families who have completed their intervention). The report is primarily based on simple descriptive statistics which provide a summary of the quantitative evidence. In addition statistical modelling (logistic regression) was used to look at the factors associated with successful and unsuccessful outcomes.

A report on the impact of Anti-social Behaviour (ASB) family interventions will be produced in early 2011 and will compare families engaging with the former ASB Family Intervention Project model with families who have similar characteristics, but who were not supported by a Family Intervention Project.

Families referred to intensive family interventions

- Out of the 7231 referrals[4] 4870 families (67 per cent) were offered and accepted a family intervention, 1860 families (26 per cent) were not offered a family intervention, 203 families (3 per cent) declined an intervention and 298 families (4 per cent) were placed on a waiting list.

- The agencies who most commonly referred families to family interventions were Social Services, including Children and Young People's Services (referred 21 per cent of families); a Housing Department or Arms Length

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[3] http://www.education.gov.uk/research/data/uploadfiles/acf44f.pdf

[4] Of all the families referred to an intensive family intervention 272 were referred more than once

Management Organisation (16 per cent of families); and a local ASB team (16 per cent).

- Unsurprisingly, the reasons for referral varied between the different types of family intervention. Anti-social behaviour family interventions received more referrals than other family interventions relating to anti-social behaviour, housing enforcement and homelessness. Overall, the most common reason for referral was anti-social behaviour issues (62 per cent of referred families).

- 1860 of the referred families (7231 families) were not offered a family intervention. In more than half of these cases (1043) this was because the family did not meet the referral criteria (e.g. their problems were not severe enough) and in just under a third of cases other services were felt to be more appropriate to support the family.

Profile of family intervention families

- Family interventions continue to work with very disadvantaged families, including a considerably higher than average proportion of lone parents (65 per cent), large families (40 per cent have three or four children under the age of 18 and 20 per cent with five of more children in this age group). Just under two-thirds were workless households (where no adult member was in employment, education or training). Thirty-three per cent of families had one or more children aged 16 or under with special educational needs (SEN).

- The great majority (88 per cent) of family members were White. Three per cent of family members were recorded as Black, two per cent were recorded as Asian, and seven per cent were classified as 'other or mixed race'. The ethnicity of Family Intervention Project families is in line with the national average and the proportion of White families has slightly declined over time (91 per cent in 2008).

Risk factors for families at the beginning of the intervention

- The risk factors identified for families when they began working with a family intervention are categorised into four domains; family functioning and risk, crime and anti-social behaviour involvement, health, and education and employment.

- In the family functioning and risk domain the most common problem for families was poor parenting (68 per cent of families). Other key risk factors for these families were marriage, relationship or family breakdown (31 per cent), domestic violence (29 per cent), and child protection issues (28 per cent).

- In the crime and anti-social behaviour domain, 82 per cent were reported to have engaged with some form of anti-social behaviour and 36 per cent had contact with the criminal justice system (for example a family member was arrested, on bail, probation, a tag or a conditional discharge at the time of the Support Plan).

- In the health domain around a third of families faced issues associated with mental health, drug / substance misuse, or drinking problems / alcohol.

- In the education and employment domain, just under two-thirds of families had no adult member in employment, education or training while 60 per cent of families had at least one child with problems at school (i.e. truancy, exclusion, or bad behaviour at school).

The intensive family intervention

- The average length of an intensive family intervention (i.e. including a planned Exit) was around 13 months - this has increased from just over 12 months reported for Anti-social behaviour family interventions in November 2009 (and six to 12 months in 2008).

- The direct contact between with a family decreases during their intervention from an average of 9 hours a week between the Support Plan being put in place and the first Review to 6.8 hours a week between the final Review and leaving the intervention.

- 91 per cent of families had the same key worker between the Support Plan being put in place and the first Review and 95 per cent of families had the same key worker between the time of their final Review and leaving the family intervention.

Successful and unsuccessful outcomes

- 1952[5] families left an intensive family intervention before 31 March 2010:

  - 76 per cent (1351 families) left for a successful reason
  - 14 per cent (245 families) left for an unsuccessful reason
  - 11 per cent (189 families) left for a reason which could not be counted as a success or failure[6].

- At least half of family intervention families who were reported to have the following problems at the Support Plan stage achieved a successful outcome (i.e. they no longer had this problem when they left): poor parenting (1204 families or 54 per cent), marriage, relationship or family breakdown (492 families or 58 per cent), domestic violence (451 families or 64 per cent), child protection issues (477 families or 51 per cent), involvement in crime (558 families or 59 per cent) and/or anti-social behaviour (1543 families or 59 per cent), lack of exercise or poor diet (155 families or 55 per cent), drug or substance misuse (597 families or 50 per cent), drinking problem or alcoholism (531 families or 57 per cent), and truancy, exclusion or bad behaviour at school (1047 families or 59 per cent).

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[5] It was not possible to classify the reason(s) for 167 families (nine per cent) of families.

[6] E.g. they were a high risk case and unsuitable for staff to visit, the family moved out of the area, family no longer live together or child was taken into care

- Families were least likely to have achieved a successful outcome in relation to mental health (553 families or 40 per cent) and worklessness (1155 families or 20 per cent).

Factors associated with successful and unsuccessful outcomes

- The longer families work with a family intervention the greater the chance that they will achieve successful outcomes in each domain. Surprisingly the number of contact hours that a family intervention has with a family did not appear to be significant.

- The analysis also identified a number of socio-economic characteristics associated with an increased chance of success in the four domains which help us identify where families might need differing levels of support to others.

- Families with at least one member of the family aged 16 or over in work or lone parent families were more likely to achieve full success in the family functioning and risk domain.

- Families with younger children appeared to have an increased chance of success addressing problems connected with crime and anti-social behaviour at the start of the intervention.

- Families with any kind of special educational need (SEN); or with at least one family member from a non-white ethnic group; or families being supported by a family intervention focused on reducing child poverty were less likely to achieve this success.

- If all family members are from a non-white ethnic group or if families have at least one child subject to a child protection plan then they are less likely to have achieved a successful outcome in the health domain.

- Analysis of how outcomes vary for different family interventions suggests that it is length of intervention which is the most important factor in families achieving successful outcomes.

Sustainability of outcomes

- 283 families[7] were followed up nine – 14 months after exiting a family intervention to establish whether the outcomes have been sustained after leaving.

- These families were found to be more likely to achieve a successful outcome in family functioning and risk and crime and anti-social behaviour domains at the time they exited a family intervention. They were also more likely to sustain success in these outcomes nine – 14 months later. Eight four per cent of the families (111 families) followed up sustained their outcomes in the family functioning and risk domain nine to 14 months after leaving a family

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[7] Families with more positive experiences of family interventions are over-represented in this sample.

intervention. 71 per cent (107 families) of the families followed up sustained their outcomes in the crime and anti-social behaviour domain nine to 14 months after leaving the intervention.

- Lower proportions of families sustained outcomes in the health (63 per cent) and education and employment (34 per cent) domains at nine to 14 months.

Conclusions and implications

The report uses monitoring data to provide information about the capacity and throughput of family interventions, key aspects of the intervention such as contact time, intervention duration, and the profile of family intervention families. It focuses on exploring the outcomes achieved by families during the intervention. A final monitoring and evaluation report will be published in 2011 which will update this analysis, drawing conclusions from data on all the families working with a family intervention to the end of March 2011. Throughout the analysis of successful and unsuccessful outcomes a recurrent finding at domain level and the more detailed level of individual indicators is the association between the length of intervention received and successful outcomes. The longer families work with a family intervention the greater the chance that they will achieve successful outcomes in each domain. This suggests that family interventions might want to focus on providing families with a longer intervention and explore whether the weekly number of hours support provided for families can be reduced to accommodate this.

1 Introduction

1.1 Background

A network of Intensive Anti-social Behaviour (ASB) family interventions (originally known as Family Intervention Projects or FIPs) was set up in January 2006 to reduce the anti-social behaviour committed by the most anti-social and challenging families, to prevent these families becoming homeless as a result of their anti-social behaviour, and to improve their outcomes. In early 2009, similar interventions were established to address Child Poverty and Youth Crime. These focus respectively on families living in poverty who are workless, and families with children at risk of offending. These services use a similar model of intervention as FIPs, providing intensive and persistent support for the whole family, coordinated by a single key worker; and contribute to the Coalition Government's commitment to investigate a new approach to support families with multiple problems. Where more than one type of family intervention exists in a local authority there are different models of provision – either one team managing different types of family intervention service or separate teams working independently.

As of March 2010 there were 68 ASB family interventions, 32 Child Poverty family interventions and 150 Youth Crime family interventions across England. This report presents findings from analysis of data concerning families engaged with these family interventions[8]. In June 2010, two new types of family interventions – one part-funded through Housing Challenge and the other focusing on women offenders – were established. This report does not include results from these as there is only limited information available about the families working with these types of family intervention at this time.

All intensive family interventions work in a similar way, taking an assertive and persistent yet supportive approach to addressing and challenging the issues facing the whole family which ensures that they recognise the inter-connectedness between children's and adults' problems. Following a rigorous assessment a key worker is assigned to work intensively with each family, building a close and trusting relationship. Key workers are usually family support workers who take on a lead professional role for the family. Their role is to manage or 'grip' the family's problems, co-ordinate the delivery of services and use a combination of support, rewards and the possibility of sanctions to motivate families to change their behaviour. Persistence and assertiveness with families is critical to keeping them engaged and following agreed steps. They agree an informal Support Plan and contract with the family setting out the support they will be offered, the actions members of the family agree to take and the goals they will work towards – this is reviewed on a regular basis and sanctions, such as the demotion of tenancies, can be used to motivate the family to change.

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[8] The findings presented in the report are based on the families referred to 152 local authorities prior to 31 March 2010. Certain local authorities had more than one type of family intervention (e.g. an Anti-social Behaviour family intervention and a Youth Crime family intervention, or a Youth Crime family intervention and a Child Poverty family intervention). The findings for families who had formally exited a family intervention are based on data from 87 local authorities (because not all family interventions – particularly those that set up relatively recently - have families who have completed their intervention).

Each key worker has a small case load of about six families at any one time and on average works with a family for around a year. At Referral, families can be subject to legal sanctions such as a housing enforcement action, a child protection order, juvenile criminal orders or actions relating to children not attending school. One or more family members may also have a drug and alcohol addiction or poor mental health as well as experiencing debt and prolonged worklessness. Key workers provide practical help managing the household as well as information, advice and emotional support. They deliver direct support to families (around parenting and developing life skills, self confidence, motivation and goals) as well as co-ordinating existing support and levering in new support (e.g. evidence based group parenting programmes, substance misuse treatment, Child and Adolescent Mental Health Services (CAHMS) from a number of statutory and voluntary agencies (e.g. early years, schools, Social Services, youth services, housing, community safety, the police, the Youth Offending Team (YOT) and Primary Care Trust (PCT) and health services). Family intervention activities could include: anger management; one-to-one and group based parenting sessions; addressing educational problems and organising activities for parents and children (e.g. sports and arts-based activities for children, family outings and activities).

There are three models of family intervention. The choice of model depends on a family's needs and the impact their behaviour is having on the community:

- An **assertive outreach** service works with families in their own homes.

- A **dispersed service** works with families housed in temporary accommodation managed by the family intervention but dispersed in the community.

- A **core unit service** houses families in accommodation managed by the family intervention and supervised 24 hours a day. Upon satisfactory completion of a core unit programme, the family can be moved into a dispersed property.

Having completed an initial evaluation of their design, set-up and early outcomes (White et al. 2008), the National Centre for Social Research (NatCen) was commissioned by the Department for Education (formerly known as the Department for Children, Schools and Families) to provide further monitoring and other evidence as to how effectively family interventions are working. This report follows two earlier monitoring reports (NatCen, November 2009 and March 2010).

1.2 Key findings from earlier reports

This report builds on the growing evidence base for family interventions and their outcomes. This began with the evaluation of the original prototype for family interventions, the Dundee Families Project, established in November 1996. This project was set up by the housing and social work departments in Dundee and managed by NCH Action for Children Scotland to assist families who were homeless or at severe risk of homelessness due to their ASB. It included a small core unit as well as dispersed and outreach services. A two-year evaluation of the project (Dillane et al. 2001) reported very positive outcomes for the families involved. The authors highlighted that the project had helped to reduce anti-social behaviour, forestall eviction and prevent children being taken into care. They also

found that it had promoted quality of life, both for individual families and the wider community.

Following the success of the Dundee Families Project, seven more projects were set up to work in a similar manner in 2002/3. They were all established in the north of England: five were developed by NCH in partnership with local authorities, while the other two were established by Sheffield City Council and Shelter in Rochdale. The Shelter project was evaluated by Jones et al. (2006) and the other six projects by Nixon et al. (2006 and 2008). Both evaluations further endorsed what would become the Family Intervention Project (FIP). Nixon et al. reported that anti-social behaviour reduced and tenancies stabilised for around four-fifths of families. They also reported a number of other positive outcomes for family members. They subsequently followed up 28 families to explore the longer term outcomes of the NCH projects (Nixon et al. 2008). They found that 20 out of the 28 families had managed to sustain positive change and had not been the subject of any significant complaints about anti-social behaviour since leaving the project. The risk of homelessness for these families had been reduced and the family home was secure at the point of the interview.

The first evaluation of FIPs comprised a qualitative mapping study, which used telephone interviews to collect data on all 53 family interventions established at that time, face-to-face site visits, and nine qualitative FIP case studies involving interviews with families, FIP staff and staff from local agencies working with FIPs. The evaluation also included quantitative analysis of the first 90 families to complete a FIP. This evidence was collected by the FIP Information System (now known as the Family Intervention Information System – FIIS) which is a secure web-based system, into which FIP staff are asked to enter information about families at different stages of their intervention.

White et al. (2008) concluded that Anti-social Behaviour FIPs appeared to be working with their intended beneficiaries, as almost all the families accepted for the intervention had been perpetrating anti-social behaviour, and/or were facing housing enforcement actions. They were also facing considerable challenges and risk in a range of areas including poor parenting, health problems, drug addiction, family breakdown and domestic violence. The outcomes reported for the first 90 families to complete a FIP demonstrated that levels of anti-social behaviour had declined considerably at the point of Exit from a FIP, although 35 per cent were still reported to be perpetrating some anti-social behaviour. The proportion of families facing anti-social behaviour enforcement actions had reduced from 45 to 23 per cent, and the proportion facing housing enforcement actions had declined from 60 to 16 per cent. Other positive early outcomes included a reduction in risk factors for the family (e.g. relationship breakdown and domestic violence) and improved school attendance among children.

The evaluation identified eight core features of the former FIP model that appeared to be critical to its success:

- Recruitment and retention of high quality staff.
- Small caseloads.
- Having a dedicated key worker working intensively with the family.
- A 'whole-family' approach.

- Staying involved with the family for as long as necessary.
- Having the scope to use resources creatively.
- Using sanctions with support.
- Effective multi-agency relationships.

Later monitoring reports (November 2009; March 2010) have continued to show a range of positive outcomes for families. Follow-up data on 108 families presented in the March 2010 monitoring report also gave an early indication that positive outcomes were largely being sustained nine to 14 months after families exited a FIP.

This report updates and builds on the previous research by presenting and analysing FIIS data provided by family intervention staff up to and including 31 March 2010. The report is primarily based on simple descriptive statistics which provide a summary of the quantitative evidence. In addition statistical modelling (logistic regression) was used to look at the factors associated with successful and unsuccessful outcomes. The report follows the Official Statistical Release (published 15 September 2010) which provided headline findings[9].

A report on the impact of Anti-social Behaviour family interventions will be produced in early 2011 and will compare families engaging with the former ASB FIP model with families who have similar characteristics, but who were not receiving a FIP.

1.3 Report outline

This report is based on data collected from all families working with an Anti-social Behaviour, Child Poverty or Youth Crime family intervention (formerly FIPs) up to and including 31 March 2010. It is structured as follows:

- Chapter two provides a profile of family intervention families and an overview of the referral process.
- Chapter three reviews the capacity and throughput of family interventions, the number of weekly contact hours and duration of intervention, key worker consistency and reasons for families leaving an intervention.
- Chapter four compares the successful and unsuccessful outcomes achieved by family intervention families.
- Chapter five uses statistical modelling (logistic regression) to explore the factors associated with successful and unsuccessful outcomes.
- Chapter six looks at the extent to which families have been able to sustain successful outcomes nine to 14 months after exiting the intervention, and the factors associated with sustained success.
- Chapter seven focuses on a small number of families who have worked with family interventions more than once.
- Chapter eight draws out the key findings and conclusions presented in the report.

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[9] http://www.education.gov.uk/rsgateway/DB/STR/d000956/OSR09-2010-FIPs.pdf

1.4 The Family Intervention Information System (FIIS)

The data presented in this report are drawn from the FIIS. Family intervention staff are asked to enter information about the families at five key stages:

- When the family is first referred to the family intervention ('Referral stage').
- At the beginning of an intervention, after the assessment has been completed and when a Support Plan for the family is first put in place ('Support Plan stage').
- Each time the family has a formal progress review (a 'Review stage').
- When the family stops working with the family intervention and exits the intervention ('Exit stage').
- Nine to 14 months after the family has stopped working with the family intervention ('Post-intervention stage').

More detail on the information requested at each stage is provided in Appendix A.

Family intervention staff are trained to ensure that the information they provide is as accurate as possible (e.g. there are prompts and questions to specifically encourage this). The outcomes are based on 'hard' factual measures such as whether the family is receiving any benefits or tax credits, or whether the family is subject to any formal enforcement actions, and professional judgements and assessments of other information which is available to key workers. In these cases, family intervention workers are instructed only to identify a family as facing a particular issue if they have specific evidence for this. They also base their assessments on information and discussions with other agencies who are working with families (such as during multi-agency Review meetings).

In order to act as a check on one of the more subjective outcome measures in the FIIS, an independent assessment of parenting skills has also been carried out. This involves asking each new family that started working with a family intervention from 27 April 2010 onwards to complete a paper self-completion questionnaire using the FAD (Family Assessment Device), a validated instrument for the measurement of family functioning, with their key worker. The findings from this additional measure will be reported in the final evaluation report in 2011.

1.5 Guidance for the interpretation of tables

The findings presented in this report cover family level data, and individual family member data. For example, it is possible to count the number of family intervention families in which one or more family members have a disability (with the base for this analysis being 'total number of families'), but it is also possible to count the number of individuals in family intervention families who have a disability (with the base for this analysis being 'individual family members'). Given the focus of family interventions on working with the whole family, most of the tables and discussion in this report are based on analysis conducted at the family level.

Throughout the report, a '+' sign in tables denotes that a figure is less than 0.5 per cent.

1.6 Returning families

There are a small number of families who have been referred to a family intervention on more than one occasion (272 families), and therefore have been entered in the FIIS two or more times. We have treated these 'returning families' as follows in this report:

- For data collected at the Referral stage (presented in chapter two, sections 2.1 and 2.2), each of these families is included every time they are referred, so they will count as two families if referred twice, or three families if referred three times (no family has yet been referred more than three times). This is to give a true picture of the total number of referrals, and show how the reasons for referral may have changed between first and subsequent referrals.

- For data collected at the Support Plan stage and beyond (presented throughout the rest of the report), each of these families is only counted once (irrespective of the number of times they have returned), with data taken from the first Support Plan. In chapters four and five, where we explore outcomes for families, these are based on data from the family's first Support Plan which is compared with data from their last Exit from a family intervention.

The journeys of these 'returning families' in and out of family interventions is the focus of chapter seven.

