Evaluation of Intensive Intervention Projects

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Table of Contents

List of figures and tables

Executive summary

Background

The government is committed to helping to transform the lives of the most vulnerable families through Intensive Family Interventions. As part of the previous government's Children's Plan and Youth Taskforce Action Plan, 20 Intensive Intervention Projects (IIPs) were established, delivered by a range of public and third sector organisations. The IIP programme was allocated £13m of funding between April 2009 and 2011. The IIPs aimed to turn around the lives of up to 1,000 of the most challenging and problematic young people aged 8-19, each year through addressing a range of risk factors, using a contractual approach combining support and sanction.

The Department for Education (formerly the Department for Children, Schools and Families) commissioned a qualitative and cost-benefit evaluation of IIPs to complement the evaluation of IIPs being conducted by the National Centre for Social Research (NatCen). The evaluation included longitudinal case studies of 15 young people and economic analysis in five IIPs and interviews with key stakeholders involved in the national IIP programme.

Key findings

- The presenting problems of young people and their families were extensive and complex and were underpinned by five underlying factors: **learning difficulties**; **violence** (domestic and neighbourhood); **bereavement**; **family break up**; and (linked) **mental health issues**. These factors needed to be addressed in order to facilitate transformative and sustainable change.

- Progress for the young people was complicated and seldom linear, but rather was characterised by periods of advance and regression, influenced by fluid family and neighbourhood situations and moments of crisis. Many young people and/or their families continued to require support in the period following IIP interventions.

- In two thirds of the case studies, 'hard' transformative outcomes had been achieved, including cessations or reductions in offending or anti-social behaviour and improvements in education. These outcomes were also reported by stakeholders across the national programme. The 'distance travelled' by young people should be an important measure of assessment.

- IIPs often achieved 'soft' transformative outcomes including reduced risky behaviours, enhanced psychological wellbeing and social and parenting skills, and improved domestic environments (emotional, social and physical). IIPs had also achieved crisis management or the stabilisation of young people and families which were essential to the further achievement of transformative outcomes.

- The IIPs represent good value for money. The average cost of a successfully closed case was about £35,000. The IIP intervention generated average savings from prevented expenditure over five years with an average present value of about

£280,000 per person for a sample of young people with positive outcomes from the case study sites. With a return of £8 of savings per £1 spent, these figures indicate significant quantifiable cost-benefits from the intervention (as well as the many qualitative benefits for the young people and their families).

- The strengths of the IIP model included: the perceived independence of IIPs; the use of key workers; a holistic whole family approach; relatively small case loads and flexible working hours; ability to effectively engage and assess young people and families and support them over a significant period of time; the use of personalised budgets; the diversity of IIP workers' roles; and co-ordination of multi-agency support.

- The relationship between IIP workers, young people and other family members or social peers was the central and most significant factor in achieving positive change. This was based upon a persistent, non-judgemental and assertive approach. This relationship and the use (or withholding) of informal rewards and incentives were more important than formal enforcement action or sanctions in affecting change.

- Partnership working was essential to the effectiveness of IIPs. This required access to specialist services and flexibility in statutory provision, combined with support for families to engage effectively with a range of agencies.

- IIPs faced a series of challenges, including the scale and complexity of young people's and families' problems; ensuring and maintaining the engagement of young people and other family members; issues around funding and case loads; and tensions and difficulties in partnership working, including securing post IIP exit support packages.

Intensive Intervention Projects

20 Intensive Intervention Projects (IIPs) were established as part of the previous government's Youth Task Force Action Plan. The IIPs were initially focused on providing support to the most challenging individual young people who were not being supported, or effectively supported, by other services. The IIPs were based on a key worker outreach model, utilising an assertive and persistent approach, framed within a contract and a balance of support and sanction. Each IIP was expected to work with up 50 young people annually, with each case lasting between six and twelve months. IIPs were expected to significantly reduce offending and anti-social behaviour, tackle substance misuse and risks of homelessness and improve participation in education and training. IIPs were established across England and delivered by eight local authorities, six third sector organisations and one registered social landlord.

Conceptualising Intensive Family Interventions

Intensive Family Interventions, including IIPs, are located within a broader and complex context of influences and interactions impacting upon a young person and their family or household. Intensive Family Intervention workers undertake five key roles: engagement, assessment, development of support plans and contracts, provision of support and exit

planning. Three main categories of support are provided: assessment, direct support (emotional, practical and financial) and liaison with other services (including referral to further support and advocacy with other agencies). Potential outcomes from Intensive Family Interventions include crisis management, stabilising a family and achieving transformative change (through 'soft' and 'hard' elements).

Young people's IIP journeys

The case study young people detailed in this report had significant presenting issues: anti-social behaviour and offending; non-attendance at school and a range of risk factors (mental and physical health, home and neighbourhood environment, substance misuse, negative peer groups, gang-related activity, problematic parenting, poverty, difficult transitions from education and inappropriate sexual conduct).

The history, scale and complexity of family issues meant that ensuring the engagement of young people and their parents was often challenging and engagement could continue to fluctuate over the duration of an intervention. However, in almost all cases, some level of engagement was achieved. The persistence and assertiveness of IIP workers, allied to their informal and non-judgemental approach, the capacity to work intensively over a period of time with a young person and family, and the ability to deliver some positive outcomes (in terms of practical help or positive activities) were the key to securing this engagement.

The direct support provided to young people and their families by IIP workers was the primary mechanism for achieving progress and positive outcomes, based on providing contexts where young people could be listened to and reflect on their situations and where a range of emotional and practical support could be delivered. A multi-agency whole family approach and access to specialist services were also essential in providing the context for sustainable positive outcomes and beginning to address the underlying issues affecting vulnerable young people and their families. The advocacy role of IIPs faced a series of challenges, relating to the relative power and status of IIP workers in agency networks and processes and the criteria thresholds for accessing mainstream services.

Some young people (and their parents) continued to be involved in anti-social behaviour or offending and were not attending education provision. A small number of cases were exited from IIPs with limited obvious progress having been made in addressing presenting issues and, even in cases where significant progress was made in some aspects of young people's lives; the IIPs recognised that other issues remained unresolved.

However, for two thirds of case study young people, anti-social behaviour or offending had been significantly reduced or had ceased entirely, and improvements had been made in school attendance or engagement with further or alternative education. The IIPs had achieved 'soft' transformative outcomes such as reduced risky behaviours, enhanced self-esteem and confidence and improved domestic environments (emotional, social and physical) or had managed to stabilise families so that interventions aimed at achieving transformative outcomes could be put in place. IIPs performed a crucial function in crisis management, which was very significant in preventing situations escalating for many of these young people and their families and which is an essential prerequisite to stabilising families and ultimately achieving transformative outcomes. Young people and their parents

were almost universal in their belief that the IIPs had been a positive experience for themselves and that these interventions were directly linked to the achievement of significant progress and outcomes.

Economic cost benefit analysis

Analysis was conducted of outcomes and costs data from five case study IIPs. The analysis found that the IIP programme provides a flexible, cost-effective approach to working with troubled young people, many of whom have profound and persistent deep-seated problems. About a quarter of the young people with contracts had achieved a key worker-reported successful exit from the IIP by the end of 2010. The average number of months per closed case ranged from 7.9 to 13.4 months. The average number of months per successfully closed case was slightly higher, at 8.5 to 14.3 months.

The average cost per successfully closed case was about £35,000 (though it ranged from about £26,500 to £30,700 for most of the case study sites). Non-intervention and subsequent costs and expenditure accrued, on aspects such as crime, custodial accommodation, local authority accommodation, exclusion from education and not being in education, training or employment are substantial. For example, the potential life time public finance costs of a prolific offender have been estimated at over £2m. Based on the experiences of a number of young people with positive outcomes from the case study sites, this study estimated the average present value of savings over a period of five years to be about £280,000 per young person. This return of £8 of avoided costs for £1 of IIP expenditure indicates that IIPs represent good value for money (although additional research is needed to determine if the positive behavioural changes are sustained over time). Nevertheless, with an annual expenditure of £200,000 and a caseload of about 20-30 young people at any one time, an IIP does not need many successful outcomes to generate cost savings that greatly exceed expenditure by the IIP.

Considerable changes and improvements were often made by other members of a young person's family but this could not be captured and quantified in the analysis. IIPs could also generate additional costs for service providers in the short term, by identifying needs and referring young people and families to supportive interventions. These costs should be balanced with the longer term savings that may arise from this additional support being provided. It was not possible to identify from the available data if the efficiency of the IIPs could have been improved by adopting other working practices.

Perspectives from the national IIP programme

IIPs were reported to have achieved positive outcomes through crisis management and risk reduction; stabilising family circumstances and bringing about transformative changes for young people and their families. These outcomes had often been sustained in the period following an IIP intervention. The complexity of quantifying and verifying these outcomes was acknowledged, but the 'distance travelled' by a young person was regarded as a crucial element of measurement and assessment.

A number of key principles and effective working practices were identified, including: accurate and comprehensive assessments of whole family needs; linking contracts and work plans to specific needs; creatively engaging young people and families in a persistent and resilient manner; working with a range of family members and peer groups; utilising a range of one to one, group work and peer support; personal budgets; and strong partnership working. Key strengths of the IIP model included IIP staff, flexible working hours and smaller case loads; the key worker approach; differentiation from statutory services; and the diversity of the IIPs (in terms of providers, target groups and issues and intervention approaches).

IIPs faced a number of challenges including referral and assessment processes; securing and maintaining the engagement of young people and families; relationships with partner agencies; the scale, extent and complexity of young people's and families' problems; and staffing issues. A number of weaknesses in the original conceptualisation of IIPs were identified, including the focus on sanctions and working with individual young people rather than families; the time-limited nature of, and envisaged case loads within, the programme; the qualifications and relative power of IIP workers; and the policies, thresholds and resources of statutory agencies.

Project workers were required to adopt a non-judgemental, persistent and committed approach that empowered young people and families and enabled them to take some ownership of problems. This required working at the pace of families. Project workers were required to undertake a diverse set of functions, including liaison and advocacy with other agencies, which could be very challenging. Area leads had facilitated partnership working, resolved conflicts and disseminated good practice and mutual learning.

There was a complex relationship between support and sanction, but the relationship between IIP workers and young people and families was the most important mechanism for achieving change. The informal use (and withholding) of rewards was a more predominant element of IIPs approaches than formal sanctions.

IIPs were reported to have achieved value for money through: reduced incidents of offending and anti-social behaviour and preventing escalating enforcement action; reduced numbers of children being taken into care or excluded from education; increased engagement with support services, training and employment; and more effective targeting and coordinating of cases.

The IIPs were believed to have provided additionality in their localities through: engaging and supporting young people and families not being supported by any other agency; filling gaps in provision to particular groups; enhancing understanding of needs and linking these more effectively to interventions; and shaping mainstream statutory support services. Some IIPs had sought to enhance their additionality through the use of sessional workers and volunteers and undertaking group work to increase the number of young people being supported. Both value for money and additionality were difficult to evidence and quantify.

Policy implications

The findings support key elements of the government's strategic approach, including:

- The need for Intensive Family Interventions to be based upon a holistic whole family approach with a coordinated and proactive role for statutory and voluntary agencies, local communities (including peers and neighbours) and families (including extended families) themselves.

- Conceptualising Intensive Family Interventions as addressing inter-generational cycles or vulnerability, which provide the embedded context within which 'early intervention' is actually delivered.

Addressing existing weaknesses in the relationship between support and sanctions and ensuring that the availability of support and the effective take up of this support is improved. However, sanctions are very limited as both a deterrent to behaviour and motivation to engage with support for this vulnerable group. There are issues that national policy should consider, including:

- Voluntary sector organisations are not in a position to independently and entirely fund all of these interventions and, although there is an important role for local communities and volunteering, this should not take the form of directly substituting for the withdrawal of other sources of funding or specialist and highly qualified expertise.

- There needs to be an acknowledgement of the wider processes of disadvantage impacting upon vulnerable families and the communities in which they are located. Lack of employment and training opportunities, poor physical environments, inappropriate housing conditions, illegal drugs regimes, financial/debt exploitation, domestic violence and very limited household incomes provide the context of the vulnerability of these families and these issues should be tackled at the macro level by government. It is also important that the government considers how proposed changes to the welfare and benefits system (including employment, education, housing and incapacity) will impact on these vulnerable households.

- The public sector should continue to have a key role to play in Intensive Family Intervention programmes and needs to be resourced to do so, otherwise there is a risk that Intensive Family Interventions become a substitute for statutory services rather than providing additionality and that threshold criteria for supporting individuals and families are raised, resulting in families with complex needs not receiving the support that they require.

- A stronger case should be made for the economic viability and sustainability of Intensive Family Interventions and the significant cost-benefits that they achieve. These benefits accrue to a range of agencies who should therefore consider contributing resources to Intensive Family Interventions.

The findings have implications for local policy makers, including:

- Consideration should be given to how a range of agencies and organisations could more meaningfully contribute to Intensive Family Interventions and the provision of support to vulnerable young people and their families. For example, local areas should seek, in a multi-agency framework, to develop a pool of workers who can

deliver the engagement, assessment and linking to services roles performed by IIP workers.

- There is a need for greater flexibility in statutory service provision to vulnerable families. This includes reviewing threshold criteria and missed appointment policies; undertaking home visits; and enhancing the role and influence of intensive intervention workers in referral processes and needs assessments.

- Current mechanisms, such as Common Assessment Frameworks, may not always capture the actual extent and complexity of issues impacting upon vulnerable young people and families.

- The use of personalised budgets and spot purchasing provision, allied to the innovation and autonomy of workers, is a very significant factor in achieving progress and change for young people and their families.

- The costs of delivering Intensive Family Interventions need to be considered in the broader contexts of improved coordination and reduced duplication and longer term economic savings.

- The potential to utilise resources within communities, such as peer mentors, volunteers and local organisations should be explored. There are examples of such developments in local areas (including provision of counselling services, community champions and a mentoring role for families who have successfully participated in intensive intervention programmes).

Acknowledgements

1   Introduction

This report presents the findings of an evaluation of the Intensive Intervention Project (IIP) programme.

1.1 Background

The new government is committed to developing more effective responses to anti-social behaviour and the rehabilitation of offenders (HM Government, 2010; Home Office, 2010; Ministry of Justice, 2010). This includes establishing an Early Intervention Grant fund and enhancing the use and take up of measures to address underlying causes and to support the most vulnerable families. The development and expansion of Intensive Family Intervention Projects were a key element of the previous government's emphasis on early intervention, whole family and family-centred approaches. These projects used a key worker and multi-agency partnership model to address the holistic needs of vulnerable families and the existing research evidence suggests that these projects, and related parenting and early years interventions, generally achieved significant and positive outcomes and were economically effective.

As part of the *Children's Plan* and *Youth Task Force Action Plan*, the previous government established 20 Intensive Intervention Projects (IIPs) in England, aiming to turn around the lives of up to 1,000 of the most challenging and problematic young people, aged 8 to 19, each year. The IIP programme was funded by £13m between April 2009 and March 2011. The IIPs were to be delivered by a range of public and third sector organisations and aimed to address a range of risk factors in order to reduce young people's involvement in anti-social behaviour, crime, homelessness and substance misuse and to improve their participation in education and training. The IIPs were to be based on a contract between the projects, young people and their parents, combining a balance of support and sanction.

1.2 The research

The Department for Education (formerly the Department for Children, Schools and Families) commissioned Sheffield Hallam University and Mill Mount Consulting to evaluate the IIP programme. This research complemented the evaluation of the IIP programme undertaken by the National Centre for Social Research (NatCen). The evaluation focused on qualitative longitudinal tracking of 15 case study young people and their families through IIP interventions and an economic cost-benefit analysis of five IIPs. In addition, the evaluation included key stakeholder perspectives on the national IIP programme.

The aims of the research were to use an individual longitudinal case study approach to provide in-depth insights into how different IIPs were working, what IIPs added to existing provision and how IIPs were experienced by young people.

The research was conducted between February 2010 and December 2011 and included interviews with Youth Taskforce regional area leads, IIP managers and workers; regular

communication with young people subject to IIP interventions, their parents/carers and their IIP workers; and analysis of IIP data provided by the projects and Nat Cen.

1.3 About this report

The following chapter (Chapter 2) provides details of the IIP programme, the policy context of the current and previous governments and the existing evidence about intensive family interventions. Chapter 3 gives an account of, and reflection upon, the research methodology. Chapter 4 develops a conceptual framework for evaluating the interventions and outcomes of the IIPs. Chapter 5 presents summary accounts of the journeys of 15 case study young people through IIP interventions, complemented by journey maps. Chapter 6 reflects upon the key findings and messages arising from these young people's journeys and outcomes. Chapter 7 analyses the financial resources and consequences of five case study IIPs and assesses their economic cost-benefits. Chapter 8 presents perspectives on the national IIP programme from IIP managers, workers and regional area leads. Chapter 9 offers conclusions. Annex A provides more detailed narrative accounts of the 15 case study young people's journeys and Annex B provides further examples of reported positive outcomes from IIP interventions.

2 Policy context and existing research evidence

2.1 Introduction

This chapter provides details of the Intensive Intervention Project programme. It places the programme within its wider policy context, particularly relating to the emphasis on intensive approaches and the emerging agenda of the new government. The chapter then provides a summary of the existing research evidence on intensive family interventions, and related, projects.

2.2 The Intensive Intervention Projects programme

The Youth Task Force Action Plan (Department for Children, Schools and Families, 2008), delivered as a commitment within the Children's Plan (Department for Children, Schools and Families, 2007) made a commitment to establish 20 Intensive Intervention Projects (IIPs). These projects were conceptualised as an extension of existing Family Intervention Projects (FIPs) and aimed to turn around the lives of up to 1,000 of the most challenging and problematic young people each year. The IIPs were based on the principles of an assertive and persistent approach, with support coordinated by a key worker. The IIPs would be based on a contract which outlined the consequences of not changing behaviour in exchange for intensive support (Department for Children, Schools and Families, 2008). £13m was to be spent on the IIPs, which were to be established by April 2009, with funding continuing to the end of March 2011. The projects were expected to significantly reduce anti-social behaviour, reduce crime, improve participation in education and training, tackle substance misuse and reduce homelessness. It was envisaged the IIPs would be delivered by both statutory and third sector providers (Department for Children, Schools and Families, 2008).

The IIP model was developed in recognition that a small number of young people involved in crime and anti-social behaviour were not actively engaged through current service provision. The IIPs would target young people before they entered the criminal justice system and provide help to those young people and their families who demonstrated a number of risk factors but did not traditionally meet the thresholds for statutory or specialist services (Department for Children, Schools and Families, 2009a). The IIPs were envisaged as working with young people aged eight to nineteen years old, with each IIP working with up to fifty young people each year, based on an assumption of each IIP having, on average, three key workers, each working with between 10 and 12 young people, with cases lasting at least six months and some cases perhaps over 12 months. Although the IIPs were viewed as being closely related to Anti-Social Behaviour FIPs by virtue of their contract-based approach to engaging young people and families and their anti-social behaviour and crime related objectives; IIPs explicitly targeted individual young people within families (and this could include families which were not necessarily defined as problematic; Department for Children, Schools and Families, 2009a). In practice, the IIPs often provided support to other family members, though direct key worker interventions, engagement with FIPs or referral to other services.