2   Family intervention families

This chapter provides a profile of the families who work with family interventions and an overview of the referral process. It begins by outlining the range of agencies that refer families to a family intervention and their reasons for making these referrals (section 2.1). It then illustrates why just over a quarter of the families who are referred do not go on to work with a family intervention (section 2.2). Section 2.3 presents a socio-demographic profile of family intervention families including their circumstances and risk factors at the point when they started working with a family intervention (section 2.4). As will be seen most family intervention families had between three and five children aged under 18 years, were lone parent families, from a white ethnic group and lived in rented accommodation. Nearly two-thirds of families had no adult member (aged 16 or over) in employment, education or training. Families also frequently had issues with truancy, exclusion or bad behaviour at school, or had been identified as having issues with poor parenting.

A total of 7231 families had been referred to a family intervention up to and including 31 March 2010. Of these:

- 4870 families[10] (67 per cent) were offered and agreed to work with a family intervention
- 298 families (4 per cent) were offered an intervention, placed on a waiting list and are still waiting for a Support Plan to be put in place[11]
- 203 families (3 per cent) were offered but declined to work with a family intervention
- 1860 families (26 per cent) were not offered a family intervention.

Key findings from this chapter include:

Referral agencies and reasons for referral (section 2.1)
- The agencies who most commonly referred families to family interventions were Social Services, including Children and Young People's Services (21 per cent); a Housing Department or Arms Length Management Organisation (16 per cent); and a local ASB team (16 per cent).
- Unsurprisingly, the reasons for referral varied between the different types of family intervention. Anti-social Behaviour family interventions received more referrals than other family interventions relating to anti-social behaviour, housing enforcement and homelessness. Overall, the most common reason for referral was anti-social behaviour issues (62 per cent of referred families).

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[10] The 4870 includes those families who were on a waiting list and later received a Support Plan.
[11] Please note that this figure includes families who are still on a waiting list and have not yet received a Support Plan. In previous reports figures for the number of families offered and accepted for intervention did not include families who were put on a waiting list and later received a Support Plan - and therefore cannot be used to compare differences over time.

Families not offered the intervention (section 2.3)
- 1860 of the referred families (26 per cent) were not offered the intervention.
- In more than half of these cases (1043 families) this was because the family did not meet the projects' referral criteria while in just under a third of cases the family intervention was not required as others services were assessed as being more appropriate to support the family.

Family intervention families (section 2.4)
- Family interventions continue to work with very disadvantaged families, including a considerably higher than average proportion of lone parents (65 per cent), large families (40 per cent have three or four children under the age of 18 and 20 per cent with five of more children in this age group). Just under two-thirds were workless households (where no adult member was in employment, education or training). Thirty-three per cent of families had one or more children aged 16 or under with special educational needs (SEN).
- The great majority (88 per cent) of family members were White. Three per cent of family members were recorded as Black, two per cent were recorded as Asian, and seven per cent were classified as 'other or mixed race'. The ethnicity of Family Intervention Project families is in line with the national average and the proportion of White families has slightly declined over time (91 per cent in 2008).

Issues for family intervention families at the beginning of the intervention (section 2.5)
- The risk factors identified for families when they began working with a family intervention are categorised into four domains; family functioning and risk, crime and ASB involvement, health, and education and employment.
- In the family functioning and risk domain the most common problem for families was poor parenting (68 per cent of families). Other key risk factors for these families were marriage, relationship or family breakdown (31 per cent), domestic violence (29 per cent), and child protection issues (28 per cent).
- In the crime and anti-social behaviour domain, 82 per cent were reported to have engaged with some form of anti-social behaviour and 36 per cent had contact with the criminal justice system (for example a family member was arrested, on bail, probation, a tag or a conditional discharge at the time of the Support Plan).
- In the health domain around a third of families faced issues associated with mental health, drug / substance misuse, or drinking problems / alcohol.
- In the education and employment domain, just under two-thirds of families had no adult member in employment, education or training while 60 per cent of families had at least one child with problems at school (i.e. truancy, exclusion, or bad behaviour at school).

2.1 Referral to a family intervention

In this section we focus on the 5168 families who were offered and accepted a family intervention, including the 298 families who were put on a waiting list.

Agencies that referred families to family interventions

Table 2.1 shows the agencies that referred families to family interventions (family interventions can select more than one referral agency).

Table 2.1 Referral agencies by family intervention type				
Base: Families who accepted a family intervention (including those on a waiting list)				
	Type of family intervention			
	Anti-social Behaviour	Youth Crime	Child Poverty	All family interventions
Referral agency	%	%	%	%
Housing				
Housing Department or Arms Length Management Organisation (ALMO)	21	4	4	16
Housing Association housing office	10	4	3	8
Registered Social Landlord (RSL)	9	4	3	7
Housing Action Trust (HAT)	+	+	+	+
The Homeless Department*	+	1	0	1
Health				
Health professional	3	3	6	3
Adults drugs or alcohol agency	1	2	3	1
Young peoples drugs or alcohol agency	+	1	+	+
Children's Disability Team	+	+	1	+
Environmental Health/ Environmental Services	+	+	+	+
Community Mental Health Team	+	1	1	+
Child and Adolescent Mental Health Services (CAMHS)	1	4	2	1
Education				
School	5	11	15	8
Education Department /LEA	4	5	4	4
Special Educational Needs Team	+	1	1	1
Alternative Education Settings*	+	2	1	1
Children's Centre or other early years setting*	+	1	2	1
Offending and crime				

Local Anti-social Behaviour Team	20	8	1	16
Police	11	10	5	10
Youth Offending Service or Youth Offending Team (YOT)	7	27	1	12
YISP (Youth Inclusion Support Panel)	3	7	2	4
Probation Services	1	6	1	2
Domestic Violence Team	1	1	1	1
Noise Nuisance Team	+	+	0	+
Social, voluntary or community organisations				
Social Services (including Children and Young People's Services)	16	29	44	21
Voluntary / community organisation	1	1	2	1
Adult Community Care Team*	+	+	0	+
Neighbourhood Management Team*	+	+	0	+
Citizen's Advice Bureau (CAB)	+	0	0	+
Other				
The family referred themselves	1	+	+	+
CAF Panel*	+	1	3	1
Family support agency*	+	2	2	1
Connexions	+	+	+	+
Other family intervention team*	+	+	1	+
JobCentre Plus	+	+	1	+
Neighbour of the family	+	+	0	+
Fire service	+	+	0	+
Multi-agency Panel*	+	2	0	1
Other	6	6	14	7
Bases	*3447*	*1270*	*342*	*5168*

*These codes were added to the FIIS in July 2009 when the combined system for Anti-social Behaviour, Youth Crime and Child Poverty family interventions was launched.
Note: Percentages may add up to more than 100 as the family may have been referred for more than one reason.
Note: The bases in the first three columns do not sum to the base in the total column because the type of family intervention was not known at the Referral stage in some cases.

As we might expect, the different types of family intervention varied in terms of where their referrals came from. Anti-social Behaviour family interventions were more likely to have received referrals from local Anti-social Behaviour teams and agencies in the housing field. Youth Crime family interventions were the most likely to have received referrals from Youth Offending Teams, Youth Inclusion and Support Panels and the Probation Service. Anti-social Behaviour and Youth Crime family interventions were equally likely to have received referrals from the police, and twice as likely to have done so as Child Poverty family interventions. Child

Poverty family interventions were the most likely to have received referrals from Social Services and schools, while Anti-social Behaviour family interventions had received the fewest referrals from these sources.

The agencies who most commonly referred families to family interventions were Social Services, including Children and Young People's Services (21 per cent of families were referred in this way); a Housing Department or ALMO (16 per cent); and a local Anti-social Behaviour team (16 per cent). Other referral agencies included the Youth Offending Service or a YOT (12 per cent), the police (ten per cent), a school (eight per cent), Housing Association housing office (eight per cent) and a Registered Social Landlord (seven per cent). No more than four per cent of families were referred by any other agency.

2.2   Reasons families were referred to a family intervention

Family intervention workers were also asked about the reasons families were referred to them. The FIIS allows them to choose more than one reason, but they are asked to keep a clear focus on the specific reason(s) for referral, rather than including other issues the family is facing. Their responses are presented in Table 2.2.

Table 2.2 Reasons families were referred to a family intervention				
Base: Families who accepted a family intervention (including those on a waiting list)				
	Type of family intervention			
	Anti-social Behaviour	Youth Crime	Child Poverty	All family interventions
Reasons for referral	%	%	%	%
Housing Issues				
Family at risk of becoming homeless	39	17	15	28
Housing enforcement actions taken against family	20	9	4	14
Family has poor housing conditions*	9	13	24	12
Family is homeless	3	1	1	2
Anti-social behaviour, offending and crime issues				
Anti-social behaviour of family members	84	48	17	62
Criminal convictions of family members/ex-offender	14	26	9	18
Anti-social behaviour enforcement actions taken against family	18	10	2	13
Children are at risk of offending*	18	47	15	29
Children are offending*	14	38	6	23
Adult is offending*	5	10	5	7
Prolific and other Priority Offender (PPO)*	1	7	+	3

School exclusion/ attendance problems				
Children at risk of school exclusion/serious attendance problems*	18	41	32	29
Children excluded from school*	5	13	4	8
Parenting and care issues				
Poor parenting*	27	50	53	38
History of social care referrals*	10	27	24	18
Relationship breakdown*	9	26	20	17
Children at risk of going into care*	5	15	16	10
Child Protection Plan is in place*	5	13	15	9
Family includes a young person carer*	2	5	6	4
Domestic violence, substance misuse, and mental health issues				
Family has domestic violence problems*	12	27	31	20
At least one adult in the family has substance misuse problems*	11	23	33	18
At least one adult in the family has mental health problems*	8	16	24	12
At least one child in the family has substance misuse problems*	7	16	6	10
At least one child in the family has mental health problems*	4	8	6	6
Employment, education, debt				
Family is without paid employment*	18	34	56	28
Family has serious issues with debt*	5	11	24	10
Intergenerational worklessness*	3	7	13	6
Other	6	6	12	6
Bases	*3447*	*1270*	*342*	*5168*

*These codes were added to the FIIS in July 2009 when the combined system for Anti-social Behaviour, Youth Crime and Child Poverty family interventions was launched.
Note: Percentages may add up to more than 100 as the family may have been referred for more than one reason.
Note: The bases in the first three columns do not sum to the base in the total column because the type of family intervention was not known at the Referral stage.

The most common reasons for referral across all types of family intervention were anti-social behaviour (62 per cent); poor parenting (38 per cent); children being at risk of offending (29 per cent); children being at risk of exclusion from school or having serious attendance problems (29 per cent); the family being at risk of becoming homeless (28 per cent); and no one in the family being in work (28 per cent). Other reasons included children offending (23 per cent); domestic violence

problems (20 per cent); adults' substance misuse (18 per cent); a history of social care referrals (18 per cent); criminal convictions of a family member (18 per cent); and relationship breakdown (17 per cent).

Unsurprisingly, the reasons for referral varied between the different types of family intervention. Anti-social Behaviour family interventions received more referrals than other family interventions relating to anti-social behaviour, housing enforcement and homelessness. These family interventions were less likely than the other types to receive referrals for most of the other reasons, suggesting that they have maintained a strong focus on families who require intervention for reasons relating to anti-social behaviour. Youth Crime and Child Poverty family interventions appear similarly focused on the relevant target groups. Youth Crime family interventions were the most likely to receive referrals for reasons relating to criminal activity, including crimes perpetrated by adult family members, exclusion from school and child substance misuse. Child Poverty family interventions were the most likely to have received referrals on the basis of poor housing conditions; adult substance misuse; mental health problems; worklessness and debt.

2.3 Families not offered a family intervention

Table 2.3 shows the reasons why some families were not offered a family intervention.

Table 2.3 Reasons families were not offered a family intervention	
Base: All families not offered a family intervention	
	Total
Reasons families were not offered an intervention	%
Not met criteria	56
Family intervention support not needed	32
No longer eligible	8
Family not engaging with project	3
High risk case - unsuitable for family intervention staff to visit	2
Family intervention capacity issues	1
Other	18
Base	*1860*

Note: Percentages may add up to more than 100 as the family may not have been offered a family intervention for more than one reason.

In more than half of cases (56 per cent), families were not offered a family intervention because they were judged not to have met the projects' referral criteria (e.g. families with ASB levels which were too low and those who were not at risk of homelessness). In just under a third of cases (32 per cent) the family was not considered suitable for a family intervention (because another service was more appropriate, the family was already being well served by other services, or the referral was withdrawn). Eight per cent of referred families were subsequently considered to be ineligible for a family intervention because they were no longer at risk of homelessness, family members were no longer living together, children had been taken away or worklessness was no longer an issue.

Information is recorded about any actions taken for families who were not offered a family intervention[12]. Table 2.4 shows that in most cases either no further action was taken (47 per cent) or the family was referred to other (non-family intervention) services (41 per cent).

Table 2.4 Actions taken for families not offered a family intervention	
Base: All families not offered family intervention	
	Total
Action taken	%
No further action was taken	47
Referred to other (non-family intervention) services	41
Referred to another family intervention	1
Other actions	11
Base	*1221*

Note: The base for this question is lower than the base for all families not offered the family intervention because this question was only introduced in February 2009.

2.4 Profile of family intervention families

In this section, we describe the socio-demographic profile of the 3665 family intervention families for whom a Support Plan was put in place by 31 March 2010.

Family type

Just under two-thirds of family intervention families were lone parents (65 per cent), while the remaining third were two-parent families (35 per cent) (see Appendix B, Table B.1).

Family size

Table 2.5 shows family size by two different measures: including and excluding children who live away from the family home. For the purposes of this analysis a child is defined as any family member aged under 18.

Table 2.5 Family size		
Base: All family intervention families with a Support Plan		
	Total including children living outside the family home	Total excluding children living outside the family home
Number of children aged under 18	%	%
None	4	4
1–2	37	43
3–4	40	38
5 or more	20	15
Bases	3665	3665

Whichever measure we look at, around two-fifths of families included one or two children (37 per cent or 43 per cent), while a similar proportion included three or four (40 per cent or 38 per cent). Twenty per cent of families included five or more

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[12] This question was added to the FIIS in February 2009.

children in total; 15 per cent if we focus only on children living in the family home. Just four per cent of family intervention families included no children.

The analysis in the rest of this report uses the measure of children living in the family home.

Ages of family members

The median age of mothers in a family was 36 and of fathers was 38 (table not shown). Table 2.6 shows the ages of children in family intervention families.

Table 2.6 Ages of children in family intervention families	
Base: All family intervention families with a Support Plan	
	Total
Ages of children	%
0-4	33
5-11	60
12-16	71
17 or over	30
Base	3665

Note: Percentages may add up to more than 100 as the same family may have children in more than one age group.

Around a third of family intervention families included at least one child aged under five (33 per cent), while a similar proportion included at least one child in the family home who was aged 17 or over (30 per cent). Sixty per cent of family intervention families included at least one child aged five to 11, and 71 per cent included at least one child aged 12-16.

Ethnicity

The great majority (88 per cent) of family members were White. Three per cent of family members were recorded as Black, two per cent were recorded as Asian, and seven per cent were classified as 'other or mixed race' (see Appendix B, Table B.2).The ethnicity of FIP families is in line with the national average[13] and the proportion of White families has slightly declined over time (91per cent in 2008) .

We also derived a family measure used in the analysis presented in the remaining chapter which classifies families as being exclusively White, exclusively non-White or having members from different ethnic groups. Most families were exclusively White (85 per cent). Exclusively non-White families accounted for 8 per cent of the sample and 7 per cent had members from different ethnic groups.

Disabilities and SEN

Thirty per cent of family intervention families included at least one member with a physical or mental health issue. For eight per cent of families, family intervention

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[13] Maplethorpe et al (2010) showed in the 2008 Families and Children Study that 90 per cent of mothers were White, compared to 90 per cent of the heads of FIP families. Maplethorpe, N., Chanfreau, J., Philo, D. and Tait, C. (2010) *Families with children in Britain: Findings from the 2008 Families and Children Study* (FACS) Department for Work and Pensions Report 656, Leeds: Corporate Documents Services.

staff were not able to say whether the family included anyone with a disability (see Appendix B, Table B.3)[14].

Information was also collected on whether children aged 16 or under had special educational needs (SEN) or other special needs[15]. Family intervention staff were instructed that it was not necessary for a child to have a statement of SEN or special needs relating to disability in order to be classified as having SEN or other special needs. A third of families were reported as including at least one child with SEN or other special needs (33 per cent), although family intervention staff were unable to provide this information for 19 per cent of families (see Appendix B, Table B.4). Taking children as the base rather than families, 16 per cent were reported as having SEN or other special needs, while information was not provided for 28 per cent of children (see Appendix B, Table B.5).

Work and financial circumstances

Family intervention staff were asked to record the main economic activity of each family member aged 16 or over. They were instructed to include any known informal and cash-in-hand work as well as formal paid work.

More than three-quarters of family intervention families were workless, that is no family member aged 16 or over was in paid employment (76 per cent). Information was unavailable for six per cent of families (see Appendix B, Table B.6). Table 2.7 shows individual family members' main economic activities in more detail.

Table 2.7 Family members' main economic activities	
Base: Adult members of family intervention families with a Support Plan	
	Total
Main economic activity	%
Unemployed	46
Looking after the home	14
In training or education	9
Full-time work (30 or more hours a week)	7
Permanently sick or disabled	5
Part-time work (1-29 hours a week)	5
Retired	1
Other	3
Don't know	11
Base	7205

Note: Percentages may add up to more than 100 due to rounding.

[14] The question on the FIIS is: **Does this person have a disability (including physical or mental disabilities?** [Note: By this we mean a longstanding illness or disability that has troubled them over a period of time or that is likely to affect them over a period of time. If you are aware of a disability but they are not registered disabled, please DO include it here]

[15] The question on the FIIS is: **Does this person have Special Educational Needs? (answer for people aged 16 and under only)** [Note: At the time of (*textfill current stage*), did this child have any Special Educational Need (SEN) or other special needs, including where there is a statement of SEN and/ or special needs relating to disability]

Eighty-one per cent of families were claiming out-of-work benefits such as Jobseekers Allowance. Information was unavailable for seven per cent of families (see Appendix B, Table B.7).

A third of family intervention families were reported to be in debt (35 per cent), and 60 per cent of these had rent arrears (see Appendix B, Tables B.8 and B.9). Table 2.8 shows that 57 per cent of families had debts of £3999 or less.

Table 2.8 Level of family debt	
Base: All family intervention families with a Support Plan who were identified as being in debt	
	Total
Level of debt	%
Under £999	23
£1000 to £3999	34
£4000 to £7999	8
£8000 or more	7
Do not collect this information	3
Don't know at this stage	26
Base	1278

Housing and tenancy status

Table 2.9 shows the housing tenure of family intervention families. The majority of families were in rented accommodation, with 47 per cent renting from a local authority (LA) or Arms Length Management Organisation (ALMO) and a further 22 per cent from a Registered Social Landlord (RSL).

Table 2.9 Families' housing tenure	
Base: All family intervention families with a Support Plan	
	Total
Housing tenure	%
Rent: LA/ALMO	47
Rent: RSL	22
Rent: Private	13
Hostel / friends / temporary	5
Own property	3
Rent: HAT	2
Other accommodation	1
Rent: Other	1
Rent: don't know type of landlord	1
Family intervention core block	1
Family intervention dispersed accommodation	1
Don't know type of accommodation	5
Base	3665

As can be seen from Table 2.10 more than two-thirds of families in rented accommodation were in secure or long-term assured tenancies (68 per cent).