The IIPs were required to accelerate integrated multi-agency working through the use of an assigned key worker and to have strong partnership arrangements in place. The IIPs should also be innovative and based on evidence of what works and good practice. They were expected to take referrals from across a local authority area, targeting those considered most at risk of entering the criminal justice system or with an existing particular issue related to anti-social behaviour (Department for Children, Schools and Families, 2009a). The target group included young people identified as being involved in crime or anti-social behaviour; involved in, or at risk of, substance abuse; persistent absentees or excluded from school or not in employment education or training; presenting as homeless or at risk of homelessness. The following (non-exhaustive) range of risk factors was also identified (Department for Children, Schools and Families, 2009a):

- Teenage pregnancy
- Young teenage parents
- Poor family support and support networks
- Family or friend involvement in gangs or with criminal convictions
- Poor aspirations/ poor emotional social or coping skills
- Learning difficulties and disabilities
- Children of parents with substance misuse problems
- Low educational attainment/ attendance
- Living in a deprived neighbourhood and/or poverty

Following an expressions of interest process, the following 20 IIPs were established:

Table 2.1: IIPs and delivery organisations

Project Area	Delivery Organisation	Organisation Type
Birmingham	Novas Scarman	Third Sector
Bolton	Bolton Council	Local Authority
Bournemouth	Catch22	Third Sector
East Sussex	CRI	Third Sector
Gateshead	Barnardos	Third Sector
Haringey	Catch22	Third Sector
Liverpool	Liverpool City Council	Local Authority
Manchester	Manchester City Council	Local Authority
Middlesbrough	Tees Valley Housing	Registered Social Landlord
Newcastle	Newcastle Council	Local Authority
Newham	CRI	Third Sector
Northamptonshire	Catch22	Third Sector
Nottingham	Nottingham City Council	Local Authority
Peterborough	YMCA	Third Sector
Sandwell	Sandwell Council	Local Authority
Sheffield	Sheffield City Council	Local Authority
Southampton	Catch 22	Third Sector
Swindon	Swindon Borough Council	Local Authority
Trafford	Rathbone	Third Sector
Walsall	Rathbone	Third Sector

In summary, eight IIPs were delivered directly by local authorities, one IIP was delivered by a registered social landlord (Tees Valley Housing) and 11 IIPs were delivered by six third sector organisations: Barnardos, Catch22 (four projects), CRI (two projects), Novas Scarman, Rathbone (two projects) and YMCA. It should be noted that some of the IIPs subsequently delivered by these third sector organisations were originally contracted to local authorities.

In addition to the governance and partnership arrangements developed in each local area, the Department for Education (formerly the Department for Children, Schools and Families) established a national policy lead and six regional area leads to provide additional support to the IIPs on a regional cluster basis, within a wider remit including delivery support for the Youth Crime Action Plan and Challenge and Support programmes.

2.3 The policy context

Intensive Family Interventions are located within a wider policy context. A key focus of both the previous and current governments is early intervention and a whole-family and family-centred approach (Department for Children, Schools and Families, 2009b; Department for Children, Schools and Families, 2010a, 2010b and 2010c; Hughes, 2010; Loveless and Hickling, 2010). This approach has been highlighted in *Every Child Matters, the 2007 Children's Plan,* the *Healthy Children, Safer Communities Strategy,* the *Youth Task Force Action Plan* and the *Think Family* initiatives (HM Government, 2004; Department for Children, Schools and Families, 2007; HM Government, 2009; Department for Children, Schools and Families, 2008; Cabinet Office, 2007). A range of national and pilot programmes have been established to ensure more intensive early intervention and preventative approaches are delivered to the most vulnerable and at risk children, young people and families. These include, for example, the *Healthy Child Programme*, the *Nurse-Family Partnership* programme (see Barnes et al., 2008 and 2009) and the *Sure Start* programme. These initiatives sit within the wider framework of statutory guidance provided by *Working Together to Safeguard Children* (Department for Children, Schools and Families, 2010a).

As part of the Youth Crime Action Plan, every local authority was provided with funding to implement *Think Family* services and system reforms. Fifteen *Think Family Pathfinders* were selected, with a focus upon the most vulnerable families not currently being helped by services and delivering preventative work to avoid situations escalated. The principles of these Pathfinders were explicitly linked to those of Family Intervention Projects (see Kendall et al., 2010; Department for Children, Schools and Families, 2010b). Fourteen *Targeted Youth Support Pilots* were also established in 2005 to provide personalised packages of support at the earliest opportunity to vulnerable and at risk young people (see Palmer and Kendall, 2009).

A national network of *Family Intervention Projects* (FIPs) was established during 2006-2007 as part of the *Respect Action Plan* (Respect Task Force, 2006). 53 FIPs were included in this network, including 34 new projects and 19 previously existing projects. This national network had been preceded by a number of longer-established local projects and initiatives, including the Dundee Families Project, five projects delivered by NCH and local authorities,

a project established by Sheffield City Council and the Rochdale Inclusion Project operated by Shelter (see Dillane et al., 2001; Scott, 2006; Nixon et al., 2006 and 2008; Jones et al., 2006a and 2006b). FIPs can be delivered through outreach support to families in their own homes, support in dispersed (temporary) accommodation or 24 hour support in a residential unit. By March 2010 there were three principal types of FIPs, each with a different emphasis: Anti-social Behaviour (aiming to reduce anti-social behaviour and prevent homelessness), Child Poverty (aiming to address poverty and worklessness) and Youth Crime (aiming to address the risk of children offending). As of March 2010 there were 68 Anti-social Behaviour FIPs, 32 Child Poverty FIPs and 150 Youth Crime FIPs in England (Dixon et al., 2010; National Centre for Social Research, 2009). In April 2010 two new types of family intervention were established, respectively part-funded through Housing Challenge and focusing on women offenders. The Scottish Executive (now Scottish Government) also established a *Breaking the Cycle* network of family intervention projects (see Pawson et al., 2009).

The *Youth Task Force Action Plan* established 52 *Challenge and Support Projects* from October 2008. These projects were aimed at preventing poor behaviour from escalating by supporting multi-agency working and solutions. The projects were expected to significantly reduce anti-social behaviour involving young people and to reduce first time entrants to the criminal justice system. It was envisaged that the projects would involve more than 15,000 young people and their families each year (Department for Children, Schools and Families, 2008).

The new government is establishing a national programme focusing on turning around the lives of families with multiple problems, underpinned by Community Budgets, allowing local areas the freedom and flexibility to pool funding for these families and the dissemination of good practice. The government has also created a single *Early Intervention Grant* to run from April 2011, worth around £2b by 2014-15. This will draw together a range of funding streams and, alongside the *Public Heath Grant*, will enable local authorities to take a strategic approach to providing support to vulnerable young people and families (HM Government, 2010). Key themes within the government's approach include early intervention, multi-agency working, promoting the role of families, partners, carers, peers and community champions and expanding the role of non-state service providers (HM Government, 2010; Ministry of Justice, 2010). The government's proposals for more effective responses to anti-social behaviour, currently subject to consultation, highlight the importance of enhancing the provision, and take up, of support to address the underlying causes of behaviour, including Intensive Family Interventions (Home Office, 2011).

At the time of writing, the government had also commissioned a series of reviews, including the Graham Allen Review of Early Intervention (see Allen and Duncan Smith, 2010), the Munro Review of Child Protection, the Frank Field Review of Poverty and Life Chances, the Family Justice Review and will be producing the Child Poverty Strategy by April 2011. These reviews were occurring within a context of the need for savings in the current economic climate and the pressures of increasing demand on children's services (Department for Education, C4EO and ADCS, 2010; Local Government Leadership and City of Westminster, 2010).

2.4 Existing research evidence

Outcomes

A series of evaluation studies have been undertaken of Family Intervention Projects (FIPs). It should be noted that each of these evaluation reports contain a number of caveats that the researchers themselves have identified in terms of the limitations of the data.

- The most recent findings from the monitoring and evaluation of family interventions (Dixon et al., 2010) found, based on 1952 families that had completed a family intervention by 31 March 2010, that: 65 per cent of families with family functioning problems experienced a reduction in the number of their problems, including poor parenting, relationship or family breakdown, domestic violence or child protection; 64 per cent of families reported to have involvement with crime and anti-social behaviour experienced a reduction in the number of issues they were involved in; 56 percent of families reported to have a health risk had reduced these risks; and 48 per cent of families of families with educational or employment problems had reduced the number of these problems. Families were less likely to have achieved a successful outcome in relation to mental health or worklessness. The study also found that the length of engagement with a family intervention was related to successful outcomes, but not the number of contact hours.

- The evaluation of the design, set-up and early outcomes of the 53 FIPs established as part of the Respect Action Plan (White et al., 2008) found that over three quarters of referred families met the referral criteria and engaged with the projects. These families had high levels of anti-social or criminal behaviour and were homeless or at risk of homelessness as a result of anti-social behaviour. The evaluation found that early outcomes for families who had completed a FIP intervention displayed 'considerable improvements' in all key areas, including reduced risks of enforcement action, relationship breakdown and domestic violence and improved school attendance. However, over a third of the families were still reported to be involved in anti-social behaviour (White et al., 2008; see also National Centre for Social Research, 2009).

Findings from other recent evaluations include:

- A report on the Westminster Family Recovery Programme (Local Government Leadership and City of Westminster (2010), based on a sample of 22 families, found that there had been very substantial reductions in 'accused offences' and the average number of 'suspected offences' per month. There had also been an increase in the proportion of individuals registered with a GP, and children regularly attending school. Threats of eviction and overcrowding had been reduced. In addition, the report claimed that there had been progress in child protection cases, an increased engagement with mental health services and a greater proportion of families effectively implementing a domestic violence safety plan.

- An interim evaluation of the four IIPs delivered by Catch22 (Renshaw and Wellings, 2010) found that, although only small numbers of young people had reached the exit stage of the projects, analysis suggested substantial reductions in problematic and risky behaviour and also reductions in over ten risk factors, including enforcement action, exclusion from school and negative peer groups.

- The evaluation of the Dundee Families Project, the Aberdeen Families Project and the three new 'Breaking the Cycle' Projects in Scotland (Pawson et al., 2009) concluded that it was 'a successful venture.' Over two thirds of families whose cases were closed during the evaluation period successfully completed their agreed support programme and complaints of anti-social behaviour had reduced in almost all cases. Risks of homelessness, eviction, family break up and depression had been reduced in the majority of cases and there had been reductions in alcohol abuse in almost half of the cases. Children's educational progress and prospects had improved in two thirds of cases.

The findings from earlier evaluations are relevant in placing this evaluation of IIPs in a wider context and given their parallels with the predominately qualitative approach of this evaluation. The findings from these earlier evaluations include:

- The evaluation of six FIPs by Nixon et al. (2006) found that the projects had helped the 'vast majority of families to achieve remarkable changes'. In a large majority of cases, complaints about anti-social behaviour had ceased or reduced to a level where the tenancy was no longer deemed to be at risk and there were also significant improvements in children's health, wellbeing and educational attainment.

- The evaluation of the Shelter Inclusion Project found that over half of the families who completed the intervention no longer exhibited any anti-social behaviour and there were reduced levels of anti-social behaviour in other cases (Jones et al., 2006a, 2006b). A large majority of closed cases were assessed as no longer being at risk of homelessness and there were also significant improvements in financial management and school attendance and a small number of adults had secured employment.

- The evaluation of the Dundee Families Project found that two thirds of closed cases had successful outcomes and that 'the great majority of families made progress' (Dillane et al., 2001; Scott, 2006). Social work and housing respondents judged the situation of families at the end of the intervention as satisfactory in a large majority of cases.

A common finding of the qualitative elements of previous evaluations has been that family members have generally been very positive about the Intensive Family Interventions and have also identified significant improvements in their situation as a result of the interventions (Dillane et al., 2001; Scott, 2006; Jones et al., 2006 a and 2006b, Nixon et al., 2006; Pawson et al., 2009).

It should be noted that Intensive Family Interventions have also been subject to criticism. Garrett (2007) argues that the core accommodation unit elements of some FIPs 'erode any sense of authentic citizenship' amongst families and 'infantilize' adults. He is also critical of the extent of coercion and surveillance. Gregg (2010) criticises the 'miss-targeting and

misrepresentation' of families within the FIPs, with a focus upon anti-social behaviour when families were actually targeted for exhibiting statistical risk factors. He is also critical of the inadequacy of professional mental health services provision within the FIPs, questions the extent to which the support is actually 'intensive' and contends that FIPs have not delivered sustained reductions in anti-social behaviour in the wider community.

Cost-benefits

It has been claimed that tailored and co-ordinated support packages around the needs of the whole family may produce estimated savings of £49,000 per family per year (Kendall et al., 2010; HM Government, 2010). In determining the cost-benefits and value for money of Family Intervention Projects, there is a need to consider the costs of traditional forms of interventions and the costs that would accrue if projects had not addressed some problems. This is an inherently complex calculation as many of the benefits are intangible, the impacts and associated costs or cost reductions will accrue over a life-time (and indeed may be intergenerational) and will extend across a wide range of agencies and benefits provision as well as impacting on the wider economy (for example through potential employment). It is also the case that some costs may increase in the shorter term (for example through increased referrals of families to agencies by Intensive Family Intervention workers) but may result in savings in the longer term (see Nixon et al., 2006; Pawson et al., 2009 and Gregg, 2010, for further methodological discussion). In addition, it is very difficult to identify all the costs associated with an Intensive Family Intervention (for example the resources of other agencies that are utilised) and to make a direct and disaggregated causal link between project interventions and family outcomes. A number of the previous evaluations have attempted to undertake cost-benefit analysis.

The evaluation of the Dundee Families Project calculated a cost saving of £117,600 per annum based on 11 cases (Dillane et al., 2001; Scott, 2006). The evaluation concluded that at worst, the project cost no more than conventional mechanisms but that it was more likely that it had actually generated real cost savings. The evaluation of Shelter Inclusion Project argued that the cost of £9,000 per household represented 'good value for money' (Jones et al., 2006a and 2006b). The evaluation of six projects (Nixon et al., 2006) found that the average total cost of closed cases ranged from £3,954 to £5,991 in 2003-04 in projects without a core unit and the average total cost of closed cases in projects with a core unit ranged from £27,214 to £36,850 in 2004-05. This was contrasted with an estimated annual cost of a family evicted for anti-social behaviour with three or four children requiring custodial care, residential care and foster care of £330,000. The evaluation concluded that the projects offered 'excellent value for money.' The evaluation of five Intensive Family Interventions in Scotland (Pawson et al., 2009) calculated an average per month cost for families of £1,300 to £1,900 and the average cost of a closed case to be £15,500 to £23,000, based on an average duration of intervention of 12 months. The evaluation concluded that the projects may be cost-effective in the short term and that it would not require many positive outcomes for the project benefits to outweigh project costs, although this was dependent upon timescales and outcomes being achieved. A report on the Westminster Family Recovery Programme (Local Government Leadership and City of Westminster, 2010) based on a sample of 50 families argued that the projects provided 'immediate and longer-term reductions in service costs'. The report calculated an average

estimated cost avoidance per family of £41,000 compared to an average cost of project provision of £19,500 and therefore that there was £2.10 estimated public purse costs avoided for every £1 of project expenditure. A recent publication (Beatty, 2010) has developed a framework for cost-benefit analysis for early childhood interventions, which is viewed as a helpful tool for assessing the economic and societal impacts and effectiveness of such interventions.

Factors linked to positive outcomes

Although there is a great deal of differentiation between Intensive Family Interventions and each is affected by their local context (Nixon et al., 2006), previous evaluations have identified a number of common factors that appear strongly linked to achieving positive outcomes, including:

- **The perceived independence of the projects and project workers, and their differentiation from 'traditional' statutory agencies** (Dillane et al., 2001; Jones et al., 2006a). The voluntary sector management of the Dundee Families and Rochdale Inclusion Projects was a further important element in this independence (Dillane et al., 2001; Scott, 2006; Jones et al., 2006)
- **The combination of the threat or actual use of sanctions and enforcement mechanisms with supportive interventions** (White et al., 2008; Jones et al., 2006b). However, Jones et al. (2006a) and Renshaw and Wellings (2010) also identified the voluntary approach to participation to be a key factor of successful outcomes. Renshaw and Wellings (2010) further identified the difficulties in using formal sanctions and the importance of rewards.
- **A flexible approach, with scope to use resources creatively, to try new ideas and to 'think outside the box'** (Dillane et al., 2001; Scott, 2006; White et al., 2008; Local Government Leadership and City of Westminster,2010; Renshaw and Wellings, 2010)
- **Effective multi-agency working, embedded within local partnerships and co-ordinated and integrated support packages** (Dillane et al., 2001; Scott, 2006; Nixon et al., 2006; Jones et al. 2006a and 2006b; White et al., 2008; Renshaw and Wellings, 2010)
- **The recruitment and retention of high quality staff** (Scott, 2006; White et al., 2008) with the ability to support and challenge families based on professional values of listening, being non-judgemental, promoting wellbeing and establishing relations of trust (Nixon et al., 2006)
- **Dedicated key workers with small case loads and the capacity to deliver intensive support** (White et al., 2008; Scott, 2006; Renshaw and Wellings, 2010), although the actual number of contact hours did not appear significant (Dixon et al., 2010)
- **A whole family approach and the ability to work with all household members, including parents** (Jones et al., 2006; White et al., 2008; Local Government Leadership and City of Westminster, 2010; Renshaw and Wellings, 2010)
- **Long term commitment, persistence and consistency to families**, including staying involved with families for as long as necessary and in some cases for at least

years (Dillane et al., 2001; Scott, 2006; Nixon et al., 2006; White et al. 2008; Renshaw and Wellings, 2010). Dixon et al. (2010) found that the longer the period of intervention the greater the likelihood of successful outcomes and that this was the most important explanatory factor.

- **The capacity to work across many types of households and flexibility in referral criteria** (Jones et al., 2006a and 2006b; Renshaw and Wellings, 2010).
- **Preventing an over-dependence on project workers from developing amongst families and focusing on sustainable skills and strategies** (Pawson et al., 2009)
- Dixon et al. (2010) also found some socio-economic and demographic factors to be linked to more or less successful outcomes, but only for specific domains

Issues

Although the evaluations of Intensive Family Interventions have generally been positive and several have claimed their cost effectiveness and value for money, a number of issues and challenges have also been identified, including:

- Evaluations have been subject to critique (Garrett, 2007; Gregg, 2010). Garrett (2007) claims that the Dundee Families Project was 'less than an emphatic success', and highlights the levels of re-referrals and the dissatisfaction of some families. He also criticises the sample size and 'lack of data' of the evaluation by Nixon et al. (2006) and states that the evaluation is 'far too buoyant and emphatic'. Gregg (2010) argues that the evaluations are largely based on qualitative measures, with small sample sizes (biased towards those with positive experiences and outcomes from FIPs, see also Dixon et al., 2010) and dependent upon subjective evidence from project stakeholders, with no control groups. He therefore states that there is no objective evidence for the scale of behaviour change claimed in some of the evaluations, nor its sustainability.
- All of the evaluations have been explicit in stating that there is weak evidence about whether positive outcomes for families will be sustained once they have exited an Intensive Family Intervention (White et al., 2008; Pawson et al., 2009; Jones et al., 2006b). Nixon et al. (2008) undertook a follow up study of families from the NCH projects and found that two thirds had been able to sustain positive change and had not been subject to further complaints about anti-social behaviour and their homes were not at risk from enforcement action at the time of the research. Gregg (2010), however, contends that the data indicates that only a third of tracked families had reduced anti-social behaviour outcomes. Dixon et al. (2010) followed up families between nine and 14 months after exiting a FIP and found that a large majority had sustained positive outcomes in family functioning and anti-social and criminal behaviour. Two thirds of the families had sustained health outcomes but only one third had sustained education and employment outcomes. The evaluation of the Dundee Families Project (Dillane et al., 2001; Scott, 2006) reported that considerable numbers of families were still doing well following the end of the project intervention, particularly in relation to housing issues.
- Linked to the previous point, some concerns have been identified about the robustness of project exit strategies and future support packages provided to families (Jones et al., 2006b; Scott, 2006; Renshaw and Wellings, 2010; Gregg, 2010). The

study of the Dundee Families Project found that the situation for some families deteriorated soon after exiting, including children being taken into care (Dillane et al., 2001; Scott, 2006).

- There have been reported weaknesses in interagency working, including referral processes, both in terms of recruitment of families to Intensive Family Interventions and accessing services for families during their period of intervention (Dillane et al., 2001, Scott, 2006; Renshaw and Wellings, 2010). Some Intensive Family Intervention projects have also experienced problems in recruiting and retaining staff (Pawson et al., 2009).

- There is a lack of research evidence about the reasons why some families do not engage with Intensive Family Intervention or subsequently disengage during the intervention. There is also a lack of knowledge about the outcomes for these families, or what alternative forms of support could be provided (Aldridge et al., 2008; Dillane et al., 2001; Scott, 2006; Jones et al., 2006b; Gregg, 2010; Garrett, 2007).

- Intensive Family Intervention projects had been less able to address mental health issues (Pawson et al., 2009; Gregg, 2010), although an increase in engagement with mental health services was identified in one recent report (Local Government Leadership and City of Westminster, 2010).

- It is difficult for Intensive Family Intervention projects to have, or demonstrate, a wider impact on communities (Jones et al., 2006b). However, Nixon et al. (2008) found that in over nine in ten cases, project workers assessed that the risk to communities had reduced or ceased at the point when families exited the projects. A report on the City of Westminster Family Recovery Programme projects (Local Government Leadership and City of Westminster, 2010) claimed that these had achieved increased feelings of safety and satisfaction amongst local residents, with just under a half of surveyed neighbours reporting reductions in anti-social behaviour.

Key findings from related initiatives and approaches

A number of related initiatives have been subject to evaluation and these findings are important given their similarities with IIPs, including the emphasis on early intervention, parenting support, establishing positive relationships, outreach work and home visits. Family-Nurse Partnerships were valued highly by clients who reported that the programme was making a difference and that they had gained confidence as parents. There were also indicative reductions in smoking during pregnancy and better breastfeeding rates. The client-Family Nurse relationship was identified as the key to the effectiveness of the programme. Caseload size and wider family involvement were identified as effective working (Barnes et al., 2008 and 2009).

An early impact evaluation of the Think Families Pathfinders (Kendall et al., 2010) found that 48 per cent of families exiting the support programme had reduced levels of need and a reduction across all risk categories. The risk of family violence was reduced by over two thirds and risks of lack of family support networks, debt and housing status were reduced in just under half of the families. There was a net improvement in employment status and a third of individuals successfully addressed emotional and mental health issues or drug and alcohol issues. The number of individuals engaged in anti-social behaviour was halved and there were reductions in school attendance problems, negative impacts of caring

responsibilities for young people and child protection risks. Families' levels of resilience were also increased. However, one fifth of families had additional needs identified that could not be supported or did not engage with the support. Preliminary Social Return on Investment analysis of 53 families indicated a net benefit saving of £1.5m.

The Targeted Youth Support Pathfinders aimed to enhance the co-ordination of service provision through a key worker orientated towards family-needs driving support across organisational structures. The evaluation of the Pathfinders (Palmer and Kendall, 2009) indicated that they had achieved positive changes in how professionals delivered support to vulnerable young people and improved knowledge, skills and behaviour of practitioners; however, there had also been increased workloads. Three quarters of young people were positive about the support that they received and the package of support was deemed to be effective in nearly two thirds of cases. However, only one fifth of young people had their assessed long-term needs met within the timeframe of the research. Key factors linked to effective interventions included positive relations between young people and lead professionals, effective challenge linked to co-ordinated, consistent and continuous support, awareness of the range of interventions and services available and the young people's own motivation to change.

The evaluation of the Early Parental Intervention Pilot Projects in Wales (Wright et al., 2010) found that tailored holistic support for families could achieve positive outcomes for families in a relatively short period but commonly problems are multiple and chronic, requiring medium to long term (and possibly permanent) intervention. The evaluation also found that parenting support needs to be combined with direct work with children. Some models of projects had kept families united and the intensive level of working enabled deep, chronic family problems to be addressed, leading to multi-faceted improvements in family life. Some projects had also worked well with families who did not initially accept that they had a support need. The evaluation concluded that practical assistance, social integration, intra-familial communication, the structure and stability of family life and parental attitudes to children all needed to be addressed.

The personalisation of support services, including the use of personalised budgets-a technique which is also utilised in IIPs, has been identified as an important aspect of effective support and positive outcomes, particularly when it is linked to whole-family approaches (Simpson and Murray-Neil, 2010; Duffy, 2010; Duffy et al., 2010). The importance of the co-ordination role potentially played by IIPs is highlighted in a recent study (Aperia Limited, 2010) which found that at least 25 different services, provided by nine public sector organisations, may be provided to low income families at any one time. This may appear very disjointed and disorganised from the perspective of the families themselves. The study also found a lack of effective targeting and estimated that 28 per cent of low income family households with children in early years were not accessing any of the available support services.

Further guidance and international evidence

Comprehensive guidance on the challenges and opportunities relating to early intervention for children and families has recently been produced (Department for Children, Schools and

Families, 2010c; C4EO, 2010). Specific guidance was also produced by the previous government in relation to Family Intervention Projects (Department for Children, Schools and Families, 2009b). A recent publication (Beatty, 2010) has developed a framework for cost-benefit analysis for early childhood interventions and Baker et al. (2011) have produced a new framework for assessment and intervention planning with young people who offend. The Social Care Institute for Excellence (2010) has published a guide to parental mental health and child welfare within the Think Family framework. Hosking et al. (2010) have produced a review of the international experience of early intervention for children, young people and their families (see also Thomas and Anderson, 2007 for an evaluation of family support projects in Victoria, Australia). A recent Scottish study (Bradshaw and Tipping, 2010) provides a useful account of children's social, emotional and behavioural characteristics at entry to primary school and estimates that between 10 and 27 per cent of children have some form of behavioural problem.

2.5 Summary

The previous government supported the establishment and delivery of 20 Intensive Intervention Projects (IIPs) between April 2009 and March 2011. The IIPs target young people at risk of entry to the criminal justice system who may not be currently receiving other forms of support. The IIPs are delivered by local authorities, third sector organisations and social landlords and are based on a key worker model and are envisaged as being located within strong multi-agency partnerships. The IIPs are located within a wider and continuing policy focus upon early intervention and whole family approaches and complement a range of other initiatives, including Intensive Family Intervention projects and Challenge and Support Projects.

The existing research evidence on Intensive Family Interventions suggests that they have generally been effective and have generated cost-benefit savings. However, there are a number of weaknesses in the evidence base, particularly in relation to longer-term outcomes and issues of non-engagement. A number of factors have been identified as being linked to positive outcomes, including independence, the combination of support and enforcement, flexibility, multi-agency working, a whole family and holistic approach and the quality and commitment of project workers. Evaluations of related early intervention and whole family initiatives have also provided positive indicative findings.

3 Research methods

3.1 Introduction

This chapter describes the aims and objectives of the evaluation and presents an account of the research approach. It provides details of each of the main elements of the research and offers a reflection on the methods used in the evaluation, including the challenges encountered and the limitations of the data generated and the analysis undertaken.

The research was conducted by a team of researchers at Sheffield Hallam University and Mill Mount Consulting, between September 2009 and March 2011. This qualitative and economic evaluation complements the quantitative management information and outcomes analysis of the IIPs being undertaken by the National Centre for Social Research (NatCen).

3.2 Aims and objectives

The aims of the research were to use an individual longitudinal case study approach to provide in-depth insights into how different IIPs were working, what IIPs added to existing provision and how IIPs were experienced by young people.

The objectives of the research were to explore:

- The triggers and risk factors that brought the young person to the IIP, including their complex needs and history
- The number and types of interventions and/or sanctions delivered by the IIP, including their frequency, intensity, timescale, unit cost and any observed or reported changes in the young person's behaviour
- How IIPs were using an assertive approach with young people and balancing sanction and reward
- The views of the young person's main carer to establish their perceptions of the young person's difficulties, needs and behaviour before, during and after involvement with the IIP, including any changes during or following the involvement with the IIP programme
- The experiences of the IIP teams and other partners
- The experiences of the young person before they were involved with the IIP, over the time period in which they received support from the IIP and six months after their involvement with the IIP had ceased
- Outcomes for the young people involved, including the sustainability of outcomes in cases where involvement in the IIP had ended
- The types of young people that IIPs were targeting

3.3 Research approach

The approach adopted in this research has been informed by the previous evaluations of Intensive Family Intervention and the critiques of these evaluations. Unlike a traditional or universal programme evaluation, there were a number of specific elements that this research focused upon. These were: capturing the actual nature of interventions and interactions between young people, parent(s)/carer(s) and the IIPs; identifying more immediate and fluctuating, rather than merely summative, outcomes; giving prominence to the views of young people, parent(s)/ carer(s) and IIP workers; identifying the contexts, roles and functions of the IIPs; and identifying a range of outcomes, not simply those that were longer term, transformative and quantifiably measurable (see the following chapter).

The key theme of the evaluation was the *journey* that young people experienced during the IIP intervention and what influenced this journey (whilst recognising that this journey need not be obvious, linear or universally positive). We were influenced by key concepts within *theories of change* and *realistic evaluation* approaches (see Blamey and MacKenzie, 2007), including:

- The importance of the context within which an intervention takes place (see the following chapter)
- The articulation by stakeholders of the aims and methods of the intervention and their theories of change underpinning these
- Exploration of context, mechanism and outcome (COM) for *specific elements* of the intervention where triggers to change may be identified
- The psychological and motivational responses leading to behaviour change
- Undertaking research with a limited and purposive selection of stakeholders
- Recognising the need for the research to be practical and pragmatic in informing future funding, local planning and practice

These concepts were used to develop the research instruments, the individual elements of the evaluation study and the analysis and presentation of the findings.

3.4 Research elements

The research comprised five main elements, as follows:

Literature reviews

Literature reviews were undertaken continually during the period of the evaluation. The purpose of these reviews was to identify existing research evidence about Family and Intensive Intervention Projects and related initiatives, primarily in the UK but also drawing on international findings. The reviews were used to ensure that the IIPs were placed in their wider policy context and to capture developments and changes in this policy context, most notably the change of government in May 2010. The reviews were also undertaken to inform the theoretical and practical methodological approach of the evaluation. A preliminary review

of the literature was undertaken in December 2009 and submitted to the Department for Children, Schools and Families. This review was built upon as new research evidence became available, up to January 2011. The findings of the literature review are presented in chapter 2.

Scoping and case study selection

A scoping and case study selection exercise was conducted between October 2009 and February 2010. A summary process overview of the 20 IIPs was produced in December 2009. This was based on analysis of the submitted proposals for each of the IIPs and semi-structured telephone interviews with the six regional area leads and IIP project managers (or alternative representatives) for each of the 20 IIPs. The process overview provided programme-wide data on the rationales and aims of the IIPs; delivery and governance; staffing; target groups; referral processes; the nature of interventions; IIP progress and participant profiles; and emerging issues. A report based on this analysis was submitted to the Department for Children, Schools and Families in December 2009. The report was also used to inform the selection of case studies.

It was decided that the evaluation would seek to conduct longitudinal case studies of a total of 15 young people, initially envisaged as comprising three young people each from five IIPs. The rationale for this number of case studies and locating them in five IIPs was based on our understanding of the challenges involved in securing the participation of the young people, the support required from the IIPs to facilitate the research and the likely intensity of research activities that would be necessary. It should therefore be noted that the sampling of young people was based on an initial selection of IIPs rather than direct sampling from the entire cohort of young people within the IIP national programme.

In selecting the IIPs, a range of criteria was utilised in order to achieve a balance in terms of: local authority or third sector delivery; geographical location and context; the age, gender and ethnicity of IIP users; the reported focus of interventions within each IIP; and the reported intervention methods, including the approach towards sanction and reward; within each IIP. In addition, consideration was given to IIPs which appeared to demonstrate innovation and/or reported successes and closed cases. In discussion with the Department for Children, Schools and Families, area leads and some IIP managers, the following five IIPs were selected as case studies:

Table 3.1 Case study IIPs

Project	Delivery Organisation	Regional Cluster Area
Birmingham Building Lives IIP	Novas Scarman	East and West Midlands
Bolton IIP	Bolton Council and NCH	North West
East Sussex IIP	CRI	South West, South East & London
Gateshead Sungate IIP	Barnardos	North East
Northamptonshire IIP	Catch22	East and West Midlands

This selection provided coverage of five third sector delivery organisations and one local authority/third sector partnership and included four of the six regional cluster areas (the *East and London* and *Yorkshire and the Humber* areas were not represented).

Following the agreement of the five IIPs to participate, the research team visited each IIP and met with managers and project workers to explain the research, to discuss potential case studies and to discuss the logistics and practicalities of undertaking the research. Following these initial meetings, IIP managers and project workers were requested to identify young people as potential participants in the individual longitudinal case studies, to provide some background to each case and to have a preliminary discussion with the young person and their parent(s)/carer(s) about participating in the research. It should therefore be noted that the sampling of the young people was largely driven by IIP project workers. Although attempts were made to ensure diversity in terms of age, gender, issues and needs and the focus of interventions, inevitably these decisions were strongly influenced by the circumstances of young people and their families, their engagement with the IIP, their willingness to participate and the appropriateness of their participation. The final selection and recruitment of the individual young people and their parent(s)/ carer(s) was achieved in February 2010.

Individual longitudinal case studies

The purposes of the individual longitudinal case studies of young people was to track their journey during the IIP intervention, to explore in depth the nature of the interactions and interventions, and to gather the perspectives of the young people, their parent(s)/carer(s) and their IIP workers. An initial visit was made to each selected area in March 2010, comprising a preliminary meeting with the IIP worker and analysis of the case files (including background and referral data), followed by a meeting with the young person and their parent(s)/carer(s) (either jointly or separately). These meetings were primarily held in young people's homes, but in some cases were held in IIP premises. At this meeting the research was explained to the young person and parent(s)/carer(s) and they were asked to participate. All of the young people and their parent(s)/carer(s) did so and signed a consent form, agreeing to take part and for information about them held by IIP workers to be shared with the research team. The IIP workers also signed a consent form. Each young person and their parent/carer received two high street shopping vouchers- at the start and end of the study period. A total of 15 young people took part: five from Northamptonshire IIP, three each from East Sussex and Gateshead IIPs and two each from Birmingham and Bolton IIPs. Further details about the young people are provided in chapters 5 and 6 and Annex A.

The longitudinal case studies were progressed through a series of triangulated semi-structured telephone interviews with the young person, their parent(s)/carer(s) and their project worker(s). These were initially conducted on a fortnightly basis and latterly on a monthly basis, between March and September 2010 (see below for reflections on this method). The interviews sought to establish the nature of IIPs interventions, perceptions of these interventions, changing circumstances and events and to track the journey of the young person and their families during the IIP intervention.

A round of final reflective interviews were undertaken in September and October 2010 with young people, their parent(s) and their project worker(s), either by telephone or face to face. These interviews sought to gather the perceptions of each of the stakeholders about the IIP intervention overall. In December 2010 the research team were provided by IIP workers with updates for each of the case study young people.

The notes from the interviews were used to construct a narrative of each young person's journey within the IIP and the form and perceived impacts of IIP interventions. The findings from this element of the research are presented in chapters 5 and 6 and a summary of these narratives for each young person is provided in Annex A.

Summative perceptions of key stakeholders

The primary aim of the evaluation was to undertake in-depth longitudinal case study analysis of 15 young people subject to IIP interventions. However, in discussion with the (now) Department for Education, it was agreed that an additional element of research would be undertaken, seeking to provide a qualitative overview of the IIP as a national programme. In order to achieve this objective, the perspectives of area leads, IIP managers and IIP project workers were gathered in September and October 2010.

Semi-structured telephone interviews were conducted with, or written responses received from, the six area leads, between June and August 2010. It should be noted that two of the area leads interviewed had not been in place for the entire duration of the IIP programme.

Semi-structured face to face or telephone interviews were conducted with, and/or written responses received from, managers in 18 of the 20 IIPs, between July and September 2010. In some cases, the perspectives of more than one manager in each IIP were gathered and some managers consulted with IIP workers and provided a collated response. The Bournemouth and Southampton IIPs were not included as the project manager for both IIPs left the post shortly before this element of the research was undertaken. Some additional material was also provided through presentations given by IIP managers at the IIP Programme (North) cluster meeting held in Sheffield on 16 July 2010.

Semi-structured face to face or telephone interviews were conducted with project workers in the five case study IIPs: Birmingham, Bolton, East Sussex, Gateshead and Northampton. A total of 13 IIP workers were interviewed between August and September 2010. The interviews aimed to capture the perspectives of the workers about their wider experiences of their IIPs, drawing from across their case loads (not just the individual longitudinal case studies of young people).

The findings from this element of the research are presented in chapter 8. Reports based on the research with area leads were circulated to them for information and comment in November 2010 and reports based on the research with IIP managers and IIP workers were circulated to each of the 20 IIPs for information and comment in November 2010.

Economic evaluation

An economic evaluation of costs and outcomes was conducted for the five case study IIPs. This was based on a methodology that had previously been utilised in evaluations of Family Intervention Projects (see Nixon et al., 2006 and 2008; Pawson et al., 2009). The evaluation was based on data provided by the National Centre for Social Research and the Department for Education and linked outcome measures (successfully closed cases) to activity and cost data and the periods of time of intervention. A full account of the methodology and findings are presented in chapter 7.

3. 5 Reflections on methods

It is important that the approach and methods utilised in this evaluation are critically reflected upon. Our approach was subject to some of the limitations identified in previous critiques of evaluations of Family Intervention Projects (Garrett, 2007; Gregg, 2010) including very small sample sizes, sample selection bias, a reliance on the subjective perspectives of project workers and users, the lack of a control group and difficulties in identifying causality, outcomes and the longer term sustainability of progress. Each of these will be discussed in turn, along with some other limitations and challenges encountered during the research. These should be borne in mind when considering the findings of the study.

This qualitative study provided a supporting methodology to the research being conducted by the National Centre for Social Research, which was based on a slightly modified version of the monitoring data systems for Family Intervention Projects. The methods were selected to enable a further understanding about the needs and lifestyles of young people subject to IIP interventions, which was particularly important given that they were typified as young people who would often not engage with statutory services.

The sample comprised only 15 individual young people and their families, based in five of the 20 IIPs. It was not representative of the total cohort of young people within the IIP national programme (nor was it intended to be, although some attempt was made to capture diversity). The selection of the sample was largely driven by IIP managers and workers, and inevitably, comprised young people and their families who were more likely to be positively engaged, to some extent, with the IIPs and who were willing to participate.

The findings presented in this report are entirely qualitative (with the exception of the economic evaluation element). There are two important limitations arising from this. Firstly, the findings are based on the perspectives of young people, their parent(s)/carer(s) and IIP workers and managers. Therefore other stakeholders have not been included in the study, for example referral and partner agencies, other family members (siblings, estranged partners) and neighbours. Secondly, there is a problem of verification. The evidence is based on the accounts provided by the three key stakeholder groups. These accounts have not been subject to further or objective/ quantitative verification. In some instances, the accounts of the stakeholders varied or differed. For ethical reasons, we did not disclose information provided by one party to any other party (for example, we reassured young people that what they told us would not be shared with their parents or project workers unless there was a risk of harm to the young person or anyone else). This meant that it was

not possible to resolve contradictions in some accounts (and these contradictions are important findings in their own right).

Although it was originally intended to extend the longitudinal element of the case studies to periods prior to and following IIP intervention, this was not generally possible. Many of the case study young people had been engaged with the IIPs for a significant period of time prior to their participation in the research and background/referral data and recall about their circumstances prior to IIP intervention were often limited. The majority of the young people were still engaged with the IIPs at the end of the research period and it was not, therefore, possible to track their progress following exit from an IIP. In cases where young people had exited the IIPs, this was sometimes a result of disengagement from the IIP, and subsequently, the research. It should also be noted that the fieldwork was completed in September 2010 (with a limited update exercise in December 2010), although the IIPs were operational until at least March 2011. The primary consideration for this fieldwork timeframe was the timely delivery of draft and final reports to support local decision making around interventions for young people.

This study does not comprise a full evaluation of the IIP national programme. Although the perspectives of stakeholders across all 20 IIPs have been captured to some extent, this has not extended to, for example, a rigorous analysis of the differences in approaches and outcomes between individual IIPs. It was also made explicit to IIPs from the outset that this study was not an evaluation of their performance as an individual IIP. It should be remembered that the primary focus of this research was the 15 in-depth longitudinal case studies of young people. However, a key theme from the findings is the similarity in experiences and perceived outcomes across the IIPs, rather than their differences.