Table 2.10 Families' tenancy status	
Base: All family intervention families with a Support Plan who rented accommodation from an LA, ALMO, HAT, RSL or private landlord	
	Total
Tenancy status	%
Secure Tenancy or Secure/Fully Assured or Assured Tenancy	68
Introductory / Starter Tenancy or Assured Shorthold Tenancy	11
Non-Secure Demoted Tenancy or Demoted / Demoted Assured Shorthold or Regulated Tenancy	6
Family Intervention tenancy	+
Other	4
Don't know	10
Don't collect this information	1
Base	3060

2.5 Issues for family intervention families

Family intervention staff also report the circumstances and risk factors that families are facing when they begin working with them (following a full assessment and once a Support Plan is in place). The FIIS asks them to record all the issues the family is facing for which they have specific evidence. For the purposes of our analysis, a family is classified as facing a particular issue if the family intervention worker states that at least one family member is facing that issue at the Support Plan stage.[16]

In this report we have focused on a limited number of key issues for families. The selection was made in order to provide summary indices of key outcomes for the purposes of statistical modelling and, through the modelling, to identify the factors associated with successful and unsuccessful outcomes for families (the results of this modelling are presented in chapter five). Twelve issues were selected (a) as measures against which family interventions might reasonably be expected to have helped families make progress; and (b) to cover four key substantive domains of interest (shown in Table 2.11).

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[16] There are two exceptions. The first is NEET: a family is classified as NEET if all adults in the family (aged 16 or over) are NEET. The second relates to truancy, exclusion or bad behaviour: a family is classified as facing these issues if at least one child aged five to 15 faces these issues.

Table 2.11 Domains of interest and individual indicators	
Domain	Individual Issue
Family functioning and risk	Poor parenting
	Marriage, relationship or family breakdown
	Domestic violence
	Child protection issues
Crime and anti-social behaviour involvement	Criminal activity
	Involvement in anti-social behaviour
Health	Mental health risk factors
	Physical health risks in the form of poor diet and lack of exercise
	Drug problems
	Alcohol problems
Education and employment	Truancy, exclusion or bad behaviour at school
	No adult in education, employment or training

The questions in the FIIS from which these measures are drawn are included in Appendix C.

This chapter describes families' status in terms of these four categories or domains and the twelve issues that comprised them at the Support Plan stage. The analysis in this chapter is based on all families who either exited a family intervention on or before 31 March 2010 or families who were still working with a family intervention at this time.

Family functioning and risk

Table 2.12 shows the proportion of families for whom family intervention staff said each of these issues needed addressing at the point when their Support Plan was first put in place.

Table 2.12 Issues with family functioning and risk	
Base: All family intervention families with a Support Plan	
Issue	Total
	%
Poor parenting	68
Marriage, relationship or family breakdown	31
Domestic violence	29
Child protection issues	28
Base	3665

Note: Percentages may add up to more than 100 as the family may have more than one issue with family functioning and risk.

By far the most common issue related to family functioning and risk was poor parenting (68 per cent of families). Around a third of families faced each of the other issues in this domain at the Support Plan stage.

Crime and ASB

For our analysis crime is considered to be an issue for a family if the family intervention worker reports that any member has been arrested for a criminal offence between the family's referral to the family intervention and the time at which their Support Plan was put in place, or if any member was on bail, probation, a tag or a conditional discharge at the Support Plan stage.

Anti-social behaviour is defined in the FIIS as 'acting in a manner that causes or is likely to cause harassment, alarm or distress to one or more persons not of the same household [as the family intervention family]'[17]. At the Support Plan stage, family intervention workers are asked to specify whether the family has been involved in a range of anti-social behaviours including rowdy behaviour, street drinking, vandalism, etc.[18] If the family intervention worker says that the family has been involved in at least one of these behaviours, the family is classified as having issues with anti-social behaviour for the purposes of our analysis.

According to family intervention staff, 36 per cent of families had issues with crime and 82 per cent had issues with anti-social behaviour at the time when their Support Plans were put in place (see Appendix B, Table B.10).

Health

Family intervention workers were asked whether any of the following four issues needed addressing for the family at the Support Plan stage:

- Mental health (covering anxiety / panic attacks, depression, lack of confidence, nerves / nervousness and stress).
- Lack of exercise / poor diet.
- Drug / substance misuse.
- Drinking problem / alcoholism.

Table 2.13 Health issues	
Base: All family intervention families with a Support Plan	
	Total
Issue	%
Mental health	34
Drug / substance misuse	33
Drinking problem / alcoholism	29
Lack of exercise / poor diet	9
Base	3665

As can be seen in Table 2.13 around a third of family intervention families respectively faced issues associated with mental health (34 per cent), drug / substance misuse (33 per cent) or drinking problems / alcohol (29 per cent), while

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[17] This is the definition used by the Home Office/National Audit Office (2006).

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

family intervention staff reported that a lack of exercise or poor diet was an issue for just nine per cent of families.

Education and employment

Family intervention workers were asked whether either of the following issues needed addressing for the family at the Support Plan stage:

- No adult (aged 16 or over) in the family being in education, employment or training (i.e. the family was NEET).
- Any child aged five to 15 in the family truanting, excluded from school or having bad behaviour issues at school.

Sixty-four per cent of family intervention families had no adult member (aged 16 or over) in employment, education or training (i.e. they were 'NEET families'). Sixty per cent of family intervention families included at least one child who had issues with truancy / exclusion / bad behaviour at school (see Appendix B, Table B.11).

In chapter four, we will explore the extent to which families' issues at the Support Plan stage still needed addressing by the time they exited the family intervention.

3   The family intervention

In this chapter, we consider some key aspects of the service provided by family interventions. In section 3.1, we provide the number of families that family interventions worked with in the last financial year. In section 3.2 we report on the number of weekly contact hours family intervention workers have with families (which decreases during a family's intervention) and the duration of the intervention (which increases over time). Section 3.3 considers whether families typically work with the same key worker throughout their intervention (which was identified as an important feature of the service in the first evaluation report) and in section 3.4 we look at when and why families stop working with a family intervention.

In view of the way family interventions have been rolled out it is not surprising that the majority of families are currently working with an Anti-social Behaviour family intervention. Of the 3665 families who are or have worked with a family intervention and have completed the Support Plan stage up to and including 31 March 2010:

- 72 per cent (2630 families) were working or had worked with an ASB family intervention
- 22 per cent (792 families) were working or had worked with a Youth Crime family intervention
- Seven per cent (243 families) were working or had worked with a Child Poverty family intervention.

The analysis presented in the rest of this chapter includes all family intervention families, irrespective of the type of intervention they received.

Key findings from this chapter include:

Capacity and throughput of family interventions (section 3.1)
- Since family interventions were first set up a total of 7231 families were referred up to and including 31 March 2010.
- In the financial year 2009/10, family interventions worked with a total of 3518 families. A quarter of these families (893 families) were already working with a family intervention at the start of the financial year, while three-quarters (2625 families) began the intervention during that year.

The intensive family intervention (section 3.2 and 3.3)
- The average length of an intensive family intervention (i.e. including a planned Exit) was around 13 months - this has increased from just over 12 months reported for Anti-social behaviour family interventions in November 2009 (and six to 12 months in 2008).
- The weekly hours of direct contact between family interventions and a family decreases during their intervention from an average of 9 hours between the Support Plan being put in place and the first Review to 6.8 hours between the final Review and leaving the intervention.

- 91 per cent of families had the same key worker between the Support Plan being put in place and the first Review and 95 per cent of families had the same key worker between the time of their final Review and leaving the family intervention.

Leaving the family intervention (section 3.4)
- 1952[19] families formally left the family intervention up until 31 March 2010:
    - 76 per cent (1351 families) had left the family intervention for a successful reason.
    - 14 per cent (245 families) had left the family intervention for an unsuccessful reason.
    - 11 per cent (189 families) had left the family intervention for a reason which could not be counted as a success or failure.

3.1 Number of families working with a family intervention in 2009/10

Since family interventions were first set up a total of 7231 families were referred up to and including 31 March 2010 (see chapter two for a breakdown of these families).

Annual figures give a sense of the rate at which families 'pass through' the family interventions. In the financial year 2009/10, family interventions worked with a total of 3518 families. A quarter of these families (893 families) were already working with a family intervention at the start of the financial year, while three-quarters (2625 families) began the intervention during that year.

3.2 Contact time and intervention duration

The average (mean) duration of a complete family intervention (i.e. including a planned Exit) was about 13 months (395 days), this has increased from the mean of 387 days reported for ASB family interventions in November 2009. The midpoint (median) was closer to 11 months (335 days) and the actual duration ranged, rather exceptionally from 17 days to just over five years.

Family intervention staff are asked to enter in the FIIS the average number of hours[20] of direct contact between the family intervention and the family each week. This information is requested following the family's first formal Review (with reference to the period between when their Support Plan was put in place and this

The average (mean) number of hours family intervention staff spent in direct contact with a family per week was 9.0 in the early stages of the intervention (i.e. between the time a Support Plan was put in place and the first formal Review). This decreased to an average (mean) of 6.8 hours per week during the final stages of the intervention (i.e. between the last formal Review and the family's

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[19] It was not possible to classify the reason(s) for 167 families (nine per cent) of families.

[20] The question on the FIIS reads as follows: **On average, how many HOURS per WEEK did all family intervention staff spend in contact with all members of the family during this period, individually or as a family?** Note: Include hours from key workers as well as specialist staff employed by the family intervention. Include hours spent with individuals and with the whole family. For example: an hour spent with three children at once, should be counted as one hour.

Exit). To control for cases where family intervention workers appeared to have overestimated their contact time (e.g. we had some high values) we capped the number of hours (conservatively) at 20 (and removed 97 cases as a result) and this reduced the average (mean) contact time to 6.6 hours and 4.2 hours respectively.

Review), and following their Exit from the family intervention (with reference to the period between their last formal Review and Exit).[21]

Responses are shown in Table 3.1.

Table 3.1 Typical number of weekly hours of direct contact between family intervention and family		
Base: All family intervention families with a Support Plan not in core unit accommodation[22]		
Typical number of weekly hours of direct contact	Reference time period	
	Support Plan to first formal Review	Final formal Review to Exit
	%	%
1 - 5	45	64
6 - 10	37	24
11 or more	18	10
Don't know	0	1
	Hours	Hours
Mean weekly hours	9.0 [a]	6.8 [a]
Media Median weekly hours	6.0	4.0
Bases	2677	1101

a. Family intervention workers were able to put in a high number of hours to accommodate core block families and those needing high levels of support. We had a higher than expected level of high values suggesting that maybe some family intervention workers had misread the question. When run with hours capped (conservatively) at 20 hours (thereby excluding 97 cases) this reduces to 6.57 hours and 4.16 hours respectively.

The mid point (median) number of hours was 6.0 in the early stages, reducing to 4.0 hours in the final stages of the intervention. This remains similar even when the sample is limited to those who report 20 or less hours of contact time per week.

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[21] In specifying this figure, they are asked to include face-to-face contact, telephone calls and text messages, but to exclude tasks that do not involve direct contact with the family such as administration, writing up notes, liaising with other agencies or travelling to see families. As well as key worker contact, they are instructed to include contact between the family and specialist staff employed by the family intervention. The number of family members is not relevant to the calculation (so, for example, an hour spent with one family member counts the same as an hour spent with the whole family). We did note that there were a higher number than expected high values (suggesting that possibly some family intervention workers may have misread the question) and so while the analysis reported here includes the full sample it was also run with contact hours capped (conservatively) at 20 hours (thus removing 97 cases) to see if the variable would become significant, which it did not.

[22] The base for these figures is families receiving dispersed tenancy or outreach / floating support. The one per cent of families residing in family intervention core units are not included due to the different nature of that intervention (making contact hours harder to define).

This reduction in contact hours over time echoes the qualitative findings of White et al. (2008), who found that home visits from key workers had become less frequent for the families they interviewed over time – which is as it might be hoped, if families are addressing their problems and starting to take more responsibility and control of their lives.

3.3 Key worker consistency

White et al. (2008) reported that retaining the same key worker over time was vital for families:

"Where a key worker had established a good relationship with the family and then left, this was reported as being detrimental to the family's progress, as well as inspiring a range of negative effects such as loss of trust; loss of confidence; and feelings of self-doubt and abandonment. It could take weeks to restore the good relationship between the family intervention and the family, and get them back into a state-of-mind where   they could trust another key worker and begin to move forward again." (White et al. (2008),   p149)

The FIIS asks family intervention staff whether or not the family's key worker changed between the point at which their Support Plan was first put in place and their first formal Review, and then again whether there was a change between the last formal Review and Exit. Table 3.2 shows that levels of key worker consistency up to and including 31 March 2010 were very high.

Table 3.2 Key worker consistency		
Base: All family intervention families with a Support Plan		
	Reference time period	
	Support Plan to first formal Review	Final formal Review to Exit
Whether same key worker at beginning and end of period	%	%
Yes	91	95
No	9	5
Bases	2768	1553

3.4 Leaving a family intervention

The FIIS requires family intervention workers to record information at the point a family leaves a family intervention and the reason/s for this[23]. To make sense of the analysis these reasons have been grouped into three categories:
- Families who complete the intervention and Exit plan and whose outcomes have improved **(successful).**
- Families who leave a family intervention before completing the intervention as a result of their circumstances changing and as a consequence are no longer eligible or suitable for a family intervention **(neither success or failure).**
- Families who either refuse the intervention or fail to engage at some point whilst working with a family intervention **(unsuccessful).**

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[23] The list of reasons from which family intervention workers can select for ASB family interventions is slightly different to the list for Child Poverty and Youth Crime family interventions.

Table 3.3 shows the classification of reasons for leaving a family intervention into these three categories.

Table 3.3 Classification of reasons for leaving a family intervention		
Families who received an Anti-social Behaviour family intervention		
Successful	Cannot be counted as a success or a failure	Unsuccessful
The intervention was successful	High risk case – unsuitable for family intervention staff to visit ****	Family refused intervention>
Support Plan goals were satisfied	Family moved away from the area	Family not engaging with the project>
Family nominated to move back onto council housing list	Family no longer live together as a family unit	
Formal actions in place against family lifted	Children taken into care***	
Family no longer eligible for family intervention* >	Family referred to another family intervention	
Family no longer at risk of homelessness	Family will be referred to another (non-family intervention) service	
Anti-social behaviour levels reduced		
Worklessness no longer an issue**		
Families who received a Child Poverty or Youth Crime family intervention		
Support Plan goals were satisfied	High risk case - unsuitable for family intervention staff to visit****	Family refused intervention
Family nominated to move back onto council housing list	Family moved away from the area	Family not engaging with the project
Formal actions in place against family lifted	Family members no longer live together as a family unit	
Family no longer at risk of homelessness	Children taken into care***	
Anti-social behaviour levels reduced	Family referred to another family intervention	
Worklessness no longer an issue	Family referred to other non-family intervention service(s)	
Youth crime no longer an issue		
Intervention successful for another reason		

*   This code is no longer offered in the FIIS at Review stage
** This code was added to the FIIS in July 2009
> In January 2009 these codes were removed for families leaving at Exit stage, meaning that there were no longer any unsuccessful reasons for leaving an Anti-social behaviour family intervention at the Exit stage.
*** i.e. children taken into local authority/ foster care
**** i.e. unsafe for family intervention staff to continue visits

Family intervention workers are allowed to choose an unlimited number of reasons for the same family which resulted in some families being reported as having both successful and unsuccessful reasons for leaving (e.g. a successful reason and an unsuccessful reason, or a successful reason and a reason which could not be counted as a success or a failure). We have prioritised successful and

unsuccessful codes over other responses in order to arrive at a single classification for each family. So:

- If one or more reasons were successful and the other(s) could not be counted as a success or failure then the family was classified as having left for a successful reason.
- If one or more reasons were unsuccessful and the other(s) could not be counted as a success or failure then the family was classified as having left for an unsuccessful reason.
- If the family intervention worker chose a successful code and an unsuccessful code, the family was excluded from the analysis.

Of the total number of 1952 families who had formally exited a family intervention by 31 March 2010, 91 per cent (1785 families[24]) could be classified as having left for a reason which was successful, unsuccessful, or could not be classified as a success or failure.

- 76 per cent (1351 families) had left the family intervention for a successful reason.
- 14 per cent (245 families) had left the family intervention for an unsuccessful reason.
- 11 per cent (189 families) had left the family intervention for a reason which could not be counted as a success or failure.

Of the 1952 families who had formally exited a family intervention, 914 families had exited a family intervention in the financial year 2009/10. Amongst these 914 families who had exited during the most recent financial year, 94 per cent (863 families) could be classified as having left for a reason which was successful, unsuccessful or could not be classified as a success or failure;

- 79 per cent (678 families) had left the family intervention for a successful reason.
- 10 per cent (90 families) had left the family intervention for an unsuccessful reason.
- 11 per cent (95 families) had left the family intervention for a reason which could not be counted as a success or failure.

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[24] It was not possible to classify the reason(s) for leaving for the remaining 167 families (9 per cent) as family intervention workers had provided both successful and unsuccessful reasons for leaving.

4   Outcomes for families

This chapter explores the successful and unsuccessful outcomes for family intervention families. The outcomes are based on comparisons of the circumstances, problems and risk factors family intervention families have at the Support Plan (before) stage with those identified at the point when they Exit a family intervention (after stage). Therefore, this analysis is based only on families that have left the intervention[25]. A 'successful outcome' in relation to a given issue (e.g. anti-social behaviour) would result if any family member was identified as being involved with anti-social behaviour at the Support Plan stage but not at the point of Exit. An 'unsuccessful outcome' in relation to a given issue means that the family faced this issue at Support Plan stage and still faced it at the point of Exit.

Key findings from this chapter include:
Successful and unsuccessful outcomes (section 4.1)
- At least half of family intervention families who were reported to have the following problems at the Support Plan stage achieved a successful outcome (i.e. they no longer had this problem when they left): poor parenting (1204 families or 54 per cent), marriage, relationship or family breakdown (492 families or 58 per cent), domestic violence (451 families or 64 per cent), child protection issues (477 families or 51 per cent), involvement in crime (558 families or 59 per cent) and/or anti-social behaviour (1543 families or 59 per cent), lack of exercise or poor diet (155 families or 55 per cent), drug or substance misuse (597 families or 50 per cent), drinking problem or alcoholism (531 families or 57 per cent), and truancy, exclusion or bad behaviour at school (1047 families or 59 per cent).
- Families were least likely to have achieved a successful outcome in relation to mental health (553 families or 40 per cent) and worklessness (1155 families or 20 per cent).

Some success at the end of the intervention (section 4.2)
- The 12 individual measures used in section 4.1 were categorised into four domains; family functioning and risk, crime and anti-social behaviour, education and employment, and health. For each of these domains we looked at the degree of success achieved by family intervention families.
- 65 per cent of families had some success in reducing the number of risks associated with family functioning including poor parenting, marriage, relationship or family breakdown, domestic violence or child protection issues between the Support Plan stage and leaving the intervention.
- 50 per cent of families that had any issue in the family functioning and risk domain no longer had any issues in this domain when they left the family intervention.

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[25] This differs from the Official Statistical Release which calculated the percentage of families
http://www.education.gov.uk/rsgateway/DB/STR/d000956/OSR09-2010-FIPs.pdf
who were considered to have had a successful outcome based on all families, including those still receiving the intervention.

- 64 per cent of families had some success in reducing the number of issues they had with crime and anti-social behaviour between the Support Plan being put in place and leaving the family intervention.
- 54 per cent of families that had any issue in the crime and anti-social behaviour domain at the support stage no longer had any of these issues when they left the intervention.
- Families experienced less success in the health (56 per cent had some success and 40 per cent had full success), and education and employment domains (48 per cent achieved some success and 28 per cent achieved full success).
- 56 per cent of families experienced a reduction in the number of health risks including mental or physical health and drug or alcohol problems between the Support Plan stage and leaving the family intervention.
- 48 per cent of families experienced a reduction in the number of issues in the education and employment domain between the Support Plan being put in place and when they left the family intervention.