The evaluation has experienced challenges in charting 'progress', attributing causality and identifying quantifiable or measurable outcomes. As will be shown in later chapters, few of the case studies could be characterised by linear progression towards sustainable outcomes. Rather, it was more often the case that there were (often sustained) periods of progress followed by a moment of crisis, trauma or set back and then subsequent progress again. This created challenges for the IIPs in affecting outcomes and this evaluation has sought to illustrate some of the issues associated with working with particularly vulnerable families experiencing a range of problems. Many of the positive outcomes identified were 'soft', relating to crisis management and stabilising families rather than achieving transformative change (see the following chapter). Given the range of influences on young people and their families, it was often challenging to disaggregate the specific impacts of IIPs (see the following chapter). IIP workers, young people and parent(s)/carer(s) themselves often struggled to develop or articulate theories of change or to attribute general outcomes or (usually positive) perspectives and experiences to specific interventions or modes of practice. However, following the principles of realistic evaluation (see Blamey and MacKenzie, 2007) it was possible to identify specific forms of working and individual factors that were consistently linked to more positive outcomes. It is also the case that, as following chapters will show, there were positive and very important outcomes from the IIP interventions, even if these were difficult to translate into measurable indicators of change.

Finally, there were weaknesses and challenges in undertaking the individual longitudinal case studies of young people. Most research participants were retained for the full period of the study (or their period of engagement with the IIP) and the telephone interviews

generated important data from the three key groups of stakeholders. The initial face to face meeting between researchers and participants and maintaining continuity between an individual researcher and a family was a vital element in securing this positive outcome. Participants appeared to be happy to speak openly to the researchers and to share information with them. However, the telephone interviews were a limited medium, particularly for some of the young people where other methods may have been more effective. Regular face to face interviews would have been likely to generate richer and fuller data, but this was not feasible within the resources available and in any case, this would still not represent the more ethnographic approach necessary to fully capture contexts and experiences. In addition to logistical issues about maintaining telephone communication, levels of contact with the research team varied considerably between research participants, and some young people or parent(s)/carer(s) had very limited or no direct contact with the researchers during the study, although at least one family member or carer from each case study did participate. There were also periods when, due to personal circumstances, it was not appropriate for researchers to maintain contact with a young person or their family. In these cases, a balance had to be struck between gathering information and talking about what were often very sensitive and traumatic issues, particularly in the context of a telephone conversation without immediate support being available to the research participant when the conversation had ended.

4 Conceptualising relationships, interventions and outcomes

4.1 Introduction

This chapter conceptualises the interface between IIPs, young people and families within the context of the wider relationships and influences impacting upon them. It introduces a five-part typology to understand the diverse roles that IIP workers perform. The chapter then introduces a typology of the forms of support provided by IIPs and three levels of outcomes resulting from interventions. The purpose of the chapter is to provide a conceptual framework to understanding the specific journeys to change and packages of interventions for each of the individual young people and their families discussed in the following two chapters.

This conceptual framework contributes to addressing an existing gap in previous evaluations and critiques of intensive intervention projects. These have tended, to date, to focus upon summative evaluations of outcomes rather than locating projects in their wider social contexts, disaggregating the component elements of IIP workers' roles, the forms of support they provide and classifying the different forms and sequencing of outcomes that may be achieved.

4.2 Influences and interactions

There is a tendency in evaluations of programmes such as the IIP initiative to consider them as 'unified entities through which recipients are processed' (Blamey and MacKenzie, 2007). However, IIPs are not delivered in a social or psychological vacuum and understanding the social and normative context within which programmes are delivered is vital in understanding their impacts and attributing causality (Blamey and MacKenzie, 2007). However, the difficulty of attributing such causality is evident when we consider the range of influences and interactions upon young people; of which an IIP is but one factor (see Figure 4.1. below).

Maruna has identified the importance of how social bonds to family members and others, and the expectations arising from these, influence motivations and opportunities to change behaviour and to sustain these changes and Rex (1999) argues that a key role for project workers is to strengthen service users' social ties (Maruna, 2004; Rex, 1999; quoted in Renshaw and Wellings, 2010). Indeed, the importance of social bonds has been recognised by the government in its prioritisation of social capital and community-based intervention in rehabilitation programmes (HM Government, 2010). This is represented in the relationships element of Figure 4.1. It is crucially important to recognise that even 'intensive' intervention projects are delivered on an outreach basis and that IIP workers spend, at a maximum, a few hours each week with a young person and/or their family. For the rest of the time the young person is susceptible to the influences and impacts from a variety of social relationships, within and beyond the immediate household, which are in turn often very dynamic and fluid. The sense of identity arising from these relationships is a key element in

determining the psychological and motivational elements leading to behavioural change (Blamey and MacKenzie, 2010).

Figure 4.1: Influences and interactions

Lack of resources/ skills
Confidence/ aspirations
Parenting
Conflict resolution
Domestic management
Literacy/ numeracy
Qualifications
Financial debt
Transport
Knowledge of agency
services/ processes

Emotional/Psychological
Esteem/confidence
Parent's own childhoods
Bereavement
Relationship breakdown
Abusive relationships
Domestic violence

Health
Drugs (illegal &
prescription)
Alcohol
Diet/exercise
Sexual activity
Mental or physical illness
Disability

Causal factors

Environment
Poor home conditions
Overcrowding
Lack of basic equipment
Garden
Public space

Housing

Parenting
Sure Start
Nurseries

**Voluntary/
Community Groups**

Benefits

**Intensive
Intervention
Project**

Health
GPs/ Health Visitors
Hospitals
CAMHS
Counselling

**Agencies/
Services**

**Young
Person**
**Family/Carers
(Household)**

Social Services
Social Work
Youth Services

Criminal Justice
Police
Community Safety /ASB
Youth Offending Team
Probation
FIPs / ISSPs

Education
Schools
Colleges
Education Welfare Officer
Adult Education

Relationships

House hold members

Extended family

Peers (& peer
pressure)

Neighbours

Siblings

Ex partners

Parenting

Friends

36

All of the previous evaluations of Intensive Family Interventions have identified the complexity and multiplicity of the causal factors and vulnerabilities facing the young people and their families and how these need to be addressed rather than simply focusing on problematic presenting behaviours. Assay and Lambert found that individual client factors were the most important element in determining the outcomes of a therapeutic intervention and relationship (Assay and Lambert, 1999, quoted in Renshaw and Wellings, 2010). These causal factors are presented in Figure 4.1 and indicate the constituent areas of intervention that IIPs often focus upon: home environment, health, emotional wellbeing and resources/skills. The fact that each of these factors may be present in a case and need to be addressed simultaneously, and the range of issues within each factor, demonstrates the scale of the challenges often facing young people, their families and the IIP workers. Bereavement is a prominent issue for many families but has been somewhat overlooked in analysis of causal factors. A further vital element is the past experiences of parents, including their own often very problematic or traumatic childhoods. This inter-generational effect has been recognised but this recognition has not subsequently influenced the conceptualisation of these projects, which are termed 'early intervention', although, in reality, they are addressing very long-standing and deep-rooted problems. This has significant consequences for the challenges facing families and IIP workers.
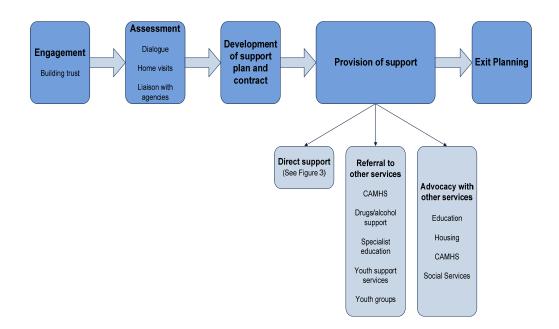
Figure 4.1 also highlights the range of agencies and services that families and IIP workers potentially have to interact with. As Aperia Limited (2010) have shown, vulnerable families can often be confused and intimidated by the sheer number of agencies involved in their lives and this can often lead to duplication, inconsistency and uncertainty in service provision. This also generates challenges for IIP workers in attempting to map out or co-ordinate the package of support to a young person and their family.

4.3 Project worker roles

Previous evaluations have emphasised the centrality of project workers to the outcomes of intervention projects and that the relationship between the project worker and project user is a primary factor in achieving positive change (see also Assay and Lambert, 1999; Rex, 1999; quoted in Renshaw and Wellings, 2010). These evaluations have also identified the activities and practices of workers. However, it is useful to provide a more systematic model conceptualising the five discrete functions of project workers (Figure 4.2). Each of these functions is complex, comprising many activities and requiring a very diverse skill set. Some of these functions must also be undertaken simultaneously and there may be tensions between them.

The first role of project workers is, on acceptance of a referral, to attempt to secure the engagement of the young person and their parent(s)/carer(s) with the IIP. This can be a very time-consuming and protracted process, in some cases taking several months and it is important to understand that maintaining, strengthening or re-establishing a young person's or family's engagement with an IIP can be a continual process throughout the period of intervention.

Figure 4.2: Project worker roles

The second, and somewhat neglected to date, role of IIP workers is an assessment of the circumstances and needs of a young person. This requires liaison with other agencies, for example through initial referral and Common Assessment Framework systems. However, the dynamics of a household, the actual needs of young person and the underlying causal factors of problematic behaviour are often unknown or hidden at the time of initial referral and official assessment. This information tends to be revealed in an on-going process as project workers build trusting relationships and witness the dynamics and social relationships within a household and surrounding a young person. Dialogue and home visits are crucial elements in this process, in which IIP workers may often be the first service provider to achieve a full and accurate picture of need. This has consequences in terms of being a continual process that requires support plans, priorities and forms of intervention to be consistently reviewed and revised. It also has implications for IIPs' relationship with other service providers and IIPs' ability to access support as the needs and services determined as being required by IIPs may become increasingly divergent from original multi-agency assessments.

This is closely linked to the third role of IIP workers: the development of a support plan and a contract between the young person and the IIP. An effective support plan requires an accurate assessment of a young person's needs and the necessary skills and knowledge to address these needs, either through direct support or through awareness of specialist services and a capacity to access these. As identified above, support plans are liable to revision throughout the duration of an intervention. The efficacy of a contract linked to a support plan is based upon the levels of engagement secured, the effective phasing of interventions and realistic expectations being placed upon a young person.

The most prominent role of project workers, and the one given most attention in previous evaluations, is the provision of support to families. This has three key component elements, which are discussed in more detail in the following section. These involve direct support, referral to other specialist services and advocacy with other services. Each of these forms of

support, which are usually progressed simultaneously, requires workers to have a discrete skills and knowledge base.

The final role of project workers is exit planning. Previous evaluations have indicated that this element is often less developed and assured than other aspects of intensive intervention projects. Exit planning requires an accurate assessment of the appropriateness of ending an intervention, determining what on-going support and contact (if any) will be provided directly by the project and ensuring that an adequate package of future support will be provided by other agencies, where required. Exit planning is an essential factor in the sustainability of positive outcomes, which are also determined by the extent to which transformative outcomes (including 'soft' outcomes of enhanced psychological wellbeing, improved environment and strengthened life and practical skills) have been embedded during a project intervention.
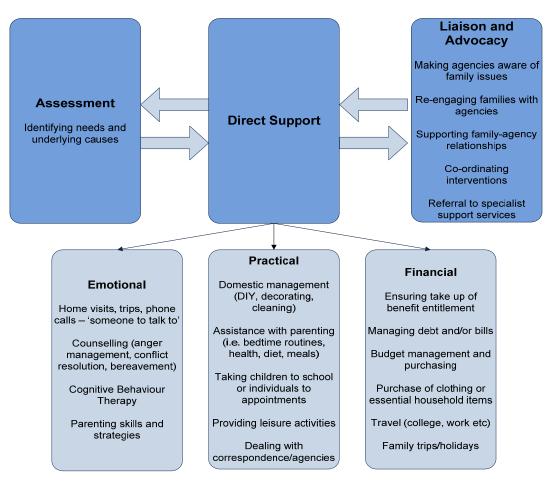
4.4 Forms of support

There are three categories of support provided by project workers (Figure 4.3). The first of these is assessment, through achieving an accurate identification of underlying causes and needs which forms the basis for any effective interventions and positive outcomes.

The second form of support is directly provided by project workers. This direct support comprises three main categories of activity and intervention, which are often delivered simultaneously. The first of these is emotional support. This ranges from positive and meaningful conversations and listening to young people and families to the provision of specialist and formal counselling or Cognitive Behaviour Therapy and fostering parenting skills and strategies. Project workers also provide practical support, including domestic management, assistance with parenting, supporting attendance at other services, such as schools or medical facilities, dealing with daily correspondence and facilitating access to leisure activities. The third type of support is financial. This includes enhanced financial management, such as debt and bill payment and benefit take up and assistance in undertaking the appropriate purchasing of essential goods. It may also extend to the use of spot or personalised IIP budgets to purchase essential items, including clothing, furniture and kitchen equipment. IIPs may also support the travel of young people to schools, college or work placements and, in some cases, facilitate family outings and holidays.

The third form of support is liaison and advocacy on behalf of families with other agencies. This includes referring young people or families to specialist support services, but it also entails a range of other actions, including co-ordinating multi-agency interventions, re-engaging families with agencies and supporting family-agency relationships. The advocacy role may also necessitate making other agencies aware of families' needs, arguing for referrals to services to be accepted and making the case for agencies to 'bend' their mainstream provision or to be flexible to accommodate the specific needs of a young person and their family. This advocacy role requires a discrete skills and knowledge base and is strongly influenced by the wider context of service provision in a local area and the relative status of the IIP and IIP workers within this context.

Figure 4.3: Typology of support

4.5 Outcomes

Previous evaluations of Intensive Family Interventions have identified largely positive outcomes, although these have been subject to challenge and critique (see chapter two). However, as previous research teams have acknowledged, capturing and measuring outcomes is very difficult. Headline findings and assessments based on quantifiable outcomes often fail to reveal some of the hidden softer outcomes that may arise and do not identify any sequencing in how outcomes may be achieved and be cumulatively built upon. In order to attempt to address this issue, Figure 4.4 presents a typology of potential outcomes from an IIP intervention. These are classified into three key types of outcome: crisis management, stabilising and transformative (in turn categorised as soft or hard outcomes).

Figure 4.4: Typology of outcomes

Transformative

Achieving change:

'Hard' outcomes
Improved education (attendance and attainment)
Entry to training or employment
Reduction or cessation of risky behaviour (drugs, alcohol, sexual, peer groups)
Reduction or cessation of anti-social or criminal behaviour
Prevention of entry to criminal justice system
Prevention of eviction or children being taken into care

'Soft' outcomes
Improved self-confidence and self esteem
Improved mental and physical health
Improved domestic environment and management
Improved inter-family relationships and dynamics
Improved social and personal skills
Raised aspirations

Stabilising

Improving stability:

Maintaining domestic environment
Maintaining family relationships and dynamics
Maintaining family relationships with agencies and services
Managing relationships with peer groups and neighbours
Ensuring attendance at school and keeping of appointments
Ensuring attendance at support service sessions
Limiting of drug and alcohol misuse
Limiting of risky sexual behaviour

Crisis management

Reducing immediate risk or harm and responding to trauma:

Relationship breakdown
Offending incidents
Conflict with neighbours or peers
Increased use of drugs/alcohol
Ill health (mental and physical)
Emotional breakdown or fragility
Pregnancy or risky sexual behaviour
Imminent risks of enforcement action, sanction or withdrawal of services
Escalating child protection or domestic violence risks or incidents

There are five key points that emerge from this typology. Firstly, the 'hard' transformative outcomes comprise only a small proportion of the potential outcomes of an intervention. Although 'achieving change' is the focus of IIPs and, ultimately what they are assessed against, improving the stability of families and reducing immediate risk of harm and responding to trauma are very significant outcomes in their own right. They have crucially important consequences for young people and families and also have implications for services in terms of cost-benefits. Although previous evaluations have not been able to utilise control groups or randomised control trials, and therefore it has been difficult to address the counter-factual aspect of what would have occurred without an intervention, these potential outcomes suggest that IIP interventions may potentially achieve very important impacts short of bringing about more transformative change.

Secondly, there is a sequential dimension to the outcomes as crisis management and stabilising a young person and family are essential building blocks to the achievement of transformative outcomes. Although the focus of evaluations is often upon interventions and projects workers' contributions towards achieving transformative change, a significant amount of this activity may be devoted to more immediate needs. Thirdly, 'soft' transformative outcomes, although difficult or impossible to capture or measure robustly, are crucial to the longer-term sustainability of positive outcomes, particularly where levels and intensity of support to families are reduced. Fourthly, the range and diversity of outcomes, and their impact on families as well as an individual young person, needs to be acknowledged in developing summative assessments of the overall impact and cost-effectiveness of IIP projects. Finally, the range of issues that may require to be addressed, as also demonstrated in Figure 4.1 above, indicate the scale of the challenges facing young people, their families and IIPs and, consequently the immense difficulty in actually achieving transformative change. Therefore, although these projects are conceptualised as 'intensive' and often provide greater levels of resources (financial and other) to families than traditional or mainstream social services, there is a need to be realistic about what they may actually, or be expected to, achieve.

4.6 Summary

This chapter has attempted to provide a conceptual framework for understanding the context, form and outcomes of IIPs in order to provide a basis for the analysis of findings presented in the following chapters. The IIP is located within a broader and complex context of influences and interactions impacting upon a young person and their family or household. This includes social relationships and dynamics, the causal factors linked to vulnerability and problematic behaviour and the range of services and provision involved with a young person or family.

IIP workers undertake five key roles within an intervention: engagement; assessment; development of support plans and contracts; provision of support; and exit planning. Each of these roles comprises numerous actions and requires discrete skills and knowledge resources. These functions are on-going and often undertaken simultaneously and may, at times, be in tension with each other. IIP workers provide three main categories of support to young people and families: assessment, direct support (which may be further classified as emotional, practical and financial) and referral to, and advocacy with, other services. This highlights the variety and complexity of project workers' roles.

The chapter has presented a typology of potential outcomes from IIP interventions. This comprises crisis management (reducing immediate risk or harm and responding to trauma); stabilising (improving stability within a family); and transformative (achieving change through 'soft' and 'hard' outcomes). The typology indicates the sequential relationship between outcomes, with crisis management and stabilising often being a prerequisite for achieving more transformative change. The typology also highlights the diversity of potential outcomes and the significance of outcomes that may not be 'transformative' and not readily measured in evaluation indicators; although such outcomes may be of crucial significance to young people, families and services. Finally, the typology indicates the extent of the challenges facing IIPs and, therefore, the need for realistic expectations about what they may achieve.

5   Young people's journeys

5.1 Introduction

This chapter presents summary accounts of the 15 young people's journeys during their IIP interventions. For each young person, a summary narrative account is accompanied by a journey map which details the presenting and other issues facing the young person, the forms of intervention provided and the range of outcomes arising from the IIP intervention. These summaries are intended to highlight key and significant issues, interventions and outcomes. However, each young person's needs, their interactions with the IIP and outcomes are complex and a full account of their journeys is provided in Annex A.

The terminology of 'journey' should not read as implying a linear pathway of change or progress as these accounts are often characterised by periods of crisis, disengagement and regression. In addition, as conceptualised in the previous chapter, the focus upon IIP interventions and outcomes has to be understood as occurring within wider social contexts and events that impact upon and influence the young people, independently of IIP effects. In order to protect the anonymity and confidentiality of the young people and their families, all names have been changed and any details that may enable the identification of the research participants, including the IIP they were supported by, have been removed. Reflections on the young person's journeys and their implications are provided in the following chapter.

5.2 Young people's journey narratives and maps

Amy's Journey

Amy's parents are separated and she lives with her brother Isaac (see Isaac's journey) between her mother's and father's homes. Amy was 15 years old when she was referred to the IIP by social services in May 2009. The family had been accused of numerous incidences of anti-social behaviour at both addresses. Amy had been charged on two occasions for criminal damage and harassment and had signed an Acceptable Behaviour Contract with the police. Amy had not attended school regularly for over two years. Her mother had signed a parenting contract but the non-attendance continued and enforcement action had commenced. Amy was immature for her age, had low self-esteem and her personal safety and health were at risk due to inappropriate sexual relationships with older men, which appeared to be encouraged by her mother. Amy had been sexually assaulted shortly before her referral to the IIP and the alleged perpetrator had been charged. Amy had been traumatised by this incident. Amy's mother had serious mental health problems, was socially isolated and engaged in inappropriate and risky sexual relationships. Amy's father suffered from depression and both parents struggled to enforce boundaries and routines for the children. The family had significant financial and debt problems. Amy and Isaac were placed on the Child Protection Register in July 2009.

> Advocacy to enable the family to move home

> **Objectives**
> Reducing involvement in anti-social behaviour
>
> Ensuring access to some form of educational provision
>
> Improving personal safety and reducing vulnerability
>
> Addressing mental and emotional health needs

> IIP workers having time to build trust and offer emotional support

The IIP aimed to reduce Amy's involvement in anti-social behaviour and offending, provide educational provision, improve her personal safety and sexual health, reduce her vulnerability and address her mental and emotional health needs. The IIP interventions included one to one work and liaison with Educational Welfare Officers and Child Protection social workers. Sexual health advice was also accessed for Amy. The IIP worked with both parents, and intensively with Amy's mother, and sought to engage Amy's maternal grandparents in her support and care. Rewards and incentivised activities were used as a technique with Amy. The IIP helped the family secure a move to a new area. Amy was additionally assigned an IIP sessional worker to focus on her educational needs. It took four months for the IIP worker to establish the necessary strength of relationship with Amy to facilitate further interventions. Amy participated fully in the IIP film project and a

> Alternative engagement techniques
>
> Addressing risky sexual behaviour and exploitation

youth club project, which had positive impacts on her confidence, socialisation skills and peer group. A placement in a specialist education centre was unsuccessful, although she subsequently engaged with a Connexions entry to employment course and a foundation learning course. In May 2010 Amy received a six month referral order in relation to the harassment charge and was required to complete a placement in a charity shop, which she completed successfully. Amy's mother took her on a foreign holiday in May 2010, which the IIP had attempted to prevent. During this holiday, Amy contracted sexually transmitted diseases and was hospitalised. IIP referrals to mental health services could not be acted upon prior to Amy's appearance as a witness in relation to the sexual assault. Risks remained around Amy's vulnerability and her mental and sexual health, and the dependency and lack of progress of her parents. But the IIP workers believed that she had made significant progress. She had not been involved in any further incidents of anti-social behaviour or offending, was socialising with an appropriate peer group and was participating in structured positive activities. Amy and her mother believed that the IIP had achieved significant and positive changes for them.

Amy's Journey Map

Amy

Age 15

Presenting Issues

Reason for Referral

ASB, Criminal damage

At risk, roaming streets alone at night

Other Issues

Charged with harassment

Child Protection Register under the category of neglect in July 2009

Had been sexually assaulted

Not in education

Other Emerging Significant Family Issues

Mums mental health and OCD

Mums dependency on IIP workers

Mum's unpredictable behaviour

Mum often embarks on what are viewed as inappropriate and high risk sexual relationships

Family debt

Family have a high profile with police

Interventions

Direct support

Initially twice per week with IIP worker but currently with a sessional worker who focuses primarily on educational needs

Engagement in a film project once per week

Talking to gain trust

Taken Amy to the doctor

Sexual health information

Counselling

Rewards based work

Family Support

One-to-one work with mum and dad to improve their parenting skills

Helping the family to move home

Transformative Outcomes

Hard Outcomes

Key Stone award work to organise a celebration

Engaging particularly well with a female sessional worker
ASB ceased

Appeared in Court- harassment allegation - May 2010 - six month referral order

Subject to a Child Protection Plan

Outstanding Issues

Continuing concerns about Amy's sexualised behaviour

Parenting skills of both parents

Ash's Journey

Ash was born in Sierra Leone and came to England with his mother when he was six years old. He lived with his mother, step-father and two siblings. Ash was referred to a Youth Inclusion Support Project when he was 13, due to concerns around school attendance and difficult family relationships. Ash was associated with gang activity and was convicted of burglary, issued with a tag and was allocated a Youth Offending Team worker. As a result of rising safeguarding concerns focussing on his frequent absence from home, Ash was allocated an IIP worker in July 2009. He was later placed in a secure unit, pending investigation of rape; however, no charges were brought. In January 2010 Ash was issued with an ASBO and an ISO managed by his YOT worker, involving three contacts a week, one of which was delegated to the IIP worker. The focus of the IIP work was avoidance of gang activity, reintegrating Ash into mainstream education provision, building his self esteem and providing parenting support to his mother through referral to the FIP. The IIP worker also coordinated multi-agency management of the case. Ash was a reluctant IIP participant but after experiencing the secure unit, became more willing to engage and participated in activities including boxing, gardening and drama. Ash was referred to a pupil referral unit for two days a week and undertook some courses provided by third sector organisations. However, he subsequently disengaged from this provision. Ash began to spend considerable periods away from home and his use of cannabis escalated. Parenting issues have been of concern, particularly regarding his mother's cultural beliefs about self responsibility. After referral to the FIP and Social Services, Ash's Mum reported that she was unable to cope and could no longer take responsibility for his behaviour and that Ash should be taken into care. Ash stopped attending either school or IIP group activities. In June Ash was taken back to court for breach of the terms of his ASBO and as a result was issued with a curfew and a tag conditional on him living at the family home. Due to the high level of concerns about Ash's well being, his continuing drug misuse and offending behaviour and the breakdown in family relationships, in July 2010 Ash was referred to the Resettlement Aftercare Provision (RAP), an alternative form of intensive support for young offenders. His mother had engaged to a limited extent with FIP support. Ash was exited from the IIP in August 2010.

Objectives

Avoid gang involvement and criminal activity

Raise self esteem and reflective practices

Improve his relationship with his family

Regain entry to main stream educational provision

Assist mother to engage with the FIP for parenting support

Referral to and engagement with alternative activities to help raise self esteem and confidence

Co-ordination of agencies

Addressing cultural issues

Crisis management

Ash's Journey Map

Ash

Age 13

Presenting Issues

Reason for Referral

Prolonged periods missing from home

Other Issues

Initially concerns about school attendance

Petty theft and smoking cannabis

Burglary and tagged

Allegations of rape – placed in a secure unit- charges dropped

Gang leader– ASBO 2010

Other Emerging Significant Family Issues

Concerns over cultural parenting issues

Mother continually refusing to take son back in family home or report him absent to Police believing he should take responsibility for his own actions

Tension with Social Service and FIP - near prosecution for child abandonment

Interventions

Direct support

One to one sessions

Co-ordination of out of school activities

Build self esteem and address inappropriate sexual conduct

One to one boxing sessions

Gardening project

Drama based project exploring offending behaviour

Fire setting prevention course

Advocacy

Coordinating Child Action meetings

Family Support

Referral for Mum to the FIP for support with parenting

Transformative Outcomes

Hard Outcomes

Short term course providing alternative educational activities

June 2010 - breach of the terms of ASBO and as a result was issued with a curfew and 7-7 tag conditional on him living at the family home

Not in education

July –referred to Resettlement Aftercare Provision (RAP)

EXIT IIP - August 2010

Outstanding Issues

No longer engaged with IIP

Claire's Journey

Claire's parents are separated and she lives with her mother. Both her parents had been or were drug users. Claire was 14 years old when she was referred to the IIP by the Anti-social Behaviour Unit in July 2009 due to risk factors including: absconding from home for periods of up to five days; not being in education; negative friendships; self-neglect; and poor family relationships. Claire had previously been excluded from school on several occasions, her attendance was sporadic and by March 2010 she was not attending school at all. Claire was associating with a group of older individuals known to be prolific offenders. She was perceived to be vulnerable and at risk of exploitation and being drawn into criminal behaviour. Claire misused alcohol and was engaging in risky sexual behaviour. Claire's mother struggled to provide boundaries and routines. Claire's family were known to social services and she had received counselling in the past although her engagement with these services had been limited. The IIP aimed to: ensure Claire was safe and returned to the family home each evening; to reintegrate Claire into mainstream education; to improve her self-esteem and friendship groups; and to reduce her risky behaviours. The IIP undertook one to one work with Claire on emotional, cognitive and practical skills issues. The IIP also liaised with schools about securing new educational provision for Claire and referred her to specialist support including Children's and Young People's Services, counselling and a sexual health nurse. Claire participated proactively in the IIP's film project and Youth Offending Team and local college courses and rewards were used as a mechanism for encouraging her engagement and progress. The IIP worked with the family to ensure that Claire attended school and liaised with schools and the Youth Offending Team to secure a managed move to a new school in April 2010. The IIP worker fought for Claire and her mother to each be allocated a social worker and referred Claire to mental health services. A multi-agency team meeting additionally assigned an exploitation worker to Claire. However, the engagement of Claire and her mother with each of these services was limited. There was a general improvement in Claire's situation but her journey was characterised by periods of stability and rapid crisis. Claire's pattern of returning home each night fluctuated and she was a victim of harassment and a serious assault. In April 2010 Claire became pregnant. The IIP provided emotional support to Claire, such as managing the response of her family, including her father who temporarily established contact with her. The IIP worker also accessed a range of teenage pregnancy support services for Claire and accompanied her to appointments. Claire's attendance at school declined and her personal safety and sexual health were still being put at risk. Claire attended and engaged well with a specialist education unit for pregnant teenagers and maintained very high levels of contact with her IIP worker. Claire was due to give birth at the end of December 2010. The IIP worker acknowledged that Claire still required IIP support and that a number of risk factors remained. However, Claire had made some significant progress, including associating with a more positive peer group and reducing her exposure to risk. She had also been diverted from offending behaviour. Both Claire and her mother believed that the IIP involvement had been beneficial and important, although they were critical of some elements of the IIP approach around perceived intrusion and issues of assertiveness and clarity.

Objectives

Ensuring that Claire keeps herself safe and returns home every night

Re-integration into mainstream education

Reducing risky behaviours

Involving Claire in constructive activities and making positive friendships

Improving self-esteem

Responsive to changing circumstances

Liaison with other agencies

Claire's Journey Map

Claire

Age 14

Presenting Issues

Reason for Referral

Absconding from home negative friendships

At risk of being drawn into offending behaviour

Self-neglect poor family relationships

Not in education

Other Issues

Alcohol abuse

Teenage pregnancy during her engagement with the project

Other Emerging Significant Family Issues

Factitious relationship with mother

Both parents use drugs- although Mum now clean

No contact with father, is actively rejected by him

Mum works part time

Interventions

Direct support

One-to-one sessions 3 times per week

Emotional support, structured activities around and homeschooling

Engagement in a film project once per week

Use of rewards

Attending doctor or hospital appointments

Referral
Referral to specialist services including CYPS, counselling, sexual health nurse, teenage pregnancy support worker

Advocacy
Liaison with school/education

Family Support

Daily contact with Mum

Transformative Outcomes

Hard Outcomes

Due to give birth December 23rd 2010

Claire is intending to keep the baby

Attending school for pregnant teenagers

Claire is continuing to put herself at risk because of the people she associates with

Child Protection Conference December 2010 due to concerns about the unborn child

Soft outcomes

Improved self esteem

Outstanding Issues

Because of concerns about the unborn child a Child Protection Conference is due to take place 21st December

Daniel's Journey

Daniel lived with his mother, father and six siblings. He was 12 years old when he was referred to the IIP in May 2009 by social services, a social landlord and the police, due to his involvement in anti-social behaviour, his non-attendance at school and concerns about alcohol misuse. He was subject to an Acceptable Behaviour Agreement but had continually breached its conditions. He had also been threatened with prosecution by a private property management company. Education Welfare Services had commenced prosecution proceedings related to his non-school attendance and his behaviour, when in school, had also deteriorated. The family lived in overcrowded accommodation. The social landlord was also threatening the family tenancy due to anti-social behaviour and the condition of the property. The family had a negative reputation and problematic relationship with neighbours. It later emerged that the family were in substantial rent arrears. Daniel had previously been in a special educational needs school. It also became apparent that Daniel's father was not contributing to parenting and domestic management tasks in the home. The family had a history of non-engagement with agencies. Two IIP workers were assigned to the case. Although it required considerable effort, the family eventually engaged proactively and positively and there was no involvement in anti-social behaviour from October 2009 and an improvement in school attendance, although this subsequently declined. The IIP workers attempted to secure a house transfer to address the overcrowding and negative neighbourhood relationships issues, but were unable to do so. Therefore, they attempted to find alternative accommodation in the private rented sector, but this did not materialise. Both parents attended and engaged enthusiastically with parenting courses run by the IIP, although there were increasing concerns about whether this learning was being translated into practice. The IIP encouraged Daniel's interest in sporting activities and liaised with the school about his attendance, which continued to decline. The family became increasingly disillusioned about the lack of progress with a housing move. During this period, the IIP workers believed that, although the family were still 'buying into' the support and what they were being asked to do, the family, particularly the father 'were doing the minimum to get by' and that consequences needed to be put in place as the family had not responded to the intensive support that had been provided, most notably around school attendance. Daniel was allegedly involved in incidents of anti-social behaviour. The family began to disengage from the IIP and workers identified escalating risks and tensions in the home and informed social services that the case was now one of child protection. The younger children's school attendance also began to become problematic. There was a very serious incident of domestic violence and IIP workers were directly involved in managing the aftermath of this. Daniel's father was prosecuted and banned from the family home and locality. Social Services and the Domestic Violence Unit became involved and a child protection assessment was undertaken, which revealed the extent of previous financial and emotional abuse experienced by Daniel's mother. Daniel was involved in an alleged burglary. Re-housing the family was now a priority for other agencies. The IIP accessed mentoring support for Daniel and his older brother. The family moved to a new home and were being supported by domestic violence services. Daniel was complying with the conditions of his Referral Order, but his school attendance remained problematic.

Objectives

Improve school attendance

Address offending behaviour

Improve housing circumstances

Improve engagement with services

Identifying underlying causes

Parenting group work

Advocacy

Identifying escalating risks

50

Daniel's Journey Map

Daniel Age 12	Presenting Issues	Other Emerging Significant Family Issues	Interventions	Transformative Outcomes	Out-standing Issues

Presenting Issues

Reason for Referral

Poor school attendance and behaviour when in school

Other Issues

Association with older peer group

Alcohol consumption

Acceptable Behaviour Agreement from April 2009

Tenancy under threat due to ASB and condition of property

Previous Special Needs School but now mainstream school

Low school attendance

History of family non-engagement with services

Other Emerging Significant Family Issues

Substantial rent arrears (only became evident to IIP in July 2010)

Older brother also involved in ASB and had poor school attendance record

Uneven share of parenting tasks and domestic labour within the home

Poor and over crowded domestic environment

Interventions

Direct support
Allocation of two IIP workers (one male and one female) to the family, one worker to undertake parenting work with parents and another worker to engage with Daniel

Ensuring Daniel's attendance at school

Promoting involvement in leisure activities

Referrals

Referring younger siblings to Sure Start and Children's Centres

Advocacy
The IIP worker had attended a meeting at school about Daniel on Mother's behalf

Consistent liaison with school

Requests to social landlord for transfer to new and larger property

Family help
Parents had been completed to IIP parenting courses

Parents attending family support group

Male IIP worker had undertaken cooking activities with the family

Support for a family holiday

Transformative Outcomes

Prolonged periods with no anti-social behaviour

Participating in a range of positive activities

Later in the programme-
Intermittent attendance at school

Increase in anti social behaviour

Arrested for involvement in a burglary and appeared in court in October. Subject to a Referral Order

Serious domestic violence incident

Family Outcomes
Parents much more open with all other agencies and were actively communicating with these agencies

Dad had become more involved in the daily life of the family and that there was a better division of labour within the house

Rent arrears preventing a new tenancy

all family members involved in domestic labour

Later in the programme-
Serious domestic violence incident

Father banned from the locality and from contact with the family as part of the bail conditions. trial date for assault- January 2011

New tenancy acquired

Mother receiving support from domestic violence services

Mum undertaken a parenting teenagers course and a Freedom Course (for victims of domestic violence)

Sure Start package in place

Mum more confident and better able to deal with issues

Out-standing Issues

Concerns about how Diane will manage

Eddie's Journey

Eddie lived in foster care organised by the local authority with the agreement of his mother, as the family home was deemed unfit for habitation. The family were subject to eviction proceedings by the private landlord. Eddie's father had died in August 2009 and two of his siblings had been taken into care. Eddie had been traumatised by these events and blamed himself for being unable to prevent his siblings being accommodated by the local authority. The continual prospect of a court hearing to decide the arrangements for his siblings, and the regular postponement of this hearing was a persistent source of anxiety to Eddie throughout the period of the IIP intervention. Eddie is part of a large and close-knit family of travellers which he is very proud of. Securing another home for the family has been problematic as they were well known and had a poor reputation in the locality. Eddie was referred to the IIP in December 2009 by Social Services due to anti-social behaviour and criminal damage offences. Eddie attended a Special Educational Needs School on a part time timetable due to behavioural issues. Both Eddie and his mother were keen to maintain contact with each other and due to the flexible nature of the IIP contact, this important link had been maintained. Eddie had contact with the IIP worker three times per week for an hour with telephone contact on other days when necessary. Anger management sessions were scheduled but these were often difficult to sustain due to Eddie's diversionary tactics and the fact that they immediately preceded contact time with his mother. There was also significant need to focus upon crisis management with Eddie, often on a daily basis. There was an incident when Eddie had got into a car with an adult, which had been reported to the police. Eddie had participated in some IIP outings, which he enjoyed. However, he struggled with IIP group activities and was excluded from some reward activities due to his behaviour. He had responded well to the use of, and withholding of, reward incentives. The IIP worker liaised closely with Eddie's school and Eddie's behaviour became more settled. There was no anti-social or offending behaviour, prompting the consideration of reduced contact. However, Eddie was excluded from school for the last few days of term for attacking a teacher and after a subsequent attack on another teacher, he was excluded. In October 2010 Eddie secured a place at another school. In October 2010 Eddie left his foster accommodation and moved in with one of his brothers. Since living with his brother, who has a routine, Eddie had attended school everyday. Eddie's brother ensured that he attended school and was supportive of Eddie's education. Eddie's mother and siblings also moved to a new property in a different area of the town. After an inspection from Children's Services, Eddie was allowed to stay with his mother at weekends. The IIP worker believed that Eddie had become more able to begin to address his feelings of bereavement, guilt and anger. Eddie had become more reflective about his behaviour and its impact in others. He had also been willing to meet with the family social worker, which was regarded as a very positive big step as his family had a suspicion of 'authority figures.' Eddie had not been involved in any further incidents of anti-social behaviour or offending and his IIP worker believed that he 'had turned a corner.' However, the IIP worker was concerned how Eddie would react to the outcome of the court hearing and believed that Eddie needed access to specialist bereavement counselling.

Objectives

Anger management

Improve school attendance

Manage feelings around bereavement and guilt

Encourage appropriate non-violent behaviour

Flexible timing of one to one sessions

Time to persevere with one to one sessions

Use of reward and informal sanctions

Eddie's Journey Map

Eddie Age 14	Presenting Issues *Reason for Referral*	Other Emerging Significant Family Issues	Interventions *Direct Support*	Transformative Outcomes	Outstanding Issues
	ASB & criminal damage	In foster care Death of his father Problems finding accommodation (viewed as a difficult family)	Anger management sessions Bowling/ team building exercises *Referral* Bereavement counselling	*Hard Outcomes* Offending ceased Improved school attendance No longer in foster care, living with his brother *Soft outcomes* Better able to deal with anger issues	None

Isaac's Journey

Isaac's parents are separated and he lives with his sister Amy (see Amy's journey) between his mother's and father's homes. Isaac was 11 years old when he was referred to the IIP by social services in May 2009. The family were known to the police and had been accused of numerous incidences of anti-social behaviour at both addresses. Isaac had been charged with three arson offences and was subject to an Anti-social Behaviour Order from October 2009, with conditions including that he be at home from 8pm. Isaac had anger management problems and displayed aggressive and violent behaviour to both parents and members of the public. Isaac had not attended school for some time. His mother had signed a parenting contract in April 2009 but his non-attendance continued. Isaac's mother had serious mental health problems, was socially isolated and engaged in inappropriate and risky sexual relationships. Isaac's father also suffered from depression and both parents struggled to enforce boundaries and routines for the children. The family had significant financial and debt problems. Isaac and Amy were placed on the Child Protection Register in July 2009. The IIP aimed to reduce Isaac's involvement in anti-social behaviour and offending and reintegrate him into mainstream schooling. Interventions included one to one work and liaison with Educational Welfare Officers and Child Protection social workers. The IIP also undertook work with both parents, and intensively with Isaac's mother, and sought to engage Isaac's maternal grandparents in his support and care. Rewards and incentivised activities were used as a technique with Isaac. The IIP helped the family secure a move to a new area. Isaac was assigned an IIP sessional worker, with whom he established a very positive relationship and, from May 2010, became his main contact, focusing on educational and constructive leisure activities. Isaac's behaviour improved following the family moving home and he was not involved in any further incidents of anti-social behaviour or offending. The IIP worker believed that one to one sessions combined with rewards-based techniques had been effective in enabling Isaac to understand the impacts and consequences of his actions. During April and May 2010, Isaac underwent psychological assessments to establish whether he was fit to plead in court in relation to arson and breach of Anti-social Behaviour Order offences. One report suggested that some elements of his understanding were at the level of a six or seven year old. Isaac did appear in court; he was sentenced to a 12 month referral order and his mother was ordered to pay around £700 in compensation. Isaac refused to engage with mainstream school and the IIP referred him to Youth Offending Team educational provision which he successfully engaged with. In September 2010 the IIP and an Educational Welfare Officer attempted to reintegrate Isaac into a new school, and by December 2010 he was attending school regularly, supported intensively by the IIP sessional worker. However, continuing family dynamics and the actions of his parents, including a holiday abroad, had disrupted this progress. Isaac was meeting the conditions of his referral order and there had been no incidents of anti-social behaviour or offending for 18 months.