4.1   Successful and unsuccessful outcomes

At each Review stage, family intervention workers are asked whether the issues identified at the previous stage (i.e. Support Plan or prior Review) are still an issue for the family. A family is generally classified as facing a particular issue if at least one family member faces that issue (e.g. alcoholism or a drinking problem). A family is classified as facing issues related to truancy, exclusion or bad behaviour at school if at least one child aged five to 15 is facing these issues. The exception is NEET: a family is classified as NEET if no adult (aged 16 or over) in the family is in employment, education or training. As outlined in section 2.4, the circumstances, risk factors and issues are classified under the following four domains[26]:

- Family functioning and risk
- Crime and anti-social behaviour
- Health
- Education and employment.

Table 4.1 shows the percentage of families who are identified by family intervention staff as having a successful outcome in each of the four domains. For example, 54% of the 1204 families who were having problems with their parenting when they started working with a family intervention were identified by their key worker as not having a problem with their parenting when they left.

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[26] For more information about the issues in each domain please see section 2.4, and for the questions in the FIIS from which these measures are drawn please see Appendix B.

Table 4.1 Successful outcomes at Exit stage		
Base: All family intervention families who had exited a family intervention and who faced each issue at Support Plan stage		
	Successful outcome	Bases
Issue faced at Support Plan stage	%	
Family functioning and risk		
Poor parenting (by either or both parents)	54	1204
Marriage, relationship or family breakdown	58	492
Domestic violence (between any family members including parent to child, child to child, and child to parent)	64	451
Child protection issues (of any kind, including neglect, emotional, physical or sexual abuse, and child protection orders)	51	477
Crime and anti-social behaviour		
Crime	59	558
Anti-social behaviour	59	1543
Health		
Mental health	40	553
Lack of exercise / poor diet	55	155
Drug or substance misuse	50	597
Drinking problem / alcoholism	57	531
Education and employment		
NEET family	20	1155
Truancy / exclusion / bad behaviour at school	59	1047

For ten out of the 12 individual issues, at least half of the families who were identified as having this problem or issue by their key worker at the Support Plan stage no longer had this problem or issue when they left the family intervention (a successful outcome). Families were most likely to achieve a successful outcome in relation to domestic violence (64 per cent), crime and anti-social behaviour (59 per cent respectively), and truancy, exclusion or bad behaviour (also 59 per cent). They were least likely to achieve a successful outcome in relation to mental health (40 per cent) and being a NEET family (20 per cent).

In the next chapter we explore the factors associated with successful and unsuccessful outcomes in each of the four domains outlined above.

4.2 'Some' and 'full' success

In assessing outcomes we have also considered whether families completely addressed (full success) or partially addressed (some success) their problems within a particular category or domain[27].

Table 4.2 shows the degree of success achieved in each domain. For example in the family functioning and risk domain, 35 per cent of the 1413 families with problem/s of this kind at the Support Plan stage still had the problem/s when they left the family intervention (i.e. they did not improve at all and have been classified as having no success in this area). Fifteen per cent of these 1413 families reduced the number of problems they had in this domain while working with a family intervention (some success). Half of the families (50 per cent of the 1413) completely addressed their problem/s in this area when they left the intervention (full success).

Table 4.2 Degrees of improvement or success				
Base: All family intervention families who had exited a family intervention and had faced issues in each domain at Support Plan stage				
	Domain			
Degree of success reported at point of Exit from family intervention	Family functioning and risk	Crime and anti-social behaviour	Health	Education and employment
	%	%	%	%
No success	35	36	44	52
Some success	15	10	16	20
Full success	50	54	40	28
Bases	1413	1588	1137	1546

Families were most likely to achieve success in the domains of family functioning and risk and crime and anti-social behaviour. Sixty-five per cent and 64 per cent of families achieved some success with their family functioning and crime and ASB and at least half of the total number of families were reported to have achieved full success in these domains (50 per cent and 54 per cent). The corresponding figures for health were 56 per cent (some success) and 40 per cent (full success), while only 28 per cent of families achieved full success in relation to problems with education or employment (and 48 per cent achieved some success).

The lower levels of success in relation to health outcomes in Tables 4.1 and 4.2 chime with White et al.'s 2008 evaluation of family interventions' design, set-up and early outcomes. They reported that "The evidence from family interviews suggests that families had not received much help with health issues". This was partly due to problems accessing the relevant services:

> "…parents discussed how key workers had attempted to arrange for children to be assessed through CAMHS [Child and Adolescent Mental Health Services] but had trouble organising appointments. There were also reports of key workers being unable to access counselling services for family members'

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[27] This analysis focused on specific issues the family faced at the Support Plan stage and does not take into account new issues recorded at later stages of the intervention.

mental health issues, such as depression, due to waiting lists." (White et al. 2008, p88).

Since this was written the Department for Health has funded further health support for family intervention families so it is unclear how far the above reasons account for the lower levels of improvement in health outcomes. The lower performance on health may also, to some degree, reflect the intransigence of health problems, such as drug and substance misuse, anxiety and depression.

White et al. also give us some insight into the relatively disappointing results for the domain of education and employment, and particularly the individual issue of worklessness in families. While family interventions appeared to have prioritised getting young people into work, education or training, the qualitative findings showed that tackling these issues with parents tended not to be a primary focus of their work, at least in the early stages of the family intervention:

"Training and job opportunities did not seem to have been discussed with parents. When asked about the possibility of returning to work, parents generally said they had other issues that needed to be addressed first, such as drug and alcohol problems and their children's behavioural problems. However, on occasion parents said they had discussed the possibility of looking into training courses and work at a later date with their key worker. There were also parents who, when prompted, said they would like to get back into work, but reported that they had not been asked about this by their key worker. Exceptionally parents seemed unaware that this would be something their key worker could help them with." (White et al. 2008, pp88-89).

This means that while improvement may be occurring amongst young people from family intervention families, unless problems in this area are addressed for adults too, the measures used in the employment and education domain will not identify any improvements in this area.

In the next chapter, we move on to consider the factors associated with successful and unsuccessful outcomes for families.

5   Factors associated with outcomes

In this chapter, we investigate the factors associated with the successful and unsuccessful outcomes for family intervention families described in chapter four. The analysis presented in this chapter allows us to:

1. Identify the socio-economic characteristics of families who seem to have particularly good outcomes resulting from a family intervention, and conversely those families that do not do so well. This will enable us to identify whether some families might need different levels of support to others.

2. Identify whether two features of the family intervention model (the duration and intensity of an intervention) affects the resulting outcomes. Duration is measured in weeks between start and end and intensity is measured in terms of weekly hours of support. This will inform practice decisions about the length of time family interventions should work with families and the amount of contact time that family intervention staff should spend with families (i.e. whether to devote attention in short, sharp interventions with families – with lots of hours per week – or with less intensive support over a longer period of time).

This is based on statistical modelling using logistic regression which identifies the characteristics of families and the interventions they received that are predictive of positive outcomes. The models include all possible predictors simultaneously so they distinguish between:

1. Factors that appear to predict outcomes but are in fact explained by other, related, factors.
2. Factors that genuinely do predict outcomes after taking all other observed factors into account (e.g. duration of the intervention).

In cases where two factors appear to be strongly predictive of a successful outcome but are also strongly related to each other, the model will suggest which of the two factors has the stronger association with the outcome. For example, if you examine family ethnicity by whether families achieve a reduction in the number of health problems it shows that 56 per cent of white families and 44 per cent of non-white families achieved some success. This suggests that ethnicity may be a predictor of health outcomes. However, the statistical modelling found that when other factors were included in the analysis family ethnicity was not actually a significant predictor of some success in the health domain.

The regression models used for the analysis in this chapter allow us to explore associations between a range of family and family intervention characteristics and the outcomes observed for families. It is important to bear in mind throughout this chapter, however, that the **models identify *predictors* of successful outcomes and not necessarily direct casual factors**. Where appropriate, we speculate on the possible underlying reasons for the associations observed. For more information about the statistical models see Appendix D.

In the models presented we taken into account the number of problems a family has at the Support Plan stage as this could have a bearing on the degree of

success that family interventions have (as it may be easier to solve a problem and 'score a success' with families who have multiple problems). This will also help to control for a statistical phenomenon known as 'regression to the mean', which may have a bearing on the level of success family interventions report on outcome measures. Essentially this suggests that families who have a large number of problems at the Support Plan stage (i.e. they are at the extreme end of the problem scale) are likely to improve at the outcome stage, independent of whether the family intervention has an effect (due to natural variability because such extreme values are unlikely to be sustained over time).

The bases for the analyses presented in this chapter are all families who exited on or before 31 March 2010 and who were identified as having the specific problem when their Support Plan was put in place. This means that the bases vary for the different domains and individual measures. In all cases, analyses were only conducted where sample sizes were judged to be of sufficient size.

In section 5.1, we explore the factors associated with the four key domains of:

- Family functioning and risk
- Crime and ASB
- Health
- Education and employment.

These were described in more detail in chapters two and four. In section 5.2, we look at differences in outcomes across family interventions, and in section 5.3 we consider factors associated with outcomes at the individual problem or issue level (i.e. that comprise each domain). Section 5.4 draws some broad conclusions from the analysis conducted in this chapter.

Key findings from this chapter include:

- The longer families work with a family intervention the greater the chance that they will achieve successful outcomes in each domain. Surprisingly the number of contact hours that a family intervention has with a family did not appear to be significant. This suggests that family intervention staff might want to consider extending the length of the intervention.

- The analysis also identified a number of socio-economic characteristics associated with an increased chance of success in the four domains which help us identify where families might need differing levels of support to others.

- Families with at least one member of the family aged 16 or over in work or lone parent families were more likely to achieve full success in the family functioning and risk domain.

- Families with younger children appeared to have an increased chance of success addressing problems connected with crime and anti-social behaviour at the start of the intervention.

- Families with any kind of special educational need (SEN); or with at least one family member from a non-white ethnic group; or families being supported by a family intervention focused on reducing child poverty were less likely to achieve this success.

- If all family members are from a non-white ethnic group or if families have at least one child subject to a child protection plan then they are less likely to have achieved a successful outcome in the health domain.

- Analysis of how outcomes vary for different family interventions suggests that it is length of intervention which is the most important factor in families achieving successful outcomes.

5.1 Factors associated with progress in the four domains

As explained in chapter four, a successful outcome for a given domain is calculated by comparing the number of problems or issues a family was recorded as having at the Support Plan stage with the number they had at the point of Exit.

We created two sets of models to explore the factors associated with successful and unsuccessful outcomes in each of the four key domains. The first set of models compares families who achieved some success in the domain (i.e. they resolved some but not all of their problems in that domain) with families who achieved no success. The second set of models compares families who achieved full success in the domain (i.e. resolved all of their problems in that domain) with those who achieved no success. The first set of models identifies the factors associated with families achieving some success (but not necessarily to the stage where their problems are completely dealt with); the second set identifies the factors associated with full success (which may be different). The statistically significant results from both sets of models are described and discussed below.

In each domain the number of problems reported for a family at the Support Plan stage was positively associated with some success. That is, families who started with more problems were found to be more likely to have reduced their number of problems at the point of Exit than families starting with fewer problems. As outlined at the beginning of this chapter this may be due to it being easier to solve at least one of a number of problems for a family who has a large number of problems, and therefore achieve some success. However, it may also be a phenomenon unrelated to the family intervention: namely that families with a large number of problems at the beginning of the intervention improve over time due to 'natural variability' independently of the intervention ('regression to the mean').

Family functioning and risk

As described in earlier chapters, the domain of family functioning and risk comprises the four specific problems of:

- Poor parenting (by either or both parents).

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- Marriage, relationship or family breakdown.
- Domestic violence (between any family members including parent to child, child to child, and child to parent).
- Child protection issues (of any kind, including neglect, emotional, physical or sexual abuse, and child protection orders).

A family is considered to have problems in the domain of family functioning and risk if at least one member has at least one of the problems listed.

The logistic regression models for successful and unsuccessful outcomes in the domain of family functioning and risk produced the following significant results (see Appendix B, Table B.12 for full details of the odds ratios[28]):

- **The longer the family intervention the better the chances of achieving both some and full success on family functioning and risk** (the odds of some or full success increase by a factor of 1.07 for every extra month of intervention).

- **Workless households were less likely than other households to achieve full success in relation to family functioning and risk** (odds ratios: 0.61). This could reflect the strain that families can be under as a result of worklessness, or other underlying factors associated with both worklessness and poor family functioning, such as addiction or a chaotic lifestyle.

- **Lone parent families were around 1.5 times more likely than two-parent families to achieve full success on family functioning and risk** (odds ratios: 1.52). This may suggest that it is easier for family interventions to bring about changes in terms of family functioning when working with just one parent.

Crime and anti-social behaviour

A family is considered to be in contact with the criminal justice system if any member has been arrested for a criminal offence, or if any member is on bail, probation, a tag or a conditional discharge[29]. Using the Home Office/ National Audit Office definitions (2006), anti-social behaviour is broadly defined as 'acting in a manner that causes or is likely to cause harassment, alarm or distress to one or more persons not of the same household [as the family intervention family]'. A family is considered to have anti-social behaviour problems if any family members

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[28] Results from the logistic models are expressed as odds ratios. Odds ratios describe the chances of a given outcome for one category of families as compared to another 'reference' category of families (so for example the reference category could be a "working household" and the odds ratio for a "workless household" is the chances of a workless household achieving the given outcome compared to the reference category of a working household. **An odds ratio greater than one means that the category of families is associated with an *increased* likelihood of the outcome compared to the reference category.** Similarly, an odds ratio of less than one means that the category of families is associated with a *reduced* likelihood of the outcome compared with the reference category. Some of the predictors in the models are continuous rather than binary (e.g. the number of children in the family). In these cases, odds ratios represent the chances of the outcome in question being associated with a one-unit increase in the factor (e.g. an increased likelihood associated with each additional child).

[29] The reference period for this measure is slightly different to other indicators. Family intervention staff are asked to record if any family member has been arrested for a criminal offence between the Referral and Support Plan stage for the measure at the beginning of the intervention, and for the final outcome they are asked about the time between the Exit and the preceding Review stage.

have been involved in particular anti-social behaviours, including rowdy behaviour, street drinking and vandalism[30] at the time a Support Plan was put in place or between the last Review and leaving the intervention.

The logistic regression models for successful and unsuccessful outcomes in the domain of crime and anti-social behaviour produced the following significant results (see Appendix B, Table B.13 for full details of the odds ratios):

- **The longer the family intervention the better the chances of achieving full success with crime and anti-social behaviour problems** (odds ratio per month: 1.03).

- **Families with older children were slightly less likely than those with younger children to achieve full success with crime and anti-social behaviour** (odds ratio: 0.95).

- **Families with special educational needs (SEN) were less likely to achieve some or full success with crime and anti-social behaviour problems** (odds ratios: 0.62 for some success and 0.60 for full success).

- **Non-white families were less likely to achieve full success with crime and anti-social behaviour problems (odds ratio: 0.39) than white families.** (Families with members from both white and non-white ethnic groups were as likely to achieve full success as white families in the crime and anti-social behaviour domain.)

- **Finally, families working with a Child Poverty family intervention were less likely to achieve some or full success with crime or anti-social behaviour** (odds ratios: 0.28 for both some and full success). This may be due to the different focus of the Child Poverty family intervention (i.e. specifically targeting worklessness rather than anti-social behaviour) but we have no evidence to substantiate this.

Health

As described in earlier chapters, the domain of health comprises four specific problems:

- Mental health (covering anxiety and panic attacks, depression; lack of confidence; nerves, nervousness and stress).
- Lack of exercise or poor diet.
- Drug or substance misuse.
- Drinking problems or alcoholism.

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

A family is considered to have a health problem if at least one family member has at least one of these issues.

The logistic regression models for successful and unsuccessful outcomes in the domain of health produced the following results (see Appendix B, Table B.14 for full details of the odds ratios):

- **The longer the family intervention the better the chances of achieving both some and full success with** health problems (odds ratio per month: 1.07 for some success and 1.08 for full success).

- **Non-white families were less likely to achieve full success with health problems** (odds ratio: 0.26). (Families with members from both white and non-white ethnic groups were as likely to achieve full success as white families in the health domain).

- **Families with at least one child subject to a child protection plan were less than half as likely to achieve some or full success with health problems** (odds ratios: 0.43 for some success and 0.47 for full success).

Education and employment

As described in earlier chapters, the domain of education and employment comprises:

- There being no adult (aged 16 or over) in the family in education, employment or training (i.e. the family being NEET)
- Any child in the family truanting, being excluded from school or having bad behaviour issues at school.

The logistic regression models for successful and unsuccessful outcomes in the domain of education and employment produced the following results (see Appendix B, Table B.15 for full details of the odds ratios):

- **The longer the family intervention the better the chances of achieving both some and full success with education and employment problems** (odds ratios per month increase: 1.06 for some success and 1.08 for full success).

- **Families with older children were more likely to achieve some or full success with education and employment** (odds ratios per one-year increase in the age of the youngest child: 1.06 for some success and 1.12 for full success).

- **Families where at least one child was subject to a child protection plan were much less likely to achieve some or full improvement with education and employment problems** (odds ratios: 0.27 for some success and 0.20 for full success).

- **Workless families were less likely than other families to achieve some or full success with education and employment problems** (odds ratios: 0.25 for both some success and full success).

5.2 Differences between individual family interventions

In order to investigate whether the outcomes for families vary across different family interventions we created a statistical (logistic) model to test this in nine family interventions which had sufficient sample sizes to run this analysis. These nine family interventions (labelled family intervention 1 to family intervention 9 in the appendix tables) were working with 50 or more families on 31 March 2010. Specifically we set out to test whether family interventions in different LAs reported different outcomes for each of the four domains, and if so what family intervention-level factors were associated with this variation. For each domain, we constructed four different models, increasing the fit of the model (or how well it explained the outcomes) with each iteration by building in more variables. The models are constructed as follows:

- **Model A does not take account of (or control for) any differences** between the families supported or the support provided. This gives a straightforward comparison between family interventions on their outcomes for families, **providing a benchmark for us to compare the models B to D against.**

- **Model B takes account of certain socio-demographic characteristics of the families** working with each family intervention, namely whether it is a lone parent or two-parent family; whether all family members are white, all are non-white, or the family is comprised of members with different ethnicities; the age of the youngest child (under 18); the age of the youngest parent (whether 25 or under, 26-39 or 40+); and the number of children in the family aged under 18. **This tests whether differences in outcomes by area can be accounted for by socio-demographic differences in the families they work with.**

- **Model C takes account of the same socio-demographic factors as Model B plus a number of issues families may have faced at the Support Plan stage**, namely a family member having SEN or other special needs; a family member having a disability; the family being NEET (i.e. no member 16 or over being in employment, education or training); the household being workless (i.e. all members aged 16 or over); and the family being in debt. Model C also takes into account the type of family intervention (anti-social behaviour, Youth Crime or Child Poverty); the number of issues in the relevant domain that the family were facing at the Support Plan stage; and the number of risk factors (as measured by a specific question in the FIIS about number of risk factors[31]) the family were facing at the Support Plan stage. **This tests whether a broader range of family-level characteristics/factors is sufficient to explain the differences in outcomes between areas.**

- **Model D takes account of all the factors in Types B and C plus two key features of the family intervention, namely the average weekly hours of contact between the family intervention and the family and the overall duration of the family intervention.** This final model **tests whether there is evidence that between-area differences can be explained by some simple**

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[31] This refers to a specific question about certain issues the family faced at the Support Plan stage, which were considered to put them at particular risk of ASB and other key behaviours and difficulties targeted by family interventions. These issues are listed in section 1.3, under the heading 'Support Plan stage'.

measures of difference in the way the family intervention is delivered across areas.

Details of the odds ratios from all four models for all four domains can be found in Appendix B (Tables B.16 – B.19). Family intervention 1 was used as the reference category, which means that the odds ratios express the likelihood of a family who worked with a given family intervention achieving a successful outcome in the domain over the course of the intervention as compared to family intervention 1[32].

Looking at Tables B.16 – B.19, it is striking that the range of odds ratios decreases as the models take account of more and more factors as we move from Model A to Model D. This indicates that the differences between the nine family interventions initially observed at Model A are largely explained by the family and support characteristics (built into the more complex models, particularly Model D) rather than the family intervention the family is engaged with. **This suggests that it is not the differences between the particular family interventions that is affecting the likelihood that families will achieve successful outcomes, but the differences between the actual characteristics of the families, or differences in the duration, or intensity of intervention they are receiving (e.g. contact hours or length of intervention) which is having an impact on the outcome.**

Moving from Model C (which accounts for family characteristics) to Model D (which brings in characteristics of the family intervention) provides a notably better increase of 'fit' than the other models[33]. **This suggests that one or both of the factors built into model D (average weekly contact hours and/or average duration of the intervention) are providing much of the explanation for the differences between areas.**

To investigate this further, we compared the nine family interventions in terms of average weekly contact hours and average duration of the intervention (see Appendix B, Table B.20).[34] We also looked at average key worker caseloads in the nine family interventions, as this is a further factor that might explain differences between the individual family interventions.[35] **The results of these analyses suggest that it is the duration of the intervention, rather than the other factors, which is the key to explaining the differences between the individual family interventions. All else being equal, family interventions that offer longer interventions appear to generate better outcomes for families than other family interventions.**

For example in the case of family intervention 2, the odds ratios show that families who worked with family intervention 2 were more likely than families who worked

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[32] Odds of more than one indicate increased likelihood of a successful outcome and odds of less than one indicate decreased likelihood of a successful outcome (or increased chances of an unsuccessful outcome) in the domain relative to family intervention 1.

[33] This is demonstrated by the pseudo R square which shows that the explanatory power of the models increases as we take account of more factors, and increases most between Model C and D.

[34] Data provided by the DfE.

[35] We were not able to include average key worker caseload as a factor in Model D because this information is only collected at family intervention level and not at family level. This factor was therefore considered separately to see if it appeared to be associated with differential outcomes.

with most other family interventions to have achieved successful outcomes across the four domains under Models A -C, but this difference disappears under Model D. Table B.20 shows that, on average, family intervention 2 worked with families for 79.7 days compared to an average of just 44.6 days across all the nine family interventions included in this analysis. However, the average number of weekly contact hours between family intervention 2 and the families it worked with, and the average caseloads of key workers, in family intervention 2 were not exceptional. **This suggests that it is the length of time a family intervention works with a family which is associated with successful outcomes – the number of hours per week spent with each family appears to be far less important.**

This finding further confirms the modelling reported in section 5.1, that the duration of the family intervention is key to successful outcomes for families.

5.3   Factors associated with outcomes for individual issues or problems

In order to investigate what factors are associated with outcomes at the individual problem level (i.e. problems that comprise each domain reported in section 5.1), we created a series of regression models. These models compare families who, for each measure, still had the problem when they exited the family intervention (those with an unsuccessful outcome) with those who had completely resolved the problem at Exit (those with a successful outcome).

The duration of the family intervention was associated with successful outcomes for virtually every individual problem across the four domains.

The other factors associated with successful or unsuccessful outcomes in relation to each individual problem are discussed in the remainder of this section.

Family functioning and risk

The logistic regression models for outcomes in relation to individual measures in the domain of family functioning and risk produced the following significant results (see Appendix B, Table B.21 for full details of the odds ratios):

- Poor parenting

  Families of all non-white ethnicity were less likely to achieve a successful outcome (odds ratio: 0.26).

  Families with at least one child subject to a child protection plan were less likely to achieve a successful outcome (odds ratio: 0.22), indicating that these families are likely to have particularly severe problems with regard to their children.

- Marriage, relationship or family breakdown

  A longer duration of family intervention was the only factor that significantly predicted a successful outcome in relation to marriage, relationship or family breakdown.

- Domestic violence

  Larger families were less likely to achieve a successful outcome in relation to domestic violence (odds ratio: 0.64 per one-child increase).

  Families with at least one child subject to a child protection plan were much less likely to achieve a successful outcome (odds ratio: 0.18), again indicating that these families are likely to have particularly severe problems in this area.

- Child protection issues

  Apart from a longer family intervention, the only significant predictor of a successful outcome in relation to child protection was a family being in debt (odds ratio: 1. 99), which again makes this outcome different from that of the family functioning and risk outcome as a whole.

Crime and anti-social behaviour

The logistic regression models for outcomes in relation to individual measures in the domain of crime and anti-social behaviour produced the following significant results (see Appendix B, Table B.22 for full details of the odds ratios):

- Contact with the criminal justice system

  Families with at least one child subject to a child protection plan were much less likely to achieve a successful outcome in terms of contact with the criminal justice system (odds ratio: 0.26).

  If anyone in the family had special educational needs, however, this family was more likely to achieve a successful outcome (odds ratio: 2.43), in direct contrast to the results looking at crime and anti-social behaviour as a whole domain. This is possibly because families with SEN also tend to have multiple issues at Support Plan stage, and this is included in the domain-level model so it is very difficult to establish whether multiple problems are the primary predictor of success or SEN.

  The duration of the family intervention did not predict successful outcomes relating to contact with the criminal justice system.

- Anti-social behaviour

  Non-white families were less likely than all-white families to achieve a successful outcome in relation to anti-social behaviour (odds ratio: 0.30)

  Families facing a greater number of risk factors (as measured by a specific question in the FIIS about number of risk factors[36]) at the Support Plan stage were less likely to achieve a successful outcome with respect to anti-social behaviour (odds ratio per one-factor increase: 0.91).

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[36] This refers to a specific question about certain issues the family faced at the Support Plan stage, which were considered to put them at particular risk of ASB and other key behaviours and difficulties targeted by family interventions. These issues are listed in section 1.3, under the heading 'Support Plan stage'.

Health

Sample sizes were not sufficient to identify the factors associated with successful and unsuccessful outcomes in relation to mental health (covering anxiety or panic attacks, depression, lack of confidence, nerves, nervousness and stress) or lack of exercise or poor diet. The logistic regression models for outcomes in relation to drug or substance misuse and drinking problems or alcoholism produced the following significant results (see Appendix B, Table B.23 for full details of the odds ratios):

- Drug / substance misuse

  Families with more children under 18 were more likely to achieve a successful outcome in relation to drug or substance misuse (odds ratio: 1.39 per child increase).

  Families where the younger parent was aged 40 or over were less likely to achieve a successful outcome in relation to drug or substance misuse (odds ratio: 0.22), possibly indicating that older drug-users were more entrenched in their behaviour.

- Drinking problems / alcoholism

  The duration of a family intervention was the only significant predictor of a successful outcome for drinking problems or alcoholism, and the duration of a family intervention was particularly important for this outcome compared to other individual problems (odds ratio: 1.11).

Education and employment

The logistic regression models for outcomes in relation to individual measures in the domain of education and employment produced the following results (see Appendix B, Table B.24 for full details of the odds ratios):

- Being a NEET family

  Families with older children were more likely to achieve a successful outcome in terms of getting at least one adult family member (aged 16 or over) into education, employment or training (odds ratio: 1.18 per year increase in age of youngest child). This may reflect the fact that having young children can present particular barriers or disincentives to entering employment, education or training.

  Families where at least one child was subject to a child protection plan were much less likely to achieve a successful outcome in this domain (odds ratio: 0.28). This is likely to reflect the fact that these families have particularly severe problems which prevent them from accessing work or training.

- Truancy / exclusion / bad behaviour at school

  Families of mixed ethnicity were less likely to achieve a successful outcome with regard to truancy, exclusion or bad behaviour at school (odds ratio: 0.40).

  Families where at least one child was subject to a child protection plan were also less likely to achieve a successful outcome in this area (odds ratio: 0.32). Again, this is likely to reflect the fact that these families have particularly severe problems, particularly where the children are concerned.

  The duration of the family intervention did not predict successful outcomes relating to truancy/ exclusion/ bad behaviour at school.

5.4   Conclusions

Overall, the analysis presented in this chapter shows that there are systematic associations between a range of predicting factors and outcomes for families in relation to a range of different issues.

A longer duration of family intervention predicted successful outcomes across all the domains and almost all the individual problems within them. This result is consistent with the findings from the qualitative research of White et al. (2008), who identified the duration of family interventions as one of the key factors important to success. White el al. (2008) said:

"Knowing that they could stay involved for the 'long-haul' allowed FIP staff to take a long-term approach to their work where needed. For example, it allowed them to spend a considerable period of time in the early stages focusing on practical, relatively non-sensitive issues in order to build the trust and rapport needed to start work on the more sensitive issues that tended to be closely related to ASB later on. Staff and local partners emphasised that some FIP families had very complex, deeply-entrenched issues, which only a long-term approach could possibly hope to tackle." (White et al. (2008) pp141-2)

Unlike the duration of the family intervention, the average weekly number of contact hours between family interventions and families does not appear to be associated with the outcomes achieved. As noted earlier, the question on the FIIS allows family intervention workers to enter a high number of hours to accommodate core block family interventions and particularly intensive work with some families. We did have a large number of implausibly high numbers suggesting that some family intervention workers may have been mis-reading the question in some way[37]. We consequently ran the models with the non-core block families and with the number of weekly hours capped (conservatively) at 20 hours (thus removing 97 cases) but contact hours was still not found to be a significant predictor of successful outcomes. **This suggests that family interventions**

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[37] The question on the IS reads as follows: **On average, how many HOURS per WEEK did all family intervention staff spend in contact with <u>all members </u>of the family during this period, individually or as a family?** Note: Include hours from key workers as well as specialist staff employed by the family intervention. Include hours spent with individuals and with the whole family. For example: an hour spent with three children at once, should be counted as one hour.

might want to focus on providing families with consistent support over a longer period of time.

Another key finding reported in this chapter is the association between whole family worklessness and unsuccessful outcomes in relation to the domains of family functioning and risk; and education and employment. These results suggest that making progress with workless families can be particularly challenging. It is not clear from our analysis whether worklessness is itself a barrier to achieving successful outcomes, whether workless families share certain characteristics that constrain their ability to overcome these issues or whether the poor 'outcomes', such as poor health, substance misuse or contact with the criminal justice system are in fact causal factors in worklessness.

However, we found a similar association between families with special educational needs and the domain of crime and anti-social behaviour, which adds weight to the idea that different types of family (i.e. those who are workless or with special educational needs) are more likely to struggle to overcome particular types of issues.

Families facing child protection issues were the least likely to achieve successful outcomes in the domains of health, and education and employment, as well as the individual areas of contact with the criminal justice system, poor parenting, domestic violence, being a NEET family, and truancy, exclusion and bad behaviour at school. These families are likely to have some of the most severe problems, particularly with regard to children, and it may be the case that they are more difficult to help than other families.

6   Sustainability of successful outcomes

We now have a strong body of evidence illustrating the successful outcomes that are reported for a substantial proportion of family intervention families (chapter four) but what has been less clear to date is the degree to which these are sustainable in the longer term. In order to explore this we built in a follow up stage to assess whether families are still facing similar issues nine to 14 months after exiting a family intervention. At this point family intervention workers are asked to complete another round of questions on the FIIS. This information may be obtained through their own continued contact with the family or via other agencies. Inevitably, despite efforts to stay in touch with families and keep informed of their progress, family intervention workers' knowledge is variable at this stage, and they are not always able to provide this information. However, there are enough data available to draw some cautious conclusions about the extent to which outcomes achieved during the course of the family intervention have been sustained over time and these are reported in this chapter. A comparison of families for whom this data was available, and those for whom this was not provided, showed that families for whom no data was available were less likely to have achieved successful outcomes on some issues during the intervention.

Key findings from this chapter include:
- Post-intervention data was available for 283 families, providing information about whether they have sustained the outcomes they achieved during the intervention nine to 14 months after leaving.
- Despite efforts to stay in touch with families and keep informed of their progress (via other agencies), family intervention workers' are not always able to provide data after families have left a family intervention
- Families who were not followed up tended to have achieved less successful outcomes including: parenting; marriage, relationship or family breakdown; domestic violence; ASB; drug or substance misuse; drinking problems or alcoholism; and truancy, exclusion or bad behaviour at school.
- These families were also more likely to have left the family intervention for unsuccessful reasons such as refusing the intervention, not engaging, or becoming too high risk for family intervention staff to visit.
- Despite the data leaning towards families with more positive experiences of the family intervention we can draw some cautious conclusions.

Sustainability of outcomes (section 6.1)
- Families were more likely to achieve a successful outcome in family functioning and risk, and crime and anti-social behaviour domains at the time they exited a family intervention. They were also more likely to sustain success in these outcomes nine to 14 months later.
- 84 per cent of the families followed up sustained their outcomes in the family functioning and risk domain nine to 14 months after leaving a family intervention.
- 71 per cent of the families followed up sustained their outcomes in the crime and ASB domain nine to 14 months after leaving the intervention.
- Lower proportions of families had sustained their outcomes in the health (63 per cent), and education and employment (34 per cent) domains.

A total of 283 families are included in the analysis for this chapter. To be included, a family had to achieve full success in at least one domain at the point they Exit a family intervention (i.e. they had resolved all problems at Exit in a domain where they had at least one problem at the Support Plan stage). Family intervention workers also had to be able to provide some information about families nine to 14 months after their exit. The relatively small sample of families eligible for analysis in this chapter limits the power of the statistical tests undertaken. Therefore, the modelling described in section 6.2 is likely only to highlight the most dominant associations between potentially predictive factors and outcomes.

As part of this, further analysis was carried out including a small sample of 108 families to assess whether there are any systematic differences between the sample of families that were followed up after exiting with those that family intervention workers were unable to provide information about (i.e. whether the sample analysed was in any way biased). This analysis showed that, while there were very few differences between the two samples of families in terms of their characteristics or the problems they had at the Support Plan stage, **families for whom family intervention workers were unable to provide information about nine to 14 months after Exit were less likely to have achieved successful outcomes in relation to certain issues during the course of the family intervention**. Specifically, they were significantly less likely to have achieved a successful outcome in relation to parenting; marriage, relationship or family breakdown; domestic violence; ASB; drug or substance misuse; drinking problems or alcoholism; and truancy, exclusion or bad behaviour at school. **They were also more likely than families for whom Post-intervention data was provided to have left the family intervention for certain unsuccessful reasons: refusing the intervention, not engaging, or becoming too high-risk for family intervention staff to visit.** In addition, they were more likely than other families to have moved away or no longer be living as a family unit.

These results may not be especially surprising, as we might have predicted that families with poorer outcomes would be less likely to keep in touch with family interventions. Nevertheless, it is important to bear in mind when interpreting the findings in this chapter that families with more positive experiences of family interventions are over-represented in the sample analysed.

6.1   Which successful outcomes were sustained

Table 6.1 shows the proportions of families who sustained successful outcomes[38] nine to 14 months after exiting a family intervention in relation to the four domains of family functioning and risk; crime and ASB; health; and education and employment.

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[38] A family is classified as having sustained success in a given domain if they faced at least one issue in that domain at Support Plan stage; no issues in that domain at the point of Exit; and continued to face no issues in that domain nine to 14 months after Exit. In other words, for the purposes of this analysis, this is sustained 'full success', as defined in section 4.2.

Table 6.1 Whether successful outcomes sustained 9-14 months after end of a family intervention		
Base: All family intervention families who achieved full success in each domain at the point of Exit and for whom data was entered into the FIIS 9-14 months later		
Domain	Sustained successful outcome %	Base
Family functioning and risk	84	132
Crime and Anti-social behaviour	71	151
Health	63	91
Education and employment	34	101

The domain in which families were most likely to have sustained a successful outcome was family functioning and risk (84 per cent), followed by crime and anti-social behaviour (71 per cent). Almost two-thirds had sustained the successful health outcomes identified at the point of Exit (63 per cent). However, only a third had sustained successful outcomes in terms of education and employment (34 per cent). These findings broadly mirror the results on outcomes at the point of Exit from the family intervention presented in chapter four: at both the Exit and Post-intervention stages it is the crime and anti-social behaviour, and family functioning and risk domains in which successful outcomes were most likely to have been sustained.

6.2 Factors associated with sustainability

We carried out statistical modelling (logistic regression analysis) to try and identify which factors recorded at the Support Plan stage were associated with families sustaining successful outcomes at the Post-intervention stage. The potential predictors used in the logistic models were the same as those used in chapter five (detailed in Appendix D), although the type of family intervention was not considered in the sustainability analysis because of insufficient sample numbers for the Child Poverty and Youth Crime family interventions[39]. The factors tested are shown in Table 6.2.

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[39] These are more recently established family interventions so had fewer families who reached the point of being nine to 14 months Post-intervention.

Table 6.2 Factors included in sustainability of outcomes models
The number of individual measures in the relevant domain that the family were experiencing difficulties with at the Support Plan stage
Whether they are a lone parent or two-parent family
Whether all family members are white; all family members are non-white; or the family includes both white and non-white members
The age of the youngest child
The age of the youngest parent (25 or under; 26-39; or 40+)
The number of family members aged under 18
Whether anyone in the family has SEN or other special needs, with or without a statement
Whether anyone in the family has a disability
Whether all adults aged 16 or over in the family are NEET
Whether the household is workless
Whether the family are in debt
The number of risk factors faced by the family at the Support Plan stage (as measured by a specific question in the FIIS about number of risk factors[40])
The average weekly contact hours between the family intervention and the family
The length of time the family intervention worked with the family.

This analysis identified few significant associations between predictor factors and sustained success. This may be due to a generally low level of variability between families, and the small sample sizes for some domains. The results from the analysis are summarised here; full details of the odds ratios can be found in Appendix B (Tables B.25-B.28).

- In the family functioning and risk domain no factors were significant predictors of sustained success.

- In the crime and anti-social behaviour domain families with at least one member with a disability were more than eight times more likely to have sustained a successful outcome than other families (odds ratio: 8.45).

- In the health domain no factors were significant predictors of sustained success, probably because information was only provided for 91 families thus limiting the power of statistical tests.

- In the education and employment domain the only significant predictor of sustained success was the number of problems the family were facing in relation to the education and employment domain at the Support Plan stage. Families facing a greater number of such problems were much more likely to sustain their successful outcomes in this domain (odds ratio per one-issue increase: 4.31). However, as explained in chapter five, this finding may reflect the statistical phenomenon 'regression to the mean', which we discussed in chapter 5, so should be treated with caution.

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[40] This refers to a specific question about certain issues the family faced at the Support Plan stage, which were considered to put them at particular risk of ASB and other key behaviours and difficulties targeted by family interventions. These issues are listed in section 1.3, under the heading 'Support Plan stage'.

7   Families who return to family interventions

Out of the 7231 families who have been referred to family interventions, a small number of these have been referred to a family intervention more than once. We refer to these as 'returning families'. This chapter describes these families, their trajectories through their two (or occasionally three) family interventions and the outcomes they achieve. It compares them to families that have only been referred to a family intervention once.

Key findings from this chapter include:

The number of families who return to family interventions (section 7.1)
- 272 families were referred to family interventions more than once, these families are known as 'returning families'.
- The profile of referral agencies was very similar for returning families as for the families that did not return to family interventions: predominantly Social Services, Housing Department or Arms Length Management Organisation and the Local Anti-social Behaviour Team.

Returning families' first Referral to family interventions (section 7.2)
- Of the 272 returning families 133 (49 per cent) families were offered and agreed to work with the family intervention immediately while a further 28 families (10 per cent) were put on the family intervention waiting list.
- 96 of the returning families (35 per cent) were not offered the intervention at this time, this tended to be because they did not meet the referral criteria.
- 15 of families (6 per cent) were offered the intervention and declined.