Advocacy with local housing provider to enable the family to move home

Objectives
Reduce involvement in anti-social behaviour and offending

Re-engage with mainstream education

Use of rewards to reinforce positive behaviour

Provision of educational activities and liaison with agencies to reintegrate into mainstream schooling

Use of sessional workers providing expertise

Working with the family to stabilise the home environment

Isaac's Journey Map

Isaac

Age 11

Presenting Issues

Reason for Referral

ASB received in October 2009

Other Issues

Child Protection Register under the category of neglect in July 2009

ASBO

Arson

Not in education

Other Emerging Significant Family Issues

Mums mental health and OCD

Mums dependency on IIP workers

Mum's unpredictable behaviour

Mum often embarks on what are viewed as inappropriate and high risk sexual relationships

Family debt

Family have a high profile with police

Interventions

Direct support

One-to-one sessions twice per week with IIP worker

Once per week with sessional worker – semi-educational and/or constructive leisure activities

Ensuring school attendance by getting Issac up and taking him to school

Rewards-based work

Family Support

One-to-one work with mum and dad to improve their parenting skills

Helping the family to move home

Transformative Outcomes

Hard Outcomes

Improved school attendance

ASB ceased but court appearance for arson and breach of ASBO offences. Sentenced to a 12 month referral order. Attends YOT

Subject to a Child Protection Plan

Outstanding Issues

Continuing engagement with the IIP

There is a review of the Child Protection case in January 2011

Parenting skills of both parents

Jake's Journey

Jake lives at home with his mother and younger brother. His father is in prison for murder. Jake was aged 17 when he was referred to the IIP in November 2009 by the Anti-social Behaviour Team and the police due to nuisance behaviour including criminal damage and anti-social behaviour towards neighbours which had put the family's social housing tenancy at risk. Jake had attended a special educational needs boarding school until the age of 16. Jake had been excluded from college for assaulting another young person. Jake was verbally abusive and on occasion violent to his mother and younger brother and had damaged the family property. Jake engaged positively and proactively with his IIP worker. Contact was maintained three times per week and sessions typically consisted of discussions about the day to day issues that Jake was facing that particular week. One to one reflective sessions, Cognitive Behaviour Therapy, goals sheets and reward mechanisms were used to encourage Jake to become more aware of the needs of others and to take responsibility for his own actions. Jake's behaviour improved which enabled him to attend some of the IIP group activities. The IIP purchased additional fishing equipment as a reward for his progress and assisted in repairing the family home and redecorating Jake's bedroom. Activities were also provided for Jake during holiday periods. The IIP worker also attempted to improve Jake's diet and exercise regime and to foster his interest in cookery and secured a work placement for Jake at a local butchers. In March and April 2010 there was deterioration in Jake's behaviour and it was discovered that Jake had been using cannabis and alcohol. By May Jake's behaviour had improved. The IIP worker provided a lot of support to Jake in considering his future options for college, assisting him with application forms and his CV and practising interview skills. Jake was offered a place at a new residential college and a place in his existing college. The project worker helped Jake apply for a summer job in a supermarket and encouraged Jake to manage his own money and purchases. Jake was also encouraged to take responsibility for his own health. There were no further incidents of anti-social behaviour in the neighbourhood or at college and the risk to the family tenancy was also reduced, for example by music now being played at an acceptable volume. Jake secured a place at both a residential college. However, after a brief period Jake returned home, unhappy and feeling isolated and lacking the support of the key worker. He began a general foundation course at a local college where his attendance was 98 per cent and he was travelling to the college independently. He had ceased to use cannabis. The IIP worker was seeking to access post project provision for Jake, including a housing-related support service. Jake believed that the balance of 'strictness' and rewards in the IIP had made him more reflective, responsible and independent. His mother believed that the IIP had been responsible for the progress that Jake had made. In particular she valued the role model and mentor role provided by the male IIP worker and believed that the rewards techniques had been especially effective. The IIP worker believed that Jake had improved social skills and enhanced confidence and was now able to manage daily tasks and conflicts more autonomously.

Objectives

Address anti social behaviour and abuse towards family and other

Reduce the risk to the family tenancy

Build social anger management issues

Encourage participation in structured positive activities

Reinforcement of positive behaviour

Encouragement to take responsibility

Growing independence

Jake's Journey Map

Jake

Age 17

Presenting Issues

Reason for Referral

Criminal damage, abusive towards certain people

Putting the family at risk of losing their home due to the ASB

Other Issues

Assault on a young person at school

Other Emerging Significant Family Issues

Lack of a male role model

Interventions

Direct Support

One-to-one sessions 3 times per week

Goals sheet

Go -Karting, half day canoeing, Theme Park paint balling, quad biking

Encouragement to take responsibility for himself

Help with interview techniques/ application forms

Transformative Outcomes

Hard Outcomes

General Foundation course at College

ASB ceased

Soft Outcomes

Confidence to travel alone

Increased confidence and independence

Outstanding Issues

Referral to Homeworks (Help with accommodation for vulnerable people)

Julia's Journey

Julia was 15 years old when she was referred to the IIP in August 2009 by her Education Welfare Officer because she had not attended school since May 2008. Her mother was prosecuted in May 2009 for Julia's non-attendance and had also signed a parenting contract with the school. In 2007 Julia had assaulted a police officer and received a final warning and she had also been arrested for criminal damage to property in her home. Julia had recently severed contact with a group of friends who were involved in offending behaviour. Julia had deliberately self-harmed and been admitted to hospital twice as a result of overdoses. She had previously received support from a child psychiatrist and CAMHS. Julia had witnessed domestic violence and had lived for a period with her mother in a refuge. Julia's mental and emotional health was affected by bereavement issues resulting from the deaths of her father and grandfather. Julia and her mother had a difficult relationship and Julia was verbally abusive to her mother and, on one occasion physically violent,

Objectives

Reintegration into mainstream education or alternative provision

Improving mental, emotional and sexual health

Assisting Julia's mother in developing skills and strategies to manage Julia's behaviour

Helping Julia and her mother improve their relationship

resulting in her receiving a police caution. Julia's mother had low self-esteem and struggled to enforce boundaries and ensure that Julia attended school. The IIP aimed to reintegrate Julia into mainstream education or provide alternative provision, to improve Julia's mental, emotional and sexual health, to assist Julia's mother in

Practical hands on support

developing skills and strategies to manage Julia's behaviour and to improve the relationship between Julia and her mother. The IIP interventions included Julia attending a film project, referring Julia to specialist sexual health and counselling services, providing a sessional educational worker, supporting Julia to attend school and assisting Julia to gain entry level qualifications and apply to college. In addition, the IIP worked with Julia's mother on esteem, parenting and conflict resolution issues and facilitated her participation in IIP parents' group activities. Attempts to facilitate Julia's attendance at school were unsuccessful. The IIP provided some direct educational support and gained a place for Julia on an entry level course, which she did not complete. The IIP then sought to provide alternative

Flexible and reactive to changing circumstances

mechanisms to enable Julia to access college, such as the Princes Trust and Learn Direct. Julia then successfully completed the film project and received a Youth Achievement Award and a positive reference. Julia successfully gained a college place. Julia's relationship with her mother improved and there were no incidents

Referral to specialist services

of anti-social behaviour or self-harming, so by March 2010 the IIP were developing an exit strategy based on reducing contact but providing support until Julia settled in college in September. In June 2010 Julia became pregnant and deferred her college course, although she intended to gain some GCSEs. The IIP accessed pregnancy support services for Julia. She was in a stable relationship, her partner was in employment and viewed as a positive influence and both families were supportive. Julia's case was formally closed in December 2010. The IIP workers believed that Julia and her mother had made very significant progress as a direct result of the IIP. Similarly, both Julia and her mother believed that the IIP had been instrumental in improving their relationship and ensuring that Julia was no longer at risk of self-harming or involvement in anti-social behaviour or offending.

Julia's Journey Map

Julia Age 15	Presenting Issues	Other Emerging Significant Family Issues	Interventions	Transformative Outcomes	Outstanding Issues
	Reason for Referral Not being in education, since May 2008 *Other Issues* Assault on a police officer Criminal damage Mental health issues- self harm Suspected over dose	Mother prosecuted for daughters school non attendance Signed a parenting contract with the school Domestic Violence issues Mum - low level literacy skills precluded her from applying for jobs	*Direct support* One-to-one sessions Support in gaining entry qualifications/accessing college Providing a constant and consistent source of support Engagement in a film project once per week *Referral* Referral to specialist services (e.g. sexual health nurse, counselling) *Family Support* One-to-one sessions with Mum	*Hard Outcomes* No longer self harming Julia is intending to keep her baby Attending school for pregnant teenagers Exit IIP December 2010 *Soft outcomes* Julia is in an extremely stable and settled relationship with another young person who is in employment. They have significant family support	Endeavouring to get a volunteer from the IIP delivery organisation to engage with Julia to provide some levels of contact

Kate's Journey

Kate lives with her mother, her mother's partner and her older brother and is in regular contact with her father and his partner. Kate was 14 years old when she was referred to the IIP by Social Services in October 2009. She was subject to a Supervision Order as a result of involvement in shoplifting and minor assault offences. Her mother had also been subject to a Parenting Order and penalty notice in relation to Kate's non-attendance at school. Kate had been a victim of sexual abuse and had previously spent time in the care of the local authority. There were concerns that Kate was at risk of escalating involvement in criminal behaviour and use of alcohol.

Objectives

Improve school attendance

Address offending behaviour

Reduce negative peer influences

Improve self esteem

Kate's mother had learning and mental health difficulties and Kate had poor literacy and numeracy skills. There was a lack of child-centred and positive activities in the home and no structure, boundaries or routines. Kate was easily led and spent a lot of time with a negative peer group. It also emerged that Kate had very difficult relationships with both of her parents' new partners and had witnessed violence in the home. The IIP worker initially found it difficult to engage with Kate and several appointments were missed. The family moved to a new home in March 2010 and Kate started at a new school, which, unlike her previous one, was within walking distance of her home. Kate had previously shown fluctuating levels of school attendance. The IIP worker focused on re-integrating Kate into selected lessons on a 50 per cent timetable. A lot of time was also spent on a one to one basis with Kate, aimed at building her self esteem and motivation, encouraging her to reflect on her behaviour and goals and providing her with coping strategies for dealing with the emotional and social challenges arising from her parents' new relationships with their partners and the move to a new area and school; which the IIP worker regarded as having being detrimental to her progress. The IIP worker also took Kate to a range of activities based on her interests, including hip hop dancing, swimming, cinema and bowling. The IIP worker regularly took Kate to school, challenged her mother about Kate's attendance and attempted to foster Kate's responsibility for her own behaviour. A

Negotiating family change

Providing coping strategies

Partnership with schools

placement for Kate at a local hairdressing firm was secured which lasted for the duration of the intervention and beyond. Kate's mother was subject to a substantial fine for Kate's non-attendance at school and the IIP worker managed issues around the payment of this. Kate was arrested and questioned by police about an assault incident (although she was not directly involved) and the IIP worker identified very problematic family dynamics and peer group influences during this period. However, Kate had made some progress at school, including improved behaviour and more responsibility for attending lessons, which the IIP worker encouraged.

Building esteem and reflective practices

Sessions were also used to improved Kate's literacy and numeracy skills and to enhance her assertiveness. Kate's attendance and behaviour at school continued to improve, she sat some examinations and she was coping better and using strategies to address family and peer group issues. Kate also undertook a successful placement in a care home. Kate was involved in shoplifting offences and subject to a Youth Rehabilitation Order. Despite this, the IIP project worker believed that Kate had been transformed in her confidence and management of situations. She successfully met all the conditions of the Order, undertook literacy and numeracy courses and was attending school regularly. Her case was closed in October 2010. She continued to receive support from the Youth Offending Team.

Kate's Journey Map

Kate Age 14

Presenting Issues

Reason for Referral

At risk of escalating involvement in ASB

Supervision Order for shop lifting and minor assault (July 09)

Penalty notice for non-school attendance

Other Issues

Sexually abused in 2005 and subsequently spent time in the care of social services

Housing arrears of £1000 and other financial difficulties

Other Emerging Significant Family Issues

Mother's metal health problems and learning difficulties

Reported problems in her relationship with her Mother's partner and also her father's partner

Bonding issues between Kate and her mother

Lack of structure, supervision and positive activities and interaction in the family home

Interventions

Direct support

One to one sessions, once or twice per week to support literacy and numeracy skills and boost confidence in school

Providing opportunities for conversation and attending activities

Secured a hairdressing placement dependent upon continued school attendance

Use of sanctions - reward based on increased School attendance

Encourage independence by reducing the number of times accompanying to school

Ensuring time to reflect on incidents, motivation, self-confidence, consequences, attitudes and short-term and future goals

Advocacy

Liaison between school and family

Negotiated a delay and means test for the school £600 non-attendance fine (£600)

Family Support

Help with parenting

Contact with the family up to three times a week

Transformative Outcomes

Hard Outcomes

Attended Learning Support Unit every morning and had been in school almost every day

Sat four exams which,

Disassociated herself from the negative peer group

Successfully completed a week work placement at a care home

Continued placement at the hairdressers which had been progressing positively

Completed a programme with a voluntary organisation working with young people

Arrested twice in August in relation to shoplifting and hoax phone calls to the police. Received a Youth Rehabilitation Order and is working with the YOT

Soft outcomes

Managing relationships with both her parents and their partners well

Improved self esteem and confidence

Outstanding Issues

Receiving on-going support from the YOT

Receiving on-going support from the school

Lenny's Journey

Lenny lives with his parents and older sibling. Lenny was 14 years old when he was referred to the IIP by Social Services and the Youth Offending Team, due to his alleged involvement in criminal and anti-social behaviour and his disengagement from education. Lenny had previously been in specialist educational provision but this was no longer available. Lenny had been involved in an alleged robbery and anti-social behaviour in the neighbourhood, had not engaged with the local school or a home tuition package and was at risk of being taken into care. Lenny had learning and behavioural difficulties. He was regularly verbally and physically abusive to his parents, who felt unable to leave Lenny alone in the home because he had caused serious damage to the family property. His parents' and siblings' mental health and relationships had deteriorated Lenny was regularly the victim of social and financial peer group exploitation. He loved animals and kept a number of them in the family home and yard, which was not always appropriate. A key priority for the IIP was to facilitate Lenny's reengagement with some form of specialist educational provision, to have Lenny's needs formally diagnosed and recognised and to manage escalating risks and violence in the family home. His parents were dedicated to Lenny and were very supportive of the IIP intervention. Lenny's own engagement with the IIP worker and education services was sporadic.

Objectives

Re-establish some form of educational provision

Address offending and risky behaviours

Address peer influences and exploitation

Support family dynamics, conflict resolution and coping strategies

Initially the local authority Learning Disabilities service refused a referral for Lenny, stating that he did not meet the criteria threshold. The situation in the home remained volatile, with further incidents of aggression. His parent's relationship and emotional wellbeing deteriorated and the IIP worker began to work with his older sibling as well. The focus of the IIP intervention was: maintaining some level of engagement and dialogue with Lenny; providing coping strategies for the family in dealing with anger management and conflict; and continuing to press for Lenny's needs to be acknowledged by other services, including domestic violence support. There were periods of progress and regression throughout the intervention period. The IIP project worker undertook regular home visits and accompanied Lenny to some education and medical appointments. The IIP also arranged a respite holiday for Lenny's sibling's household, who lived next door. The IIP facilitated Lenny joining a local boys club, which he attended regularly and independently. The IIP also sought to progress Lenny's involvement in local animal care groups. The IIP worker was frustrated that other services would only address issues occurring within the neighbourhood rather than those within the family home. Eventually a referral for Lenny to the Learning Disabilities Team was accepted. Assessments identified that he should have a Statement of Special Educational Needs related to a range of mental and behavioural issues and was categorised as high risk following home visit assessments by a psychiatrist and psychologist. The eventual formal assessment and recognition of Lenny's underlying medical conditions by senior practitioners had been the major progress in Lenny's journey and the primary impact of the intervention, although there were still issues about engagement and the support packages being provided. In addition, Lenny's parents reported that they would have separated without the support of the IIP worker. Lenny's case provides an example of IIP work having to be undertaken primarily with a young person's parents.

Crisis management

Maintaining family relationships

Providing coping strategies

Advocacy and having needs formally recognised

Lenny's Journey Map

Lenny age 14

Presenting Issues

Reason for Referral

Risk of Lenny being taken in care

Alleged involvement in robbery

Involvement in anti-social behaviour in the neighbourhood

Housing issues

No educational provision

Other Issues

Learning and behavioural difficulties

High levels of aggression towards all family members

Easily led by peers and had become involved in offending behaviour

Very low self-confidence and esteem

Other Emerging Significant Family Issues

Lenny had attended special schools in the past

Victim of financial and social exploitation by others

Keeping animals in the home and neighbourhood environment

Poor mental health of parents and siblings and intra-family relationships linked to Lenny's behaviour

Parents confined to the home and required to look after Lenny 24 hours a day

Interventions

Direct support

Maintaining a relationship between Lenny, his parents and siblings and the project worker

Accompanying Lenny to educational and health appointments

Referral
Fighting the referral criteria to the Learning Disabilities team and securing a referral

Securing assessments by psychologists and psychiatrists

Advocacy
Acting as mediator with tutor

Family help

Providing emotional support and behaviour management strategies to parents and siblings

Transformative Outcomes

Hard outcomes
Preventing accommodation by local authority

Lenny had attended his education tuition sporadically after a period of refusing to attend

Soft outcomes
Preventing relationship breakdown between parents

Improved inter-family dynamics and relationships

Improving mental health and self esteem of parents

Securing clinical diagnosis of learning and behavioural problems and special educational needs

Securing dedicated package of support from Learning Difficulties Team

Incidents of serious physical aggression towards other family members still occurring

Non-engagement with medical practitioners and assessments

Outstanding Issues

None

Ricky's Journey

Ricky was 14 years old when he was referred to the Youth Inclusion Support Team in March 2009. He lived with his mother and his two siblings. His father had left the family home six years previously due to incidents of domestic violence. Subsequently Ricky accrued a number of convictions for vehicle theft and similar offences. Prior to referral to the IIP in July 2009, on grounds of concerns about offending behaviour and his association with a negative older peer group, Ricky had spent four months on remand in a Young Person's Secure Unit in relation to a charge of robbery and associated car crime. Ricky had a Statement of Special Educational Needs, but he was not attending school and had struggled to make progress at main stream school, due in part to heavy cannabis use. He had previously been in a pupil referral unit but this arrangement had broken down. He was referred for home learning support through an IT based system of independent learning, but this was unsuitable due to Ricky's lack of basic skills. Ricky attended one to one Cognitive Behaviour Therapy sessions co-run by the IIP worker with a focus on improving his risk assessment and problem solving skills. Ricky and his family were reported to owe around £3,000 in drug-related debts and had previously made payments to a gang in order to avoid reprisals. Between February and April 2010, Ricky was seriously assaulted, charged with affray and arrested in connection with a robbery. Despite these incidents, his IIP worker and mother believed that Ricky was making some progress. In May 2010, due to serious concerns about Ricky's safety, linked to neighbourhood conflict and threats of reprisals, the IIP worker arranged for the family to be transferred to accommodation in a different area. Ricky also started a vocational catering course which was jointly funded by Social Services and the IIP. Ricky's behaviour remained volatile, exacerbated by heavy cannabis use combined with occasional use of other drugs. Ricky had been provided with a 360 Drug Project family support worker. The likely custodial sentence anticipated in relation to the above offences had 'catastrophic' impacts on Ricky's morale and his relationship with his mother. In July Ricky was made subject to an Intensive Supervision and Surveillance Programme. As a result of continuing conflict and damage to the family home, Ricky was offered and accepted supported accommodation and a key worker provided by a third sector organisation. Ricky was exited from the IIP in September 2010. Ricky had not offended since May and his IIP worker believed that his self-responsibility and social relationships had improved to some extent.

Objectives

Addressing offending behaviour and safety concerns

Addressing educational provision

Advocacy with local housing provider to enable the family to move home

Cognitive Behaviour Therapy

Liaison with other agencies

Referral to other services

Ricky's Journey Map

Ricky
Age Unknown

Presenting Issues

Reason for Referral
Three year history of criminal offences

Safeguarding concerns -association with a group of older people with criminal records

Heavy drug use

On remand in relation to a charge of robbery and associated car crime

Other Issues
At 12 years old convicted of vehicle theft offence, a further 7 convictions for similar offences

Issues with an ABC

Education Special Needs Statement

Not in education

Charged with assault of his sister and affray

Owes around £3,000 in drug debts

Arrested on an attempted street robbery charge

On a 7pm curfew

Family is at a high risk of reprisals and is no longer safe living in the area

Other Emerging Significant Family Issues

Mother had been in care as a child

Domestic violence issues

Interventions

Direct support

Contacted by phone once a week

Home learning support through the Knox scheme

Cognitive Behaviour Therapy (CBT)

Arranged for panic buttons to be installed in the house

Referral

360 Drug Project family support worker

Referral to the Child and Adolescent Mental Health Service for further assessment

Advocacy

Trying to secure alternative accommodation

Child Action Meeting with Community Safety Officer, Places for People (the family's landlord) Knot School tutor, Social Services &

360 Drug Project

Transformative Outcomes

Hard outcomes

Started a vocational catering course which has been jointly funded by Social Services and the IIP

Last drug test indicated reduced levels of cannabis use

September 2010 accepted supported accommodation run by Action for Children

July 2010 he was issued with an Intensive Supervision and Surveillance Programme (ISSP)

Soft outcomes

Began to take more responsibility for his actions

He is less socially isolated and is no longer vulnerable to becoming a victim of neighbourhood conflict and reprisals

Outstanding Issues

None

Robert's Journey

Robert lives with his mother and sister, aged 10. Roberts's elder sister lives with their father in a nearby town. Robert's mother used alcohol as a 'coping mechanism' and was struggling to control Roberts's behaviour. There was a history of domestic violence in the family and Social Services, Educational Welfare Officers and, more recently, Family Intervention Project workers were involved in the case. Robert was aged 13 when he was referred to the IIP project in January 2010 due to his anti-social behaviour and offending. At the point of referral, Robert had been working successfully with the Youth Offending Team and was adhering to the conditions of a six month referral order (imposed following criminal damage within the family home). Robert was verbally abusive towards his mother and sister and had damaged items in the home. Robert's mother found it difficult to control or direct Robert and his attendance at school was sporadic. The family were socially isolated and their home was in a state of serious disrepair. It later emerged that the family also had significant debt problems. Robert had trouble coping with the absence of his father and had been sleeping on a sofa in the front room for two years. The IIP aimed to encourage Robert to make positive choices and engage in positive activities, to enhance his self esteem and confidence and to foster his responsibility for his actions and their impacts on others. A one to one session three times per week with the IIP worker seemed to have had a positive impact on Robert's behaviour at home. Subsequent focus of activity concentrated on Robert's anger issues and school attendance, which also improved to such an extent that the Education Welfare Officer was no longer involved. The anger management sessions focused on triggers, coping and consequences and utilised work sheets and visual materials in recognition of Robert's learning needs. Despite making initial good progress at the one to one sessions, Robert did not engage with several other IIP activities and programmes. Robert's attendance at school later became sporadic and he received a number of detentions as a result of his behaviour. The IIP worker was able to establish that Robert's non attendance was as a result of bullying and liaised with the school to address the issue and provide Robert with appropriate educational provision. Mediation was arranged between Robert and his father through 'Time to Talk' services in order to facilitate more regular and formalised contact, although this had not been finalised by the end of the intervention. The IIP and Family Intervention Projects arranged for a bed to be provided in for Robert's in bedroom upstairs and the FIP worker was undertaking a home improvement scheme with the family, including decorating Robert's bedroom. Robert exited the IIP in early June as he had not displayed any anti-social behaviour or offending, although the FIP continued to work with the family. Robert's mother was pleased with the progress that Robert had continued to make following his exit from the IIP. He was attending school regularly and had not been involved in any incidents of anti-social behaviour or offending. Robert's mother believed that the IIP had some positive impacts in encouraging Robert to attend school and address his anger management issues. However, she also believed that these impacts had been limited and that there had been too many agencies involved.

Objectives

Engage in education

Improve behaviour at home

Improve confidence and raise self esteem

Intervention by project worker addressed bullying

Exploration of deeper issues led to mediation between Robert and his father. This had a positive impact on Robert's school attendance

Importance of personalised budget to solve issues

Robert's Journey Map

	Presenting Issues	**Other Emerging Significant Family Issues**	**Interventions**	**Transformative Outcomes**	**Outstanding Issues**
Robert Age 14	*Reason for Referral* ASB & criminal damage *Other Issues* Verbally aggressive Not in education	History of Domestic Violence Mother uses alcohol as a coping mechanism Family debt Involved with social worker	*Direct Support* One-to-one sessions 2/3 times per week supplemented by telephone contact on other days One D-Jing session Anger management sessions *Referral* Referral to Time to Talk a medication service	*Hard Outcomes* Offending ceased Improved school attendance EXIT IIP 7th June 2010	None

Ronnie's Journey

Ronnie lived with his mother and sister and had infrequent contact with his father. Ronnie was 16 years old when was referred to the IIP by the police in June 2009, due to a history of offending and his association with local gang members linked to serious gang and criminal activity. Ronnie had been arrested 11 times for incidents including robbery, robbery with violence, robbery with a knife, and Aggravated Bodily Harm, although no further action had been taken in each

Flexibility to try other means of contact

Importance of local workers

case. Ronnie was excluded from mainstream secondary school at age 14, and sent to a local authority education and behaviour support centre, where he was assessed as having a learning age of six years. He had since been referred to a special needs school. Before his exclusion, Ronnie was a top athlete and participated in athletics clubs and competitions, but had not done so since he was excluded from school. Ronnie struggled to attend school, which required two bus journeys, especially when his mother did not take him there by car. Ronnie was fearful of using public transport for fear of encountering rival gang members and he had been seriously assaulted on a bus. He refused to use the bus provided by the school bus as he wanted to be seen as normal. Ronnie

Objectives

Diversion from gang involvement and criminal activity

Increase self-confidence and manage speech impediment

Guidance towards purposeful activity following GCSEs and transition from school

Mediation between Ronnie and his mother, in order to manage conflict and improve their relationship

was in his GCSE year, and his poor attendance at school impacted on his attainment. He was also unsure about what he wanted to do after school, although he had previously completed a plastering course, which he enjoyed. Ronnie regularly smoked cannabis, often staying up late and this was a contributory factor to his non-attendance or lateness school. Ronnie also had a problematic relationship with his mother. Contact and engagement between the IIP, Ronnie and his mother had been sporadic. This was due in part to IIP worker absence. But it was also related to Ronnie's lack of self-confidence and his speech impediment, which made him reluctant to encounter strangers or engage in group work. Due to his lack of initial engagement, Ronnie was not eligible for incentives activities provided by the IIP. Ronnie moved out of his mother's house and went to live with his father. His father did not engage with the IIP or the school as he did not believe that Ronnie had special needs. Following several months without contact, an IIP worker was able to undertake a home visit and engage with Ronnie on a one

to one basis to explore anger management and speech therapy issues. A taxi was provided to bring Ronnie to sessions at the IIP offices but his

Time and perseverance to engage with the family

Addressing neighbourhood and peer group influences

attendance at IIP sessions remained erratic. The IIP worker also investigated potential vocational courses for Ronnie. The IIP believed that Ronnie's father was firmer in his attitudes and discipline. It was

also viewed positively that Ronnie had also moved out of the area where the gang activity was located and was able to use public transport. Although his engagement with the IIP remained sporadic, Ronnie began a construction course at a local college which he attended regularly, using public transport and he had not been involved in any recorded criminal activity. The lack of engagement and prolonged periods of non-contact meant that the IIP intervention had not resulted in changes in Ronnie. Ronnie's mother believed that some of the conversations she had with the IIP workers were helpful and that the IIP had attempted to engage Ronnie, but he had refused; she did feel that the IIP could have worked harder to secure the engagement of Ronnie's father.

Ronnie's Journey Map

Ronnie Age 16	Presenting Issues	Other Emerging Significant Family Issues	Interventions	Transformative Outcomes	Outstanding Issues
	Reason for Referral Gang involvement, and a history of offending **Other Issues** Arrested - robbery, robbery with violence, robbery with a knife, and ABH Speech impediment Excluded from mainstream secondary school at age 14 Burlington Centre (a local authority education and behaviour support centre), where he was assessed as having a learning age of 6 years Low self esteem Struggles to attend school Regularly smokes cannabis	None	**Direct support** One-to-one sessions focused on education and school attendance	**Hard Outcomes** Still not attending school consistently Still not making any plans for his future education/ employment Still smoking cannabis regularly and most likely associating with local gang members No recorded involvement in criminal behaviour **Soft outcomes** Ronnie is sometimes getting himself to school, even if he does arrive late.	None

Steven's Journey

Steven's family had a history of serious criminal offending. His mother had spent time in care as a child and had also served custodial sentences. Steven's father had died of a heroin overdose and his step-father had been murdered. The family had been implicated in drugs and gang-related activity in their previous location of residence. The family had relocated to a new area but were socially isolated and struggling to cope with the transition. Steven's mother misused alcohol and was medicated for depression. The family were initially referred to the IIP in October 2009 due to the offending behaviour of Steven's older brother, who was given a prison sentence for robbery. There was a history of domestic violence in the home, with Steven's older brother regularly seriously assaulting Steven's mother. There had been numerous complaints about anti-social behaviour at the family's property and Steven's mother had been given a suspended sentence for assaulting a neighbour. The family often went without necessities, including food. The Youth Offending Team, probation service and Educational Welfare officers were also involved in the case. The referral of Steven to the IIP was aimed at: preventing Steven becoming involved in serious offending (given the risk factors of other family members); preventing his association with a peer group involved in offending; improving his school attendance; and addressing the lack of stability and routine in his life. The IIP focused on encouraging Steven's engagement with school, providing leisure activities, exploring coping strategies in times of crisis and attempting to offer an adult male role model. The IIP provided bus fares for Steven to attend school, used alarms on his phone and lifts to maximise his attendance and purchased a computer to enable him to complete school work. Steven's behaviour and ability in school were not problematic and he was keen to engage with the IIP. The IIP devoted a lot of time to establishing a relationship of trust with Steven's mother to facilitate her engagement, and therefore, Steven's engagement, with the IIP. The IIP assisted the family to move tenancy, resolved rent arrears and benefit claims issues, provided budget planning and financial contributions for essential items and assisted the family in attending medical appointments. The IIP also encouraged Steven's attendance at leisure activities and Steven's mother to join a parenting group and establish a social network. Steven's mother viewed the IIP very positively at this stage and Steven's school attendance increased. However, the situation deteriorated rapidly, linked to Steven's brother returning home from prison. Steven's mother's alcohol problems escalated and she was charged with a further assault. Steven's mother became increasingly hostile to the IIP intervention and confrontational to the IIP worker. Steven's attendance at school declined and the circumstances made it very difficult for the IIP to work directly with Steven and his family. Incidents of anti-social behaviour increased at the family property and both Steven's mother and brother were subject to Anti-Social Behaviour Orders. Violence in the home escalated. The IIP provided a final opportunity for Steven's mother to engage with the intervention but subsequently and reluctantly closed the case.

Objectives

Increase school attendance

Locate additional education and leisure activities

Explore coping strategies in times of crisis

Find adult male role model

Flexibility to put preventative measures in place

Flexibility to work with the family and address family issues

Use of personalised budgets

Crisis management

Trying to establish trust and cooperation

Persistent efforts to engage under difficult circumstances

Steven's Journey Map

| Steven
Age unknown | **Presenting Issues**

Reason for Referral

Family factors that were considered to put him at a high risk of offending

Other Issues

Not in education- due to lack of parental support

Lack of stability and routine in the home | **Other Emerging Significant Family Issues**

Mother arrested for an assault on one of the neighbours

Steven's father died of a heroin overdose and his stepfather of 12 years was murdered outside the family home in a gang-related attack

Mum has alcohol misuse problems and previous drug user

Mum is currently medicated for depression and anxiety

Domestic violence towards Mother from son

Rent arrears | **Interventions**

Direct support
Paying bus fare to get to school

Finding a group or hobby

Building a relationship to enable conversation

Using 'treats and rewards'

Referral
Referring Mum to a parenting group and coffee mornings

Accessing mental health (CPN) support

Advocacy
Resolving rent arrears and housing benefit claims

Family Support

Practical and emotional support

Helping the family move house
Producing budget plans

Helping out financially

Ensuring Mum attends doctor and dentist appointments | **Transformative Outcomes**

Hard Outcomes

Steven has been attending school on an ad hoc basis

Providing bus fare to school but suspects mother is using it to buy alcohol

Exit IIP due to mothers abusive behaviour

Family Outcomes

Mother received dental treatment

Sorting out mother's finances

Mother attending coffee mornings

Addressing mother's mental health problems

Son's release from prison prompted mothers heavy drinking again and led to her committing an offence | **Outstanding Issues**

No longer engaged with IIP |

Tariq's Journey

Tariq is 15 years old and currently lives with his mother, father and siblings. Tariq was referred to the IIP in June 2009 by the Intensive Surveillance and Supervision Programme team for admitting gang involvement after he had been seriously assaulted. Tariq had been involved in five robberies, gang activities, and has received further threats of serious violence. Tariq had been subject to a curfew and electronic tagging. Engaging with and attending the IIP was a condition of his ISSP, although subsequently he engaged voluntarily. Tariq continued to receive support from a Youth Offending Team worker during the

Objective

Avoiding involvement in gang-related and criminal activity

Addressing neighbourhood and peer-group influences

Addressing personal safety issues

IIP intervention. Tariq had been subject to temporary exclusions from school. Although Tariq's attainment was not a concern, his attendance at school was erratic and on occasion he had fallen asleep during lessons. Tariq was reported to use cannabis and had issues relating to anger management and conflict resolution. He was also uncertain about his transition from school, but had expressed a desire to attend college after his GCSE examinations. Tariq's relationship with his family was viewed as being reasonable but characterised by a lack of communication. His parents had initially denied his involvement in gang-related activity but were supportive of the IIP and later acknowledged high levels of conflict within the home. The aim of the IIP intervention was to assist Tariq in avoiding involvement in gang-related and criminal behaviour. The IIP worker believed that

Building a trusting relationship

Tariq had become became involved in a gang due to intensive peer pressure. Tariq was regarded as genuinely wanting to change his behaviour, but was frustrated by certain barriers to doing this such as his reputation and the social expectation to behave in a certain way. The IIP and the school had worked together to manage the risks to Tariq's personal safety. The IIP intervention was centred on one to one sessions

Liaison and negotiation with school and practical help

between Tariq and his project worker, including accompanying Tariq to court hearings. He had also participated in decision-making courses, bowling and youth work experience (directly with the IIP). The IIP worker had assisted Tariq in applying for college and facilitated his membership of a boxing club. Through the Youth Offending Team Tariq had undertaken anger management and other

Recognising the needs to put diversionary activities in place

Building reflective practices and assertiveness

courses. Tariq believed that the informal support provided by the IIP provided an opportunity for dialogue and reflection. Tariq's contact with the IIP was inconsistent, although communication was maintained throughout the intervention period. Tariq remained out of trouble, achieved positive GCSE results, joined a gym, his

relationship with his parents improved and he distanced himself from more negative peer-group influences. The IIP worker, Tariq and Tariq's mother all believed that he had changed significantly during the IIP intervention. The IIP worker believed that Tariq had become more reflective, independent and confident and that it was the provision of someone able to talk to, guide and motivate Tariq and believe in him that had been the key mechanism in achieving progress. Tariq believed that the IIP had 'turned him into an adult', helped him stay out of trouble and assisted him getting a place in college. He believed that it was now time to 'make his own way.' Tariq began his college course in September and was exited from the IIP in November 2010.

Tariq's Journey Map

Tariq Age 15	Presenting Issues	Other Emerging Significant Family Issues	Interventions	Transformative Outcomes	Outstanding Issues
	Reason for Referral		**Direct support**	**Hard Outcomes**	None
	Admitting gang involvement after he had been stabbed	None	One to one sessions every two weeks two weeks supplemented by phone once or twice a week	Completed application forms for college	
	Other Issues		Attending court hearings project		
	Involved in five robberies		Providing opportunities for conversation		
	Heavy involvement in gangs		Short decision making course		
	Been on a curfew and electronically tagged		Anger management course		
	Smokes cannabis		Work experience as a youth worker		
	Receives serious threats of violence		Help to complete college application forms		
	Has been temporary excluded from school		Bowling		
			Advocacy		
			IIP project worker has worked closely with school		

73

6   Reflections on interventions and young people's journeys

6.1 Introduction

This chapter reflects upon the case study young people's journeys detailed in the previous chapter and their relationship to the IIP model. The chapter summarises each stage of project support as set out in Figures 4.2 and 4.3 in chapter 4: presenting issues, referral and assessment; engagement and support plans; direct work; and referrals and advocacy. The chapter examines the outcomes of the interventions within the framework of crisis management, stability and transformative change (see Figure 4.4 in chapter 4). The chapter also presents the views and perspectives of some of the young people and their parents or carers and concludes by identifying some key issues and learning points.

6.2 Presenting Issues

All of the young people's referrals to the IIPs included anti-social behaviour or offending as a presenting issue. This ranged from alleged rape and convictions for arson, serious assault, car crime, harassment and robbery to conflict with neighbours, noise and vandalism. The young people were subject to a range of enforcement actions, including referral orders (Amy, Kate), Acceptable Behaviour Contracts (ABC) (Amy, Daniel), Referral Orders (Kate, Robert), Intensive Surveillance and Supervision Programmes, including curfews and tagging (Ash, Ricky, Tariq), placement in a secure unit (Ash), Anti-social Behaviour Orders (ASBO) (Ash, Isaac) and Individual Support Orders (Ash). In most cases the young people had complied with these orders, although this could be difficult, for example Ash adhering to the geographical exclusion elements of his ASBO; and Daniel breaching the terms of his ABC on an almost daily basis. Daniel had been threatened with prosecution by a private management company and several families were at risk of eviction from both social and private rented tenancies (Jake, Eddie, Robert). The condition of the family home and property was also a presenting issue (Daniel, Eddie, Robert). One young person's mother and brother were, or had been, in prison and were involved in drug dealing- related activity. A majority of the young people's parents also had mental health issues. Some young people were on the Child Protection Register (Amy, Isaac) and several young people were on the borderline of being classified as Child Protection cases.

Many of the young people were working with Youth Offending Teams and related services prior to and during their IIP interventions. Gang involvement was a factor in some cases (Ash, Ronnie, Tariq) and association with a problematic peer group was a presenting issue for a majority of the young people. The young people had often been the victims of violence or threats to their personal safety (Amy, Ash, Ricky, Ronnie, Tariq) and at least two of the young people had been the victims of sexual abuse or sexual assault. Several of the young people (and, in some cases, other family members) were known to misuse drugs or alcohol. The young people were often abusive (verbally and physically) to other members of their household. All of the young people had issues of low self-esteem and self-confidence and, in some cases, depression or other mental health problems.

Almost all of the young people had issues of non-attendance or non-engagement at school. In some cases their parents had been, or were threatened with, prosecution over this (Amy, Isaac, Kate, Robert) and educational welfare officers were involved with several of the families. In other cases, young people had been excluded on a temporary or permanent basis. It was also notable that a group of these young people (Daniel, Jake, Lenny) had previously received special education provision, including residential provision, but this had either been withdrawn or disengaged from. The young people were often on part-time timetables or in dedicated units within mainstream schools or sporadically accessed some other form of educational provision. Some of the young people had special educational needs (Isaac, Ricky, Lenny) or had serious weaknesses in their cognitive, numeracy or literacy skills. There was a clear link between non-attendance with education provision and involvement in anti-social, offending or risky behaviour.

Two of the young people (Kate and Eddie) had spent time in, or were currently in; local authority or foster care and several other children were at risk of being taken into care at the time of referral. Domestic violence was a presenting issue in a number of cases (Ricky, Robert) or was identified at a later stage (Julia, Daniel). Many of the families also had a history of non-engagement with services (Eddie, Daniel).

6. 3 Referral and further assessment and Issues

The young people were referred by a diverse set of agencies, with the actual referral mechanism reflecting the local infrastructure within which the IIP was located. Referral agencies included Social Services, Youth Offending Teams, Youth Inclusion Teams, Educational Welfare officers, Anti-social Behaviour Teams, housing departments, probation services, registered social landlords and the police. In some cases young people were referred to the IIP within the context of existing support to the household from a Family Intervention Project, or as a condition of an Intensive Supervision and Surveillance Programme (ISSP).

As IIP workers engaged with the young people and the interventions developed, a range of other issues were identified affecting the young people and their families and most of these interventions became focused on addressing whole family issues and working with parents, siblings and, in some cases, peers or friendship groups. A number of the young people had been badly affected by the absence of a parent or siblings (through bereavement or relationship breakdown) from their home (Amy, Claire, Eddie, Isaac, Julia, Kate, Robert, Steven) and the young people often had to negotiate complex dynamics between the two households of estranged parents and their new partners and the different rules and expectations that were often present within them.

The particular vulnerability of the young people also became apparent, for example Amy and Claire absconding from home, Lenny being subject to financial exploitation, Amy, Claire and Julia being involved in risky sexual behaviour or Eddie getting into a stranger's car. It was also discovered that some of the young people, for example Kate and Lenny, were travelling considerable distances across their localities and being exposed to risky situations in doing so. The influence of the neighbourhood environment was also evident, including the strength

of family or peer group pressure, the reputations that families or individual young people had (including stigmatisation and scapegoating) and the expectations arising from these (Amy, Daniel, Isaac, Kate, Ronnie, Tariq). Several young people's personal safety was at risk in their own neighbourhood (Amy, Ash, Ricky) and other family members could also be implicated in cycles of conflict related to debt, often drug-related. Conversely, other families and young people could be socially isolated, in the neighbourhood and at school, with no support networks or friendship groups and a lack of alternative influences or role models (Claire, Kate, Robert, Steven).

IIP workers were able to assess the internal dynamics within family interactions and relationships, for example where the young people were assuming an inappropriate level of control or responsibility or where there were high levels of verbal and physical aggression, and establish the relations between each family member and how behaviour impacted upon each of them. The IIP workers were also able to establish where there were problematic or inappropriate divisions of domestic labour and parenting responsibilities within the family home (Daniel) or where different cultural expectations of behaviour had become an issue (Ash).

As trust developed between IIP workers and families, other issues were often acknowledged or identified, for example the traumatic childhood experiences of parents, problems of bonding between family members and debt and rent arrears. IIP workers also identified the use by some young people of alcohol and drugs as an intervention progressed. The home visit element of the IIPs facilitated an accurate identification of overcrowding and very poor physical conditions in some, but not all, of the families. A further common issue affecting many of the young people was an uncertainty about the transition from school (even if they were not attending) and their future aspirations (Amy, Julia, Ronnie, Tariq).

As an understanding of young people and their families was enhanced, the IIP workers were able to identify the causal factors underlying the presenting issues leading to the initial referral to the IIP. These were often located in young people's response to relationship breakdown, bereavement, parents having new partners and having to move home or school. IIP workers were specifically able to identify causal factors of non-attendance at school; for example a lack of self-confidence (Amy), self-consciousness about a disability and a fear of gangs (Ronnie) or being a victim of bullying (Robert).

6.4 Engagement and support plans

The stories of the young people's journeys illustrate the complexity of their engagement, and the engagement of their families, with the IIPs. Some young people engaged positively and enthusiastically from the point of their first contact with the IIP (Jake, Steven). In the case of Tariq, engagement with the IIP was a condition of his ISSP and this had been central to his participation. However, other young people were very difficult to engage (Amy, Ash, Claire, Kate, Lenny). The young people could engage with some, but not all elements of an IIP intervention, for example Eddie's diversionary tactics to avoid group or more formal counseling sessions and Robert's non-engagement with formal activities. Engagement could also be sporadic and fluctuate throughout an intervention period, with periods of progress and remission and in the case of Lenny, periods of non-engagement coincided with his

requests that the IIP worker still visit his home. The young people's engagement and progress could be affected by a series of events, most notably a change in the make up of their household (Steven) or the negative impacts of impending court cases on engagement and motivation (Eddie, Lenny, Tariq). Young people going to live with another relative could have both positive affects (Eddie) and negative outcomes (Kate).

Engagement with parents and other family members could be equally challenging. In some cases families had consistently refused to engage with a range of agencies prior to the IIP referral and were hostile or suspicious of official authority figures (Daniel, Eddie, Steven). Parents could also refuse to acknowledge that there was a problem (Tariq). In the case of Steven, a parent became very confrontational and obstructive to the IIP and other parents either did not engage adequately with the intervention or became over-dependent upon it (Amy, Claire, Isaac, Daniel). Therefore IIP workers were required to be flexible in adapting to the levels of engagement of the young people and their families, sometimes having to work mainly, or only, with a young person or a parent. This could be further complicated by both of a young person's parents each having very different levels of engagement with an IIP.

The IIP workers all sought to combine a regularity, consistency and longevity of contact with flexibility to increase or decrease contact and a persistence and assertiveness in building up trust, which could take several months and then remain fragile, as Claire and Steven's stories illustrate. However, it was also evident that young people and their parents were, in most cases, aware that they had difficulties and problems and would acknowledge this, eventually, to IIP workers, even if this recognition did not always translate into action. The IIPs also sought to engage by working through the particular interests and aspirations of each young person.

The support plans and aims and objectives of the IIP were similar for most of the young people and typically included addressing anti-social behaviour, risky conduct or offending; addressing non-attendance at school or providing alternative educational provision; building young people's self-esteem, confidence and assertiveness; providing positive activities and opportunities; addressing negative peer group influences; and improving relationships between family members through enhancing parenting, anger management and conflict resolution skills and strategies. In addition, individual young people had some more specific objectives related to their own circumstances.

6.5 Direct support

The primary mechanism through which IIP workers sought to help the young people and bring about change in their behaviour and circumstances was through direct support, usually delivered on a one to one basis. When young people were engaging, and required intensive interventions, direct support could be provided to them and other family members on an almost daily basis and was complemented by telephone or text communication.

The IIPs provided a range of contexts for listening, talking, disclosure, discussion, reflection and emotional support. These included IIP workers spending one to one time with the young people in a range of settings, using more or less formal techniques to address issues or deliver interventions including anger management, bereavement, breathing techniques,

Cognitive Behaviour Therapy, conflict resolution, consequential thinking, decision-making, family and peer-group relationships, speech therapy and strategies to improve assertiveness and reduce or avoid risky situations. Similar forms of emotional support and interventions were often provided to young people's parents and siblings. The IIPs tried to provide praise and positive enforcement, whilst establishing expectations and boundaries and supporting these being put into practice. Young people were encouraged to reflect on short and long term goals and these were linked to systems of informal rewards. IIP workers could also serve as positive role models and sources of influence, for example in the cases of Amy and Ronnie.

The IIPs aimed to build on young people's interests as a means to secure engagement with the intervention and motivation but also as a means of building self-esteem and confidence and broadening social networks and experiences. The diversity of the young people is illustrated by range of activities that the IIPs facilitated their participation in: animal welfare groups, boxing clubs, boys' clubs, cookery, dancing, drama, fishing, football clubs, gardening projects, gyms, film and music. In addition, the IIPs provided a number of group activities and outings, which were often linked to the use of rewards and incentives and also supported leisure outings, activities or holidays for families in order to promote more positive interaction and relationships or as a form of respite.

In addition to understanding the underlying factors behind non-attendance and encouraging the young people to attend school, the IIP workers directly assisted some of the young people to attend school, by providing alarms, helping with the morning routine, providing lifts or facilitating transport and, in one instance, purchasing a computer. In some cases IIP workers delivered education provision themselves, including basic literacy and numeracy skills. A common element of the intervention was managing young people's transition from secondary education and discussing their future aspirations. Several of the young people had been supported in getting information about colleges, accompanied on visits, and aided in submitting applications and CVs and learning interview skills.

The IIPs had sought to provide advice and practical skills to young people and their parents, including budgeting, cooking, diet, exercise, sexual health, and shopping. This was a mechanism for fostering independence, for example in the cases of Jake and Robert. However, the IIPs had sometimes directly sought to resolve issues of bills, debt or rent and had purchased furniture and essential household items (Steven, Robert). The IIP workers had also assisted some young people and their family to move home and had accompanied young people and their parents to medical appointments, court hearings and meetings with education and other agencies. For young people like Daniel, Isaac and Kate, the IIP had an important role assisting them to comply with the conditions of enforcement action they were subject to. IIP workers sought to provide support to Claire and Julia during their pregnancies.

Support was also provided to the young people through group work. Several of the young people had a difficulty in engaging with this element of IIP support, although in other cases it had been very effective, for example the impact of a film project on Claire and Julia. Parents were also supported in group-based activities and courses, most notably Daniel's parents or, like Claire's parents, who were encouraged to participate in some social activities with other IIP parents.

All of these aspects of direct support were aimed at stabilising situations and, eventually, achieving some forms of transformative change for the young people and their families. However, a final and significant element of the direct support provided to the young people related to crisis management, in immediate response to a range of events and their impacts, including changes in households or relations between family members, illness, young people being perpetrators, or victims, of violence, or further enforcement action. The cases of Claire and Julia illustrate how the entire focus of an intervention could shift, whilst the cases of Amy, Daniel and Steven provide evidence of how situations could deteriorate rapidly. IIP workers were often aware that this focus on crisis management was not enabling work to be undertaken that may address underlying issues and begin to achieve more sustainable transformative change. IIP workers characterised this daily management, and the periods of crisis and regression as 'keeping families afloat' and 'running to stand still.'

6.6 Coordination, referrals and advocacy

As evidenced above, the young people had been subject to a series of interventions and enforcement actions outside of their work with the projects and there were a range of agencies engaged in the cases simultaneously to the IIPs. The young people and their families varied in the extent to which they engaged with these other services. This created a complex context within which IIPs operated. IIPs attended multi-agency meetings and were, to varying degrees, embedded in multi-agency networks and processes. The IIPs also had bi-lateral relationships and communication channels with each individual service working with a young person and family, and again, the quality of these relationships varied. Several of the families commented upon the confusion that could arise from this diversity of interaction with services. In some cases, IIP workers could assume a more proactive coordinating role, seeking to streamline interventions and reduce duplication or inconsistencies and highlight gaps in provision. However, as discussed below, the relative power and status given to IIPs and individual IIP workers was a crucial element in the ability of IIPs to determine packages of support and influence the provision and form of interventions from other agencies and organisations.

The most common and prominent form of IIP partnership working was with individual schools, education departments and other education providers. IIP workers devoted a substantial amount of time communicating with education staff, including receiving updates on attendance and behaviour, negotiating bespoke provision (part timetables, attendance at special units, transfers to new schools) and addressing issues such as temporary exclusions, transport and bullying. These communications were with individual class teachers, year heads or senior school management teams. The IIP workers also worked with Educational Welfare officers on attendance issues and managing the consequences of enforcement action against parents. IIPs also referred young people to a range of alternative and third sector education providers, including specialist support for pregnant teenagers in the cases of Claire and Julia. The IIPs also worked closely with colleges to support several of the young people to learn about, access and attend courses (Amy, Jake, Julia, Tariq).

The young people were referred by IIPs to a range of specialist services, courses and providers. These included counselling and mental health services for many of the young people, sexual health advisors (Amy, Claire, Julia), pregnancy support services (Claire,

Julia), dieticians (Jake) and exploitation workers (Claire). The IIPs also referred to, or fostered the engagement of youth leisure activities and clubs and worked with these services to maintain to young people's participation in them. The IIPs also secured work placements for several young people with public, private and third sector organisations. IIPs, in line with the whole family approaches which they developed (somewhat contrary to how they were originally envisaged), also referred parents to specialist support, including counseling and mental health services, Sure Start and children's centres and parenting groups, which were sometimes delivered directly by the third sector organisations delivering the IIPs. Families were also referred to home support services and decorating and repair services (Jake, Robert) and IIP workers either referred some families to finance and debt advice organisations or directly communicated with utilities companies, landlords, local authorities or benefit agencies about the payment of bills.

The success of these referrals varied for both young people and other family members, including parents, and in some cases there was no engagement with these services (Claire, Julia, Lenny).

The advocacy role of IIP was important and in some cases significant, but also challenging. IIP workers could act as mediators between families and services, for example in the case of Lenny and were often able to get families to reengage or reestablish communication with a range of agencies. The ability of IIPs to arrange home visits and medical assessments by senior experts could be the key mechanism for official acknowledgement of issues and problems and subsequent packages of support being put in place (Lenny).

However, IIP workers often struggled to get medical conditions or the extent of problems formally acknowledged (Lenny), escalating risk factors acknowledged and acted upon (Amy, Daniel), additional social services support or workers put in place (Claire) or services (primarily education and housing) to provide or 'bend' mainstream provision in response to specific needs (Claire, Daniel). This was related to the limited status and power of IIP workers within agency networks, the difficulty of evidencing risk to meet official 'threshold' criteria and, undoubtedly, the resource limitations on mainstream service departments.

Referral mechanisms were a very important element of IIP exit strategies and it is important to note that referrals and new forms of support package at exit from an IIP could be the result of both reductions and escalations in problems. Where presenting issues had been addressed or reduced, it was possible to focus further referrals and support packages on specific practical aspects of needs to maintain progress, such as accommodation support to Jake or bereavement counseling for Eddie. However, in other cases more intensive, specialist or formal support was necessary. These included Amy and Isaac and Claire being subject to Child Protection plans, Ash receiving Resettlement Aftercare Provision, Daniel and his family being supported by specialist domestic violence services and Ricky becoming subject to an ISSP and being placed in supported accommodation.

6.7 Outcomes

It is difficult to capture the exact outcomes achieved or not achieved by and for these young people and their families. It should be remembered that these young people were presenting with highly complex issues and long term and embedded problems; and that other agencies

had often failed to engage with them or to address these issues. In some cases, it would appear either that, in terms of hard indicators or resolution of presenting issues, there had been limited change by the time that a young person had exited an IIP (Ash, Ronnie, Steven) or in some cases where the young people were still engaged with an IIP (Claire, Daniel, Lenny). In a number of cases, young people were involved in further offending behaviour during an IIP intervention and were subject to further enforcement actions, including referral orders and ISSPs (Daniel, Kate, Ricky) or breached an Anti-social Behaviour Order (Ash). In one case parents were also subject to a new Anti-social Behaviour Order during an intervention (Steven). Two of the young people became pregnant during the intervention period. In one case, there was a very serious incident of domestic violence at a relatively late stage in the intervention (Daniel) and in another, a young person (Amy) had been subject to serious incidents of sexual exploitation and medical risk.

IIP workers openly acknowledged that, even in cases where there had been some elements of progress, not all of the issues facing the young people had been resolved; for example, sexual health risks (Amy) bereavement (Eddie) or school attendance (Isaac). Drug use, offending behaviour or parenting and family dynamics and relationships were all identified as specific issues that remained unresolved for some of the young people.

Capturing change is also difficult as many of the cases were characterised by periods of progress and improvement punctuated by periods of crisis and regression, such that, as in the cases of Daniel, Kate, Isaac and Robert, temporary improvements in behaviour or school attendance would not be sustained. IIP workers and families recognised that situations could result in them 'being back where we started', or were 'like going ten steps back.' This fluctuation in progress and the challenges of embedding, securing or retaining progress is not captured in limited baseline and outcome analysis. This fluidity often arose as IIP workers were unable to address external factors such as offending by other family members and peer influences or to move beyond daily crisis management. A final complicating aspect is that in some cases where young people did make substantive progress in all or some elements of their lives (Ronnie, Tariq) it was difficult to assess the role of the IIPs in causing that change, which was not as prominent as it was in some of the other young people's cases.

However, these negative outcomes, unresolved issues in some cases and erratic directions of change in almost all of them, are juxtaposed with the unambiguous views of IIP workers and the majority of young people and parents, that in most cases young people had 'completely turned around', made 'massive changes', 'were a different person', had 'turned a corner' or 'were in a better place.' This progress was very apparent and substantial to the IIP workers:

> *"It's very different listening to her…I said to her 'sitting here from a year ago it's so different listening to you'."*

> *"I really don't believe that [she] would be anywhere near the girl she is now from that first time we knew [her]."*

> *"The children make leaps. You see leaps where the children have gone and from where they were when we first had them to where they are now."*

The answer to this paradox is located in the importance of soft transformative outcomes and the stabilising and crisis management outcomes, presented in Figure 4.4 in chapter 4.

There were a number of positive outcomes which could be classified as transformative and 'hard' in that they could be quantifiably measured and validated. There was a sustained and significant reduction or cessation in anti-social behaviour or offending in almost two thirds of the cases (Amy, Claire, Eddie, Isaac, Jake, Kate, Ricky, Robert, Ronnie), and in addition, there were periods of more temporary reduction in some of the other cases (Daniel being a good example). There had also been hard educational outcomes, including substantial and sustained improvement in school attendance (Eddie, Robert, Kate) and accessing further education through college courses (Amy, Jake, Julia, Ronnie, Tariq). Again, several other young people had also had some engagement with college, facilitated by an IIP, during their intervention. In some cases IIPs had, though supporting young people to comply with the provisions of existing enforcement orders, prevented escalation of action within the criminal justice system. The IIPs had also, in at least two cases (Daniel and Jake), probably been involved in preventing eviction and were a factor in the prevention of children being taken into care (Amy, Isaac and Daniel). One young person was no longer in foster care (Eddie). A number of families had been re-housed, for a range of reasons (Amy, Daniel, Eddie, Isaac).

There were a series of important transformative 'soft' changes that were less measurable. There were also some reductions in risky behaviour including reduced smoking, alcohol or drug use; ensuring the personal safety of young people at risk of assault (for example Ronnie) and in several cases a move from a negative peer group towards a more appropriate and positive social network (Amy, Claire, Kate, Tariq). In one case, a young person (Julia) was deemed no longer at risk of self-harming. It was less obvious that positive outcomes had been achieved in addressing risky sexual behaviour, although IIPs facilitated a lot of advice and support to those young people for whom this was an issue. The IIPs had raised some of the young people's aspirations in two key ways. Firstly, through encouraging young people to consider college or employment, where they had not previously done so and providing a series of work placements that also served to enhance young people's CVs. In one case (Jake) the IIP intervention had also resulted in a parent