Returning families' second Referral to family interventions (section 7.3)
- Of the 272 returning families, 198 families (73 per cent) were offered and agreed to work with the family intervention immediately while a further 24 families (9 per cent) were put on the family intervention waiting list. This proportion of families being offered the family intervention is much higher than it was for the same families at the first Referral.
- 41 of the returning families (15 per cent) were not offered the intervention at this time, this tended to be because they did not meet the referral criteria.
- 9 families (3 per cent) were offered the intervention and declined.

Profile of returning families (section 7.4)
- Whilst there were some differences in the profile of returning families compared to non-returners at first entry, the profile of families putting in place a Support Plan at second Referral is more similar to non-returners.

7.1 The number of returning families at different stages

- 272 families were referred to a family intervention initially (T1) and then were referred a second time (T2), this chapter focuses on these returning families.
- 13 families returned twice – they were initially referred to a family intervention (T1) referred a second (T2) and then referred a third time (T3)[41].

We asked family interventions about the agencies that referred the family to them, allowing family interventions to select more than one referral agency. Table 7.1 compares the agencies that referred the returning families the first time (T1) to non-returners. At their first Referral to family interventions, returning families were most commonly referred by the same referral agencies as for non-returning families: Social Services (including Children and Young People's Services) (22 per cent), Housing Department or Arms Length Management Organisation (ALMO) (18 per cent) and Local Anti-social Behaviour Team (17 per cent).

Table 7.1 Agencies that referred the families to family interventions by returning families at T1 and non returners		
Base: All families referred to family interventions		
	Returning families – First time (T1)	Non-returners
Referral agency	%	%
Housing		
Housing Department or Arms Length Management Organisation (ALMO)	18	16
Housing Association housing office	8	8
Registered Social Landlord (RSL)	8	6
Housing Action Trust (HAT)	0	0
The Homeless Department*	0	1
Health		
Health professional	2	3
Adults drugs or alcohol agency	1	1
Young peoples drugs or alcohol agency	0	0
Children's Disability Team	0	0
Environmental Health/ Environmental Services	0	0
Community Mental Health Team	0	0
Child and Adolescent Mental Health Services (CAMHS)	1	1
Education		
School	9	8
Education Department /LEA	3	4
Special Educational Needs Team	1	1
Alternative Education Settings*	1	1

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[41] As there were so few families returning a third time up until 31 Match 2010 (13 families) we have not presented the analysis from the third referral in this report.

Children's Centre or other early years setting*	0	1
Offending and crime		
Local Anti-social Behaviour Team	17	14
Police	9	11
Youth Offending Service or Youth Offending Team (YOT)	10	11
YISP (Youth Inclusion Support Panel)	4	3
Probation Services	1	2
Domestic Violence Team	1	1
Noise Nuisance Team	0	0
Social, voluntary or community organisations		
Social Services (including Children and Young People's Services)	22	21
Voluntary / community organisation	2	1
Adult Community Care Team*	0	0
Neighbourhood Management Team*	0	0
Citizen's Advice Bureau (CAB)	0	0
Other		
The family referred themselves	+	0
CAF Panel*	0	1
Family support agency*	+	1
Connexions	0	0
Other family intervention team*	0	0
JobCentre Plus	+	0
Neighbour of the family	0	0
Fire service	0	0
Multi-agency Panel*	+	1
Other	4	7
None	0	0
Don't know	0	0
Bases	*272*	*6674*

Note: Percentages may add up to more than 100 as a family may have been referred by more than one agency.
*These codes were added to the FIIS in July 2009 when the combined system for ASB, Youth Crime and Child Poverty family interventions was launched.

7.2 Returning families – first Referral to family interventions and reasons for leaving

In total 272 families were referred to family interventions and returned a second time. At their first entry:

- 133 (49 per cent) families were offered and agreed to work with a family intervention immediately
- 28 (10 per cent) families were put on a waiting list for a family intervention
- 15 (6 per cent) families were offered a family intervention and declined
- 96 (35 per cent) families were not offered a family intervention.

For the 96 families who were not offered a family intervention (Table 7.2), the two most common reasons were that they did not need family intervention support (65 per cent) and that the family did not meet the referral criteria (59 per cent).

Table 7.2 First entry – reasons why families not offered an intervention	
Base: All returning families not offered intervention at first Referral	
	Total
Reasons why not offered an intervention	%
Not met criteria	59
Family intervention support not needed	65
No longer eligible	35
Family not engaging with project	3
High risk case - unsuitable for family intervention staff to visit	5
Family intervention capacity issues	3
Other	15
Base	*96*

The 161 families who were offered and agreed to work with a family intervention, or were placed on a waiting list for a family intervention progressed to the Support Plan stage. Of these, 108 families had a Support Plan put in place and 53 families left their first family intervention before a Support Plan was put in place.

The most common reasons for leaving a family intervention before a Support Plan was put in place were the family refusing the intervention (43 per cent) and the family no longer being eligible to participate in the intervention (23 per cent).

Ninety-seven of the 108 families with a Support Plan subsequently left the family intervention at a Review stage or completed their intervention and left after a planned Exit. The most common reasons for these families leaving was that the intervention had been successful (63 per cent), anti-social behaviour levels reduced (62 per cent) and that goals were satisfied (52 per cent).

The first time these families worked with a family intervention, the average (mean) duration of their intervention was approximately 11 months, with a median of nine months. The range of time between the Support Plan being put in place and the time they left a family intervention varied considerably between two and 36 months.

7.3 Returning families – second Referral to family interventions

Of the 272 families who were referred to family interventions more than once:
- 198 (73 per cent) families were offered and agreed to work with a family intervention
- 24 (9 per cent) families were put on a family intervention waiting list
- 9 (3 per cent) families were offered a family intervention and declined
- 41 (15 per cent) families were not appropriate for a family intervention

The average length of time between the first and second Referral was approximately 13 months (mean) with a median of 11 months. The range of time between first and second Referral varied considerably between zero (one day) and 46 months.

Returning families at their second entry were less likely to not be offered a family intervention or to decline the offer, in comparison to their first entry on to family interventions. Similar reasons were given for the 41 families not offered a family intervention (Table 7.3) the referral criteria had not been met (56 per cent) or family intervention support was not needed (37 per cent), for example because another service was more appropriate.

Table 7.3 Second entry – reasons why families not offered an intervention	
Base: All returning families not offered intervention at second Referral	
	Total
Reasons why not offered an intervention	%
Not met criteria	56
Family intervention support not needed	37
No longer eligible	2
Family not engaging with project	5
High risk case - unsuitable for family intervention staff to visit	0
Family intervention capacity issues	0
Other	7
Base	*41*

The most common reason for referral to the family intervention for a second time was due to anti-social behaviour of family members which was reported for just over two-thirds of returning families (68 per cent).

The 222 families who were offered and agreed to a family intervention, or were placed on a waiting list moved onto the Support Plan stage. Of these, 157 families had a Support Plan put in place and 65 families left their family intervention before a Support Plan was put in place. The most common reason for leaving the intervention before a Support Plan was put in place was the family refusing the intervention (18 per cent).

Eight-two of the 157 families with a Support Plan in place left the family intervention at a Review stage or completed the intervention and left at a planned Exit. The most common reasons for leaving the intervention were that anti-social behaviour levels reduced (50 per cent), goals were satisfied (49 per cent) and the intervention had been successful (35 per cent).

Thirteen families were referred a third time to a family intervention, and of these 11 families were offered and agreed to work with a family intervention immediately.

Of all the 272 returning families, 83 families (31 per cent) have exited the family intervention system while the remaining 189 families are still working with a family intervention. The average length of time between the first Referral and the time the

family exited the intervention for the last time was approximately 20 months (mean and median). The range of time between first Referral and the time the family exited varied considerably between three to 44 months.

The average length of time between putting in place a Support Plan in response to the second Referral and families leaving the intervention at the second entry was approximately seven months (mean and median). The range of time between the Support Plan at second entry being put in place and the time the family exited at second entry was just under a month to 26 months.

Number of returning families by financial years

Out of the 272 families that returned to the family interventions, 54 per cent returned to the family intervention in the financial year April 2009 to March 2010 (Table 7.4).

Table 7.4 Number of returners by financial year	
Base: Families who returned to work with a family intervention	
	Total
Financial year	%
April 2009 to March 2010	54
April 2008 to March 2009	36
April 2007 to March 2008	10
April 2006 to March 2007	+
Base	*272*

7.4   Profile of returning families

At first entry the profile of returning families was similar to non-returning families in terms of the number of children, special educational needs and overall adult work and education status (Appendix B Tables B.29 and B.30). However, family type and the age range of children in the household appear to have been slightly different. At first entry the children in returning families had a younger age profile with 40 percent of families having a child aged up to four, and 68 per cent of families had children aged five to eleven years, compared to 33 per cent and 59 per cent of non-returning families respectively. Looking at the profiles of only those returners who had a Support Plan at their second Referral to a family intervention, the profile is more similar to non-returners. For example, there is a slightly higher proportion of lone parent families amongst returning families with a Support Plan at their second Referral (60 per cent compared to 57 per cent at first Referral, and 67 per cent of non-returners), while the age profile of children in these families has also increased.

8   Conclusions

This report presents latest evidence about the families who worked with a family intervention up to and including 31 March 2010. It follows the headline findings which were published as a Statistical Release on 15 September 2010.

The report is based on very detailed monitoring data which family intervention staff collect to provide evidence of the capacity and throughput of family interventions, key aspects of the intervention such as weekly contact time and intervention duration, the profile of family intervention families, and the outcomes achieved by families during the intervention. A final report will be published in 2011 which will update and build on this analysis, draw conclusions from data on all the families working with a family intervention to the end of the current funding period and report on the impact assessment of family interventions.

As of 31 March 2010, 7231 families had been referred to family interventions. Of these, 67 per cent had been offered the intervention and accepted; four per cent had been put on a waiting list; three per cent had declined the intervention; and 26 per cent were not offered the intervention.

Family outcomes are identified by comparing the issues faced by the family at the Support Plan stage with those faced by the family when they exited the family intervention and as such the outcomes analysis has been restricted to families who had exited the family intervention up to 31 March 2010, rather than all family intervention families. If a family faces fewer issues in a given domain when they Exit the family intervention than they did when they first began the intervention, they are considered to have achieved a successful outcome in that specific domain.

The report focuses 12 individual issues which are categorised into four key domains:

- Family functioning and risk
- Crime and ASB
- Health
- Education and Employment.

Results for the 1952 families who had formally exited a family intervention by 31 March 2010 show a number of improvements across a range of measures:

- 65 per cent of families had some success in reducing the number of risks associated with family functioning including poor parenting, marriage, relationship or family breakdown, domestic violence or child protection issues between the Support Plan stage and leaving the intervention.

- 64 per cent of families experienced a reduction in the number of issues they had with crime and ASB between the Support Plan being put in place and leaving the family intervention.

- 56 per cent of families experienced a reduction in the number of health risks including mental or physical health and drug or alcohol problems between the Support Plan stage and leaving the family intervention.

- 48 per cent of families experienced a reduction in the number of issues in the education and employment domain between the Support Plan being put in place and when they left the family intervention.

Analysis of the successful and unsuccessful outcomes achieved by families over the course of the intervention (chapter 4), and the factors associated with these outcomes (chapter 5) in the four domains identified the importance of the duration or length of the intervention as being a key issue associated with whether a family achieves a successful outcome from a family intervention or not.

Throughout the analysis of successful and unsuccessful outcomes a recurrent finding at domain level, and the more detailed level of individual indicators is the association between the length of intervention received and successful outcomes. The longer families work with a family intervention the greater the chance that they will achieve successful outcomes in each domain. Surprisingly the number of contact hours that a family intervention has with a family did not appear to be significant. This suggests that family interventions might want to focus on providing families with consistent support over a longer period of time.

The analysis in chapter five identified a number of socio-economic characteristics associated with an increased chance of success in the four domains which help us identify where families might need differing levels of support to others.

In the family functioning and risk domain, the following characteristics were associated with an increased chance of full success, that is families who had problems in this domain before the intervention no longer had these problems when they left the intervention:

- Families with at least one member of the family aged 16 or over in work.
- Lone parent families.

The only characteristic which was positively associated with families who faced problems about involvement in crime and ASB at the start of the intervention no longer having these problems when they left the intervention was having younger children.

Families with the following characteristics were less likely to achieve this success:

- If anyone in a family had special educational needs (SEN).
- If all family members were non-white.
- Families receiving the Child Poverty family intervention.

Families with the following characteristics were less likely to have achieved a successful outcome in the health domain (i.e. any of the health problems at the Support Plan were still present when they left the intervention):

- If all family members are from a non-white ethnic group.

- Families with at least one child subject to a child protection plan.

We wait to see whether the findings from the analysis presented in this report holds true in the final monitoring and evaluation report which will update and build on the analysis included in this report.

Appendix. A : Information collected stages of the family intervention

This section summarises the nature of the information collected at each key stage of a family's progress through the family intervention.

Referral stage

Family intervention staff are asked to provide some initial details when a family has been referred to a family intervention. At this stage there is typically an initial assessment of the family's circumstances and, based on this, we ask family intervention staff to provide data on family size, composition and demographic profile, as well as information about why the referral was made. We also establish whether a family was actually offered the family intervention following their Referral, and if not, the reasons why a family intervention was not offered. For families who are offered the intervention, we ask family intervention staff to provide an initial indication of the type of family intervention that the family will receive (ASB, Child Poverty or Youth Crime). The same information about referral is provided for all families irrespective of type of intervention offered.

Support Plan stage

After a full assessment of the family's circumstances has been completed and a decision made about the initial support package they should be offered, a formal Support Plan for the family is put in place. At this stage, family intervention staff are asked to confirm the type of intervention the family will receive. They are also asked to update the information provided at the Referral stage in case there have been any changes. Information is collected on whether the family is at risk of eviction or has been evicted; ASB perpetrated by the family; enforcement or pre-enforcement actions, convictions and arrests; child protection arrangements; what benefits the family receives; employment and work status. Questions about whether family members are registered with a GP and a dentist and whether children have had their immunisations have also recently been added to the FIIS and are first asked at the Support Plan stage. Data collected at this stage provide a 'baseline' against which to measure the family's progress over the course of the intervention.

Risk factors

One key question at the Support Plan stage asks about the risk factors that family intervention staff have identified for the family. Risk factors are issues that are considered especially likely to place families at risk of ASB and other key behaviours and problems targeted by family interventions. Family intervention staff are asked to say whether the family faces any of the following risk factors:

Health
- Drinking problem / alcoholism
- Drugs or substance misuse
- Mental health problems (including stress and depression)
- Physical health problems

Education and employment
- Truancy, exclusion or bad behaviour at school
- Low educational attainment
- Lack of basic numeracy and literacy

- Lack of positive activities for children
- Difficulty with daily tasks (e.g. getting up, going out, managing daily tasks and so on)

Discrimination and crime
- Victims of racial discrimination
- Victims of sexual discrimination
- Victims of ASB
- Victims of other crimes

Family issues
- Domestic violence (this could be between any members of the family, e.g. parent to child, child to child, child to parent and so on)
- Inappropriate peer group
- Poor parenting
- Teenage pregnancy
- Child protection issues (including all types of Child Protection issues, including neglect, emotional abuse, physical abuse and sexual abuse)
- Marriage, relationship or family breakdown
- Family debt (this may include rent arrears, credit card bills, utility bills and so on).

In chapter five, we explore whether a range of possible predictive variables are associated with successful and unsuccessful outcomes for families by the end of the family intervention. The number of risk factors from this list that the family faced at the Support Plan stage is one of the potential predictive factors we consider.

Review stage(s)

Family intervention staff carry out regular formal Reviews of families' progress and at these stages we ask staff for an update on key family outcomes, such as with regard to their involvement in ASB and their status in relation to the list of risk factors. At the first Review we also ask for information about the type and amount of support provided directly by the family intervention worker and other agencies, and about any involvement that family intervention staff have had in putting in place enforcement actions. Family interventions are only asked to provide information on the support they delivered directly or actively facilitated. Because family intervention staff carry out Reviews at different intervals, the FIIS does not prescribe how frequently the family interventions should enter this information.

Exit stage

Family intervention staff are asked at the beginning of each Review stage whether they are still working with the family. If they say 'no' they do not complete the rest of the Review stage and instead are asked to enter information about the family's circumstances at Exit by completing the Exit stage. In earlier versions of the FIIS, family intervention staff who said that they were no longer working with the family at a Review stage were not always directed to complete the Exit stage. The original design of the FIIS assumed that, in such cases, the family must have disengaged from the intervention, meaning that the family intervention worker would not have up-to-date information on them. However, as the family interventions have developed, it has become clear that in some cases where family intervention workers do not implement what was originally conceived of as a 'Planned Exit' process, families may still have achieved positive outcomes and an Exit at one of the Reviews can nonetheless represent an agreed end to the

intervention. Equally, some families who have disengaged from the family intervention may still agree to a closure interview as part of a Planned Exit. For these reasons, the FIIS is being amended so that family intervention workers are now asked to complete the Exit stage regardless of when or how the Exit occurs. For families who exited at a Review stage before this amendment, for whom there is no Exit stage data, data on outcomes has been taken from the family's final formal Review and treated as Exit stage data for the family.

The information gathered at the Exit stage covers the nature of support the family received in the period between the Exit and the immediately preceding Review; the reasons for closing the case; who decided to close it and whether a lead agency has been nominated to continue to provide or co-ordinate support for the family. Data is also collected regarding outcomes for the family, by which we mean the issues still faced or no longer needing addressing by the time the family Exit the intervention.

Post–Intervention stage

Family intervention workers are also asked to enter some selected information about the family at a follow-up, Post-intervention stage, nine to 14 months after the family has exited the family intervention. These questions were introduced as part of the FIIS in August 2009 (originally only for ASB family interventions as they are the longest running, but they are now asked of all family intervention types). The aim of collecting follow-up data of this sort is to explore the sustainability of progress made and the longer-term outcomes for families who have worked with family interventions. Questions therefore focus on the issues the family are (or are not) facing after exiting the family intervention. However, it is important to note that family intervention staff have varying levels of contact with and knowledge of families after they stop working with them and, as a result, data cannot be provided for all families. As part of the analysis of the Post-intervention data (chapter six), we explore whether families for whom data was provided were systematically different to families for whom data was not provided. This analysis found that this information was more readily available for families who had experienced more successful interventions. Therefore, families with more positive outcomes are over-represented in this stage.

Appendix. B : Tables

Table B.1 Family type	
Base: All family intervention families with a Support Plan	
	Total
Family type	%
Lone parent	65
Two parent	35
Base	3665

Table B.2 Ethnicity of family members	
Base: All members of family intervention families with a Support Plan	
	Total
Ethnicity	%
White	88
Black	3
Asian	2
Other / Mixed race	7
Base	17168

Table B.3 Disabilities (physical and mental)	
Base: All family intervention families with a Support Plan	
	Total
Whether anyone in the family has a disability	%
No	62
Yes	30
Don't know	8
Base	3665

Table B.4 Special Educational Needs (SEN): family level	
Base: All family intervention families with a Support Plan, which include one or more children aged 16 or under	
	Total
Whether any children have SEN	%
No	48
Yes	33
Don't know	19
Base	3500

Table B.5 Special Educational Needs (SEN): child level	
Base: Members aged 16 or under of family intervention families with a Support Plan	
	Total
Whether has SEN	%
No	56
Yes	16
Don't know	28
Base	10263

Table B.6 Family work status	
Base: All family intervention families with a Support Plan	
	Total
Work status	%
Workless family	76
One or more family members in work	18
No information about family's work status	6
Base	3665

Table B.7 Family benefit status	
Base: All family intervention families with a Support Plan	
	Total
Benefit status	%
Claiming out-of-work benefits	81
Not claiming out-of-work benefits	12
Don't know	7
Base	3665

Table B.8 Whether family in debt	
Base: All family intervention families with a Support Plan	
	Total
Whether in debt	%
Yes	35
No	64
Don't know	1
Base	3665

Table B.9 Whether family debt includes rent arrears	
Base: All family intervention families with a Support Plan identified as being in debt	
	Total
Whether family debt includes rent arrears	%
Yes	60
No	28
Don't know	12
Do not collect this information	1
Base	1278

Table B.10 Issues with crime and ASB	
Base: All family intervention families with a Support Plan	
	Total
Issue	%
Contact with criminal justice system	36
ASB	82
Base	3665

Table B.11 Issues with education and employment	
Base: All family intervention families with a Support Plan	
	Total
Issue	%
NEET family	64
Truancy / exclusion / bad behaviour at school	60
Base	3665

Table B.12 Outcomes for family functioning and risk: odds ratios from logistic regression models		
Base: All family intervention families who had exited a family intervention and had issues relating to family functioning and risk at Support Plan stage		
Predictor	Some success	Full success
Number of issues in domain at Support Plan stage (per one-issue increase)	1.51 ***	1.15
Lone parent family	1.41	1.52 *
Ethnicity all non-white	0.52	0.51
Ethnicity mixed white and non-white	1.20	1.22
Age of youngest child (per one-year increase)	1.01	1.00
Younger parent aged 26-39	1.51	1.58
Younger parent aged 40+	1.35	1.32
Number of children under 18 (per one-child increase)	0.94	0.94
Anyone in family involved in crime	0.94	0.90
Anyone in family has SEN	0.95	0.98
Anyone in family has a disability	0.93	0.95
NEET family	0.86	0.90
Workless household	0.69	0.61 *
Family is in debt	1.27	1.30
Number of risk factors (per one risk factor increase)	0.97	0.95
Youth crime family intervention	1.37	1.40
Child poverty family intervention	1.81	1.58
Weekly hours of support provided by family intervention (per hour increase)	0.99	0.99
Duration of family intervention (per month increase)	1.07 ***	1.07 ***
Base 862 families		

Note: *p<0.05, **p<0.01, ***p<0.001

Table B.13 Outcomes for crime and ASB: odds ratios from logistic regression models

Base: All family intervention families who had exited a family intervention and had issues relating to crime and ASB at Support Plan stage

Predictor	Some success	Full success
Number of issues in domain at Support Plan stage (per one-issue increase)	2.26 ***	1.24
Lone parent family	1.11	1.11
Ethnicity all non-white	0.50	0.39 *
Ethnicity mixed white and non-white	0.81	0.70
Age of youngest child (per one-year increase)	0.95	0.95 *
Younger parent aged 26-39	1.38	1.59
Younger parent aged 40+	1.00	1.08
Number of children under 18 (per one-child increase)	0.92	0.89
Any children subject to child protection plan	0.70	0.64
Anyone in family has SEN	0.62 *	0.60 *
Anyone in family has a disability	1.38	1.37
NEET family	1.12	1.15
Workless household	0.92	0.89
Family is in debt	1.30	1.32
Number of risk factors (per one risk factor increase)	0.96	0.95
Youth crime family intervention	0.71	0.56
Child poverty family intervention	0.28 *	0.28 *
Weekly hours of support provided by family intervention (per hour increase)	1.00	1.00
Duration of family intervention (per month increase)	1.02	1.03 *
Base 671 families		

Note: *p<0.05, **p<0.01, ***p<0.001

Table B.14 Outcomes for health: odds ratios from logistic regression models		
Base: All family intervention families who had exited a family intervention and had issues relating to health at Support Plan stage		
Predictor	Some success	Full success
Number of issues in domain at Support Plan stage (per one-issue increase)	2.25 ***	1.40
Lone parent family	0.82	0.73
Ethnicity all non-white	0.41	0.26 *
Ethnicity mixed white and non-white	1.54	1.49
Age of youngest child (per one-year increase)	0.98	1.00
Younger parent aged 26-39	1.38	1.03
Younger parent aged 40+	1.04	0.68
Number of children under 18 (per one-child increase)	1.07	1.12
Any children subject to child protection plan	0.43 **	0.47 *
Anyone in family involved in crime	0.83	0.80
Anyone in family has SEN	0.69	0.68
Anyone in family has a disability	1.59	1.66
NEET family	1.05	1.05
Workless household	1.12	1.03
Family is in debt	1.47	1.19
Number of risk factors (per one risk factor increase)	0.96	0.96
Youth crime family intervention	1.93	1.99
Child poverty family intervention	0.45	0.34
Weekly hours of support provided by family intervention (per hour increase)	1.00	1.01
Duration of family intervention (per month increase)	1.07 ***	1.08 ***
Base 437 families		

Note: *p<0.05, **p<0.01, ***p<0.001

Table B.15 Outcomes for education and employment: odds ratios from logistic regression models		
Base: All family intervention families who had exited a family intervention and had issues relating to education and employment at Support Plan stage		
Predictor	Some success	Full success
Number of issues in domain at Support Plan stage (per one-issue increase)	4.71 ***	0.92
Lone parent family	0.85	1.05
Ethnicity all non-white	0.90	0.98
Ethnicity mixed white and non-white	0.55	0.47
Age of youngest child (per one-year increase)	1.06 **	1.12 **
Younger parent aged 26-39	1.13	0.86
Younger parent aged 40+	1.24	0.94
Number of children under 18 (per one-child increase)	1.04	1.12
Any children subject to child protection plan	0.27 ***	0.20 ***
Anyone in family involved in crime	1.13	1.26
Anyone in family has SEN	0.91	0.86
Anyone in family has a disability	1.30	1.47
NEET family	0.79	0.86
Workless household	0.25 ***	0.25 ***
Family is in debt	1.25	1.47
Number of risk factors (per one risk factor increase)	1.05	1.10
Youth crime family intervention	2.11	1.95
Child poverty family intervention	0.38	0.49
Weekly hours of support provided by family intervention (per hour increase)	1.00	1.00
Duration of family intervention (per month increase)	1.06 ***	1.08 ***
Base 588 families		

Note: *p<0.05, **p<0.01, ***p<0.001

Table B.16 Outcomes for family functioning and risk by individual family intervention: odds ratios from logistic regression models

Base: All family intervention families who had exited a family intervention and had issues relating to family functioning and risk at Support Plan stage

Family intervention	Model A	Model B	Model C	Model D
Family intervention 1	1.00	1.00	1.00	1.00
Family intervention 2	1.37	1.48	2.03	1.62
Family intervention 3	3.25	3.44	4.26	1.34
Family intervention 4	1.88	1.83	2.42	1.01
Family intervention 5	1.19	1.11	0.95	0.34
Family intervention 6	0.87	1.09	1.27	0.67
Family intervention 7	1.22	1.05	1.33	1.05
Family intervention 8	2.38	2.30	4.90	3.12
Family intervention 9	1.80	1.59	2.05	1.47
P-Values from Chi Square Test	0.020	0.113	0.037	0.300
Pseudo R Square	0.030	0.045	0.076	0.132
Base (families)	488	458	409	282

Note: The p-value of the chi square test indicates whether there is an overall significant difference between the nine family interventions with respect to the outcome in question. If the p-value is lower than 0.05, we can conclude that the rate of successful outcomes does indeed differ across the nine family interventions; if it is over that threshold then we cannot draw this conclusion. The pseudo R square captures the proportion of variation explained by the variables in the model, so a higher figure indicates that a model has greater explanatory power.

Table B.17 Outcomes for crime and ASB by individual family intervention: odds ratios from logistic regression models

Base: All family intervention families who had exited a family intervention and had issues relating to crime and ASB at Support Plan stage

Family intervention	Model A	Model B	Model C	Model D
Family intervention 1	1.00	1.00	1.00	1.00
Family intervention 2	1.24	1.55	1.91	1.63
Family intervention 3	2.10	2.81	4.04	2.43
Family intervention 4	1.89	2.04	2.67	2.06
Family intervention 5	1.78	1.92	1.79	1.44
Family intervention 6	1.15	1.58	2.20	1.35
Family intervention 7	1.32	1.39	1.07	0.79
Family intervention 8	1.42	1.49	2.71	2.87
Family intervention 9	1.04	1.09	1.37	0.77
P-Values from Chi Square Test	0.350	0.269	0.082	0.457
Pseudo R Square	0.013	0.021	0.044	0.104
Base (families)	531	491	427	295

Note: The p-value of the chi square test indicates whether there is an overall significant difference between the nine family interventions with respect to the outcome in question. If the p-value is lower than 0.05, we can conclude that the rate of successful outcomes does indeed differ across the nine family interventions; if it is over that threshold then we cannot draw this conclusion. The pseudo R square captures the proportion of variation explained by the variables in the model, so a higher figure indicates that a model has greater explanatory power.

Table B.18 Outcomes for health by individual family intervention: odds ratios from logistic regression models

Base: All family intervention families who had exited a family intervention and had issues relating to health at Support Plan stage

Family intervention	Model A	Model B	Model C	Model D
Family intervention 1	1.00	1.00	1.00	1.00
Family intervention 2	1.02	0.84	1.13	0.47
Family intervention 3	5.42	3.05	3.46	1.27
Family intervention 4	1.03	0.77	1.46	0.55
Family intervention 5	1.49	1.05	0.78	0.39
Family intervention 6	1.28	1.10	1.47	0.60
Family intervention 7	2.49	2.32	2.04	1.21
Family intervention 8	1.39	1.29	4.03	2.81
Family intervention 9	2.09	1.66	1.81	0.40
P-Values from Chi Square Test	0.007	0.144	0.177	0.382
Pseudo R Square	0.046	0.053	0.082	0.158
Base (families)	372	337	306	215

Note: The p-value of the chi square test indicates whether there is an overall significant difference between the nine family interventions with respect to the outcome in question. If the p-value is lower than 0.05, we can conclude that the rate of successful outcomes does indeed differ across the nine family interventions; if it is over that threshold then we cannot draw this conclusion. The pseudo R square captures the proportion of variation explained by the variables in the model, so a higher figure indicates that a model has greater explanatory power.

Table B.19 Outcomes for education and employment by individual family intervention: odds ratios from logistic regression models

Base: All family intervention families who had exited a family intervention and had issues relating to education and employment at Support Plan stage

Family intervention	Model A	Model B	Model C	Model D
Family intervention 1	1.00	1.00	1.00	1.00
Family intervention 2	2.69	1.74	2.36	3.06
Family intervention 3	4.45	2.35	3.16	2.05
Family intervention 4	1.94	1.21	1.80	0.79
Family intervention 5	1.70	1.01	0.95	0.42
Family intervention 6	2.15	1.31	1.34	0.88
Family intervention 7	1.59	1.35	1.70	1.20
Family intervention 8	1.11	1.10	2.57	2.59
Family intervention 9	2.30	1.72	2.09	0.92
P-Values from Chi Square Test	0.001	0.486	0.146	0.082
Pseudo R Square	0.039	0.106	0.180	0.250
Base (families)	545	513	508	354

Note: The p-value of the chi square test indicates whether there is an overall significant difference between the nine FIPs with respect to the outcome in question. If the p-value is lower than 0.05, we can conclude that the rate of successful outcomes does indeed differ across the nine FIPs; if it is over that threshold then we cannot draw this conclusion. The pseudo R square captures the proportion of variation explained by the variables in the model, so a higher figure indicates that a model has greater explanatory power.

Table B.20 Caseload, contact hours and duration of intervention at nine largest family interventions

Base: All family intervention families with a Support Plan			
Family intervention	Average key worker caseload	Average weekly contact hours	Duration of intervention (weeks)
Family intervention 1	6.5	11.8	36.7
Family intervention 2	4.8	9.8	79.7
Family intervention 3	5.5	12.7	57.6
Family intervention 4	3.8	9.2	35.4
Family intervention 5	4.5	8.6	45.8
Family intervention 6	5.0	7.4	31.4
Family intervention 7	3.8	7.6	27.7
Family intervention 8	5.3	9.9	24.9
Family intervention 9	6.2	11.7	66.8
Overall average	5.0	9.8	44.6
Base (families)	624	537	521

Table B.21 Outcomes for specific issues relating to family functioning and risk: odds ratios from logistic regression models

Base: All family intervention families who had exited a family intervention and had each issue at Support Plan stage				
Predictor	Poor parenting	Marriage, relationship or family breakdown	Domestic violence	Child protection issues
Lone parent family	1.08	1.49	1.27	1.03
Ethnicity all non-white	0.26 **	0.23	1.00	1.06
Ethnicity mixed white and non-white	0.52	0.82	2.03	1.98
Age of youngest child (per one-year increase)	0.94	1.00	0.93	1.05
Younger parent aged 26-39	2.02	1.33	3.74	0.76
Younger parent aged 40+	1.93	0.82	3.93	0.64
Number of children under 18 (per one-child increase)	0.88	1.06	0.64 *	1.03
Any children subject to child protection plan	0.22 ***	0.80	0.18 **	n/a
Anyone in family involved in crime	1.20	0.56	0.83	1.04
Anyone in family has SEN	0.70	1.12	1.31	1.20
Anyone in family has a disability	1.10	1.11	0.81	1.52
NEET family	0.71	2.28	0.86	1.65
Workless household	0.66	0.96	1.29	0.76
Family is in debt	1.39	1.67	1.22	1.99 *
Number of risk factors (per one risk factor increase)	0.94	0.96	1.03	0.92
Youth crime family intervention	3.01	0.62	1.52	0.84
Child poverty family intervention	2.18	0.37	0.50	1.05
Weekly hours of support provided by family intervention (per hour increase)	1.01	0.99	1.01	0.99
Duration of family intervention (per month increase)	1.03 *	1.09 **	1.22 ***	1.05 **
Base (families)	458	196	181	284

Note: *p<0.05, **p<0.01, ***p<0.001

Table B.22 Outcomes for specific issues relating to crime and ASB: odds ratios from logistic regression models		
Base: All family intervention families who had exited a family intervention and had each issue at Support Plan stage		
Predictor	Contact with criminal justice system	ASB
Lone parent family	1.03	1.14
Ethnicity all non-white	0.57	0.30 **
Ethnicity mixed white and non-white	1.13	0.49
Age of youngest child (per one-year increase)	0.97	0.96
Younger parent aged 26-39	1.29	1.53
Younger parent aged 40+	1.54	0.96
Number of children under 18 (per one-child increase)	0.92	0.89
Any children subject to child protection plan	0.26 **	0.95
Anyone in family involved in crime	n/a	0.78
Anyone in family has SEN	2.43 *	1.30
Anyone in family has a disability	0.68	0.96
NEET family	0.79	1.21
Workless household	1.73	0.99
Family is in debt	1.38	1.24
Number of risk factors (per one risk factor increase)	0.99	0.91 *
Youth crime family intervention	0.48	1.08
Child poverty family intervention	0.42	0.54
Weekly hours of support provided by family intervention (per hour increase)	1.03	1.00
Duration of family intervention (per month increase)	1.03	1.05 **
Base (families)	252	583

Note: *p<0.05, **p<0.01, ***p<0.001

	Table B.23 Outcomes for specific issues relating to health: odds ratios from logistic regression models	
Base: All family intervention families who had exited a family intervention and had each issue at Support Plan stage		
Predictor	Drug or substance misuse	Drinking problem or alcoholism
Lone parent family	1.99	1.04
Ethnicity all non-white	0.20	1.60
Ethnicity mixed white and non-white	0.40	4.33
Age of youngest child (per one-year increase)	1.05	0.91
Younger parent aged 26-39	0.30	2.55
Younger parent aged 40+	0.22 *	0.99
Number of children under 18 (per one-child increase)	1.39 *	0.91
Any children subject to child protection plan	0.95	0.48
Anyone in family involved in crime	0.60	0.76
Anyone in family has SEN	1.71	1.92
Anyone in family has a disability	0.56	1.84
NEET family	1.52	0.83
Workless household	2.35	0.53
Family is in debt	1.50	1.28
Number of risk factors (per one risk factor increase)	0.90	1.05
Youth crime family intervention	0.51	9.58
Child poverty family intervention	0.22	0.47
Weekly hours of support provided by family intervention (per hour increase)	1.02	0.99
Duration of family intervention (per month increase)	1.05 *	1.11 ***
Base (families)	213	193

Note: *p<0.05, **p<0.01, ***p<0.001

	Being a NEET family	Truancy, exclusion or bad behaviour at school
Table B.24 Outcomes for specific issues relating to education and employment: odds ratios from logistic regression models		
Base: All family intervention families who had exited a family intervention and had each issue at Support Plan stage		
Predictor	Being a NEET family	Truancy, exclusion or bad behaviour at school
Lone parent family	0.66	1.11
Ethnicity all non-white	1.90	0.54
Ethnicity mixed white and non-white	0.68	0.40 *
Age of youngest child (per one-year increase)	1.18 ***	0.96
Younger parent aged 26-39	0.54	0.79
Younger parent aged 40+	0.73	0.74
Number of children under 18 (per one-child increase)	1.21	0.86
Any children subject to child protection plan	0.28 **	0.32 **
Anyone in family involved in crime	1.48	0.99
Anyone in family has SEN	1.62	0.77
Anyone in family has a disability	0.90	0.78
NEET family	1.24	0.82
Workless household	n/a	0.74
Family is in debt	1.61	1.34
Number of risk factors (per one risk factor increase)	1.00	0.98
Youth crime family intervention	2.63	1.74
Child poverty family intervention	0.80	0.50
Weekly hours of support provided by family intervention (per hour increase)	1.00	1.00
Duration of family intervention (per month increase)	1.09 ***	1.02
Base (families)	443	405

Table B.25 Sustained success in relation to family functioning and risk: odds ratios from logistic regression models	
Base: All family intervention families who achieved a successful outcome in relation to family functioning and risk at the point of Exit and for whom data was entered into the FIIS 9-14 months later	
Predictor	
Number of issues in domain at Support Plan stage (per one-issue increase)	1.92
Lone parent family	1.00
Ethnicity all non-white	0.87
Ethnicity mixed white and non-white	-
Age of youngest child (per one-year increase)	0.99
Younger parent aged 26-39	1.49
Younger parent aged 40+	0.33
Number of children under 18 (per one-child increase)	0.79
Anyone in family has SEN	0.28
Anyone in family has a disability	0.32
NEET family	5.48
Workless household	-
Family is in debt	2.13
Number of risk factors (per one risk factor increase)	0.94
Weekly hours of support provided by family intervention (per hour increase)	0.98
Duration of family intervention (per month increase)	1.01
Base (families)	94

Note: *p<0.05, **p<0.01, ***p<0.001
Note: where no number appears, there was no variation within the category

Table B.26 Sustained success in relation to crime and ASB: odds ratios from logistic regression models	
Base: All family intervention families who achieved a successful outcome in relation to crime and ASB at the point of Exit and for whom data was entered into the FIIS 9-14 months later	
Predictor	
Number of issues in domain at Support Plan stage (per one-issue increase)	2.70
Lone parent family	0.68
Ethnicity all non-white	-
Ethnicity mixed white and non-white	-
Age of youngest child (per one-year increase)	0.98
Younger parent aged 26-39	0.53
Younger parent aged 40+	1.28
Number of children under 18 (per one-child increase)	0.91
Anyone in family has SEN	0.59
Anyone in family has a disability	8.45*
NEET family	1.25
Workless household	0.23
Family is in debt	2.96
Number of risk factors (per one risk factor increase)	0.85
Weekly hours of support provided by family intervention (per hour increase)	0.95
Duration of family intervention (per month increase)	0.99
Base (families)	103

Note: *p<0.05, **p<0.01, ***p<0.001
Note: where no number appears, there was no variation within the category

Table B.27 Sustained success in relation to health: odds ratios from logistic regression models	
Base: All family intervention families who achieved a successful outcome in relation to health at the point of Exit and for whom data was entered into the FIIS 9-14 months later	
Predictor	
Number of issues in domain at Support Plan stage (per one-issue increase)	3.11
Lone parent family	2.40
Ethnicity all non-white	-
Ethnicity mixed white and non-white	0.49
Age of youngest child (per one-year increase)	0.82
Younger parent aged 26-39	0.82
Younger parent aged 40+	0.70
Number of children under 18 (per one-child increase)	1.00
Anyone in family has SEN	0.95
Anyone in family has a disability	0.36
NEET family	1.12
Workless household	0.18
Family is in debt	0.88
Number of risk factors (per one risk factor increase)	0.88
Weekly hours of support provided by family intervention (per hour increase)	1.02
Duration of family intervention (per month increase)	0.98
Base (families)	65

Note: *$p<0.05$, **$p<0.01$, ***$p<0.001$
Note: where no number appears, there was no variation within the category

Table B.28 Sustained success in relation to education and employment: odds ratios from logistic regression models	
Base: All family intervention families who achieved a successful outcome in relation to education and employment at the point of Exit and for whom data was entered into the FIIS 9-14 months later	
Predictor	
Number of issues in domain at Support Plan stage (per one-issue increase)	4.31*
Lone parent family	0.93
Ethnicity all non-white	-
Ethnicity mixed white and non-white	2.07
Age of youngest child (per one-year increase)	1.08
Younger parent aged 26-39	0.39
Younger parent aged 40+	0.20
Number of children under 18 (per one-child increase)	1.12
Anyone in family has SEN	0.85
Anyone in family has a disability	1.50
NEET family	0.10
Workless household	3.41
Family is in debt	1.38
Number of risk factors (per one risk factor increase)	0.93
Weekly hours of support provided by family intervention (per hour increase)	1.03
Duration of family intervention (per month increase)	0.95
Base (families)	81

Note: *$p<0.05$, **$p<0.01$, ***$p<0.001$
Note: where no number appears, there was no variation within the category

Table B.29 Profile of families at Support Plan by returner status				
Base: Families who returned to work with a family intervention, and non-returning families with a Support Plan				
	Profile of families at Support Plan			
	First entry	People with SP at T2	People with SP at T1 and T2	Non-returning families
Support Plan profile	%	%	%	%
Family type				
Lone parent	57	60	67	66
Couple family	43	40	33	34
Number of children in family				
None	2	0	1	4
1 to 2	32	30	37	37
3 to 4	40	43	40	40
5+	26	27	21	20
Number of children under 18 in family				
None	2	0	1	4
1 to 2	41	41	45	43
3 to 4	36	38	42	38
5+	21	21	12	14
Age range of children in the household				
Family has children aged between 0 and 4	40	36	34	33
Family has children aged between 5 and 11	68	60	61	59
Family has children aged between 12 and 16	69	78	76	71
Family has children aged 17 or above	25	35	37	30
At least one family member has a disability	22	27	34	30
No disability	64	66	64	61
Don't know	14	7	1	8
Child within family has Special Educational Needs	34	36	39	33
No SEN	47	44	54	49
Don't know	19	20	7	19
Bases	*108*	*86*	*67*	*3464*

Table B.30 Profile of families at Support Plan				
Base: Families who returned to work with a family intervention, and non-returning families with a Support Plan				
	Profile of individuals at Support Plan			
	First entry	People with SP at T2	People with SP at T1 and T2	Non-returning families
Support Plan profile	%	%	%	%
Adult work and education status				
Full-time work i.e. 30 or more hours a week	6	3	3	7
Part-time work i.e. 1-29 hours a week	4	5	8	5
In training or education	10	8	13	9
Unemployed	41	51	52	46
Permanently sick or disabled	4	5	4	5
Looking after the home or family	16	13	13	14
Other, please specify	2	1	2	3
Don't know	18	12	4	11
Base (all individuals 16 or over)	*218*	*172*	*147*	*6798*
Ethnicity				
White	94	89	91	87
Black	1	3	1	4
Asian	+	0	0	2
Other/Mixed race	5	8	7	7
Base (all individuals at Support Plan stage)	540	*437*	*323*	*16157*
SEN				
Has SEN	18	19	18	15
No SEN	56	49	66	57
Don't know	26	32	16	28
Bases (all individuals under 16 at Support Plan stage)	*333*	*270*	*183*	*9639*

Appendix. C : Questions used for outcome indicators

The domain measures were arrived at using the following questions in the FIIS. The domains are listed with the question references and the detailed questions (to which the references pertain) from the FIIS included further on in the appendix.

Education and employment
- E3 (code 5)
- C10

Health
- E3 (codes 1-2)
- E3 (code 3) + E12 (routed through E5) (codes 5, 11, 14, 15, 22, 23)
- E3 (code 4) + E14 (routed through E5) (codes 19 and 20)

Family functioning and risk
- E3 (codes 14, 16, 18 and 19)

Crime and ASB
- E99 (ASB and YC family interventions) and E53 (CP family interventions) are used to determine whether anyone in the family is on bail, tag probation or conditional discharge.
- E25 (ASB and YC family interventions) and E53 (CP family interventions) determined whether anyone in the family has been arrested.
- C30 (more than one issue recorded)

E3.
At Support Plan stage
The next few questions are about the risk factors that the family intervention has identified for the family. As far as the family intervention staff were aware, which of these issues needed addressing at the Support Plan stage? [note: think about all members of the family when answering this question; when thinking about children, please include issues that occurred in school as well as out of school]
Please only include factors which you are certain are an issue for this family. Do not include factors for which there is no specific evidence. Please include information from multi-agency Review meetings, where available.
Please scroll down to see complete list.
Select all that apply

At Review or Exit
The next few questions are about the risk factors that the family intervention has identified for the family. As far as the family intervention staff were aware, which of these issues needed addressing at (textfill – current stage)[note: think about all members of the family when answering this question; when thinking about children, please include issues that occurred in school as well as out of school] **Please only include factors which you are certain are an issue for this family. Do not include factors for which there is no specific evidence. Please include information from multi-agency Review meetings, where available.**
Please scroll down to see complete list.
Select all that apply

Health
1. Drinking problem / alcoholism
2. Drugs or substance misuse
3. Mental Health problems (stress depression confidence anxiety nerves)
4. Physical health problems

Education and employment
5. Truancy, exclusion or bad behaviour at school
6. Low educational attainment
7. Lack of basic numeracy and literacy

8.   Lack of positive activities for children
9.   Difficulty with daily tasks [note: e.g. difficulty getting up, going out, managing daily tasks and so on]

Discrimination and crime
10.   Victims of racial discrimination
11.   Victims of sexual discrimination
12.   Victims of ASB
13.   Victims of other crimes

Family issues
14.   Domestic violence [note: this could be between any members of the family   – e.g. parent   to child, child to child, child to parent and so on]
15.   Inappropriate peer group
16.   Poor parenting
17.   Teenage pregnancy
18.   Child protection issues [note: this should include all types of Child   Protection issues, including neglect, emotional abuse, physical abuse and   sexual abuse]
19.   Marriage, relationship or family breakdown
20.   Family debt [note: this may include rent arrears, credit card bills, utility bills   and so on]
21.   Don't know at this stage (if this is chosen, no others can be selected)
22.   Other (**please specify**)
23.   The same risk factors apply (*mutually exclusive category)*
24.   None (*mutually exclusive category*)

There is then a follow-up question if truancy, poor parenting, physical health problems, mental health problems and/or drugs or substance misuse are selected:

E4. At [the time the Support Plan was put in place /Review Stage 1 / Planned Exit stage] who did these issues apply to? We may not ask you about all the risk factors identified. Please only include factors which you are certain are an issue for this family. Do not include factors for which there is no specific evidence.
Include this text if poor parenting selected : **When thinking about 'poor parenting' please tell us the parent(s) who has/have the poor parenting skills.**
    Select all [individuals] that apply

Respondents are provided with a family grid and invited to select which members the issues apply to.

E12. If Mental Health issues selected as Risk factor, the key worker is asked to choose which of these mental health issues (diagnosed and undiagnosed problems) the individual has.
1.   ADHD
2.   Alcoholism
3.   Angelman Syndrome
4.   Anorexia nervosa
5.   Anxiety, panic attacks
6.   Asperger Syndrome
7.   Autism/Autistic
8.   Bipolar Affective Disorder or manic depression
9.   Catalepsy
10.   Concussion syndrome
11.   Depression
12.   Drug addiction Dyslexia
13.   Hyperactive child
14.   Lack of confidence
15.   Nerves/ nervousness
16.   Nervous breakdown, neurasthenia, nervous trouble
17.   Phobias
18.   Schizophrenia
19.   Self-harming
20.   Senile dementia, forgetfulness, gets confused
21.   Speech impediment, stammer

22. Stress
23. Suicidal thoughts

E14. If physical health selected as Risk Factor, the key worker is asked to choose which of these physical health issues the individual has.
1. Arthritis
2. Back problems
3. Blood disorders [note: includes: Haemophilia, Anaemia]
4. Diabetes
5. Digestive system problems [note: e.g. Stomach uclers, hernia, bowel   problems]
6. Ear complaints / hearing difficulties
7. Epilepsy / fits
8. Eyesight problems / cataracts / blindness
9. Genito-urinary problems [note: e.g. kidney complaints, urinary tract infection, reproductive system disorders]
10. Heart attack / Angina
11. Infections [note: including HIV/AIDS, Tetanus, TB]
12. Joints / bones / muscle problems
13. Migraine / headaches Nervous system problems [note: includes Multiple   Sclerosis (MS), Alzheimer's, Sciatica, Myalgic Encephalomyelitis (ME)   Cancer Varicose veins / embolisms
14. Respiratory complaints [note: e.g. Bronchitis, Asthma, Hayfever] Skin   complaints [note: includes: Eczema, acne, warts] Stroke
15. Difficulty seeing a GP
16. Difficulty getting and taking medication
17. Frequent accidents
18. Frequent emergency hospital admissions
19. Lack of exercise
20. Poor diet
21. Poor sexual health
22. Obesity

C10. Adult work and education status (answer for people aged 16 or over only)
[Note: Please tell us the MAIN activity at the (*textfill current stage*) [time of Referral / the Support Plan was put in place / time of Review 1 / 2 / etc]. If more than one applies, select the first one from the top. Please include informal or cash-in-hand work in PT or FT work, as appropriate.
Select the **first** that applies
1. Full-time work i.e. 30 or more hours a week
2. Part-time work i.e.1-29 hours a week
3. In training or education
4. Unemployed [note: include those looking for work and those not looking   for work]
5. Permanently sick or disabled
6. Retired
7. Looking after the home
8. Other (**please specify**)
9. *Don't know*

E99. Which, if any, members of the family were on bail, probation, a tag or a conditional discharge at (*textfill stage***) [the time of the Referral / the time the Support Plan was put in place / Review 1/ Review 2/ etc]?**

Select all that apply

- **None of these** *(mutually exclusive.)*
- **on bail/remand** [note: A suspect who has been arrested or charged with an offence is released by the police or court on condition that they report back at a certain date and time. Sometimes the suspect has to keep to certain conditions, such as living in a particular place, or not going near witnesses]
- **on probation/ community order** [note: These include drug or alcohol treatment and testing, electronic monitoring (tagging), curfew, living at a specified address, unpaid work,

doing or refraining from doing certain things or entering certain places, or attending certain offending behaviour programmes

- **on a tag/ electronic monitoring**
- **on a conditional discharge**
- **Don't know** *(mutually exclusive for each person)*

E53. Do any of the following apply to any family members?
[only one option can be ticked for each statement]

- Family member was arrested for criminal offences between (*textfill last stage*) was put in place and the time the (*textfill current stage*) was put in place

- Family member has been convicted for criminal offences in the year prior to Referral

- Family member served a custodial sentence (i.e. been in prison or a young offenders institution) at any point in the past

- Family member had formal actions in place (Textfill - "...at the time the Support Plan was put in place"/"at the time of Review"/"at the time of Planned Exit"...)

- Family member was on bail (*textfill current stage* - "...at the time the Support Plan was put in place"/"at the time of Review"/"at the time of Planned Exit"...)

- Family member was on probation (*textfill current stage* - "...at the time the Support Plan was put in place"/"at the time of Review"/"at the time of Planned Exit"...)

- Family member was on a tag (*textfill current stage* - "...at the time the Support Plan was put in place"/"at the time of Review"/"at the time of Planned Exit"...)

- Family member was on a conditional discharge (*textfill current stage* - "...at the time the Support Plan was put in place"/"at the time of Review"/"at the time of Planned Exit"...)

1. Yes
2. No
3. Don't know
4. Don't collect this information

C30. Which of these were an issue for the family at the time *(textfill current stage)* **[the Support Plan was put in place / Review 1/ Review 2/ the Planned Exit etc]?**
[note: think about all members of the family when answering this question when thinking about children, please include issues that occurred in school as well as out of school. The issues you selected at the last stage are shown here]

Please record issues which most closely match the anti-social behaviour shown by the family. This list is not exhaustive.
Please only include behaviours which you are certain have been shown by the family. Do not include anything for which there is no specific evidence.

Anti-social behaviour is acting in a manner that caused or was likely to cause harassment, alarm or distress to one or more persons not of the same household as (the defendant). You will be asked about crimes the family committed and risk factors you have identified for the family later on. Please only include behaviour and acts listed below. If there is an anti-social behaviour shown by the family that is not listed, please use the 'other' category.

Select all that apply.
Please scroll down to see the complete list

If you don't know which issues the family has, please tick 'Other' and write 'Don't know' in the box that appears.

(If Review of Planned Exit) **If all the same issues apply, please choose *'All the same issues apply'* to move on.**

Misuse of public space
1.   Drug/substance misuse and dealing (This includes taking drugs, sniffing   volatile substances, discarding needles/drug paraphernalia*,* running a   crack house, and dealing).
2.   Street drinking
3.   Begging
4.   Prostitution (This includes soliciting, placing cards in phone boxes).
5.   Kerb crawling (This includes loitering, pestering residents).
6.   Sexual acts (This includes inappropriate sexual conduct, indecent   exposure)
7.   Abandoned cars
8.   Vehicle-related nuisance and inappropriate vehicle use (This includes inconvenient/illegal   parking, car repairs on the street/in gardens, setting   vehicles alight, joy-riding, racing cars,   off-road motorcycling, cycling/skateboarding in pedestrian areas/footpaths.)

Disregard for community / personal well-being
9.   Noise (This includes noisy cars/motorbikes, loud music, alarms (persistent ringing/malfunction).
10.   Rowdy behaviour (This includes shouting and swearing, fighting, drunken behaviour, hooliganism/loutish behaviour).
11.   Noisy neighbours
12.   Nuisance behaviour (This includes urinating in public, setting fires (not directed at specific persons or property), inappropriate use of fireworks,   throwing missiles, climbing on buildings, impeding access to communal areas, games in restricted/ inappropriate areas, misuse of air guns, letting   down tyres).
13.   Hoax calls (This includes false calls to emergency services)
14.   Animal-related problems (This includes uncontrolled animals).

Acts directed at people
15.   Racial Intimidation/harassment (This includes groups or individuals making   racially motivated threats, verbal abuse, bullying, following people,   pestering people, voyeurism,   sending nasty/offensive letters, obscene/nuisance phone calls, menacing gestures).
16.   Other Intimidation/harassment (This can be on the grounds of sexual   orientation, gender,   religion, disability, age or on other grounds. This   includes groups or individuals making threats, verbal abuse, bullying,   following people, pestering people, voyeurism, sending nasty/offensive letters, obscene/nuisance phone calls, menacing gestures)

Environmental Damage
17.   Criminal damage/vandalism (This includes graffiti, damage to bus shelters,   damage to phone kiosks, damage to street furniture, damage to   buildings, damage to trees/plants/hedges).
18.   Litter/rubbish (This includes dropping litter, dumping rubbish, fly-tipping,   fly-posting).
19.   Other (please specify
20.   Don't Know
21.   All the same issues apply (*mutually exclusive category*)
22.   None *(mutually exclusive category)*

Appendix. D : Statistical modelling

This appendix provides more details information about the statistical modelling presented in chapter 5.

As outlined at the beginning of chapter 5, as the analysis comprised of all families who exited on or before 31 March 2010 and who were identified as having a specific problem when their Support Plan was put in place, the base sizes for the models vary between domains, and individual measures.

The base sizes for each of the four domain models presented in section 5.1 are as follows:

- Family functioning and risk (n=1229)
- Crime and ASB (n=957)
- Health (n=1196)
- Education and employment (n=1427)

The base sizes for individual measures models presented in section 5.3 are as follows:

- Poor parenting (n=1204)
- Domestic violence (n=451)
- Marriage, relationship and family breakdown (n=492)
- Child protection issues (n=477)
- Crime (n=558)
- Anti-social behaviour (n=1543)
- Drugs and substance misuse (n=597)
- Drinking/ alcohol problems (n=531)
- Mental health (n=1047)
- Physical health (n=155)

Variables included in the domain models
For each of the domains we tested whether the following range of factors, as recorded by the family intervention worker at the Support Plan stage, were associated with successful or unsuccessful outcomes in each domain:

- The number of the individual measures in the relevant domain that the family were experiencing problems with at the point that a Support Plan was put in place
- Whether it is a lone parent or two-parent family
- Whether all family members are white; all family members are non-white; or the family includes both white and non-white members
- The age of the youngest child
- The age of the youngest parent (25 or under; 26-39; or 40+)
- The number of family members aged under 18
- Whether any children in the family were subject to a child protection plan
- Whether anyone in the family had been involved in criminal activity
- Whether anyone in the family has SEN or other special needs, with or without a statement
- Whether anyone in the family has a mental or physical disability
- Whether all adults aged 16 or over in the family are NEET
- Whether the household is workless
- Whether the family are in debt

- The number of risk factors faced by the family at the Support Plan stage (as measured by a specific question in the FIIS about number of risk factors[42])
- The type of family intervention (ASB, Youth Crime or Child Poverty)
- The average weekly contact hours that the family intervention had with the family
- The length of time for which the family intervention worked with the family.

Variables included in the individual issue models

The potential predictors of successful and unsuccessful outcomes used in these models were the same as those used for modelling outcomes at domain level, except for the number of measures that the family faced difficulties with within the domain faced at the Support Plan stage, which obviously did not apply at the individual issue level. Thus, the potential predictors we tested were:

- Whether it is a lone parent or two-parent family
- Whether all family members are white; all family members are non-white; or the family includes both white and non-white members
- The age of the youngest child
- The age of the youngest parent (25 or under; 26-39; or 40+)
- The number of family members aged under 18
- Whether any child in the family is subject to a child protection plan
- Whether anyone in the family has been involved in criminal activity
- Whether anyone in the family has SEN or other special needs, with or without a statement
- Whether anyone in the family has a mental or physical disability
- Whether all adults aged 16 or over in the family are NEET
- Whether the household is workless
- Whether the family are in debt
- The number of risk factors faced by the family at the Support Plan stage (as measured by a specific question in the FIIS about number of risk factors[43])
- The type of family intervention (ASB, Youth Crime or Child Poverty)
- The average weekly contact hours between the family intervention and the family
- The length of time for which the family intervention worked with the family.

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[42] This refers to a specific question about certain issues the family faced at the Support Plan stage, which were considered to put them at particular risk of ASB and other key behaviours and difficulties targeted by family interventions. These issues are listed in section 1.3, under the heading 'Support Plan stage'.

[43] This refers to a specific question about certain issues the family faced at the Support Plan stage, which were considered to put them at particular risk of ASB and other key behaviours and difficulties targeted by family interventions. These issues are listed in section 1.3, under the heading 'Support Plan stage'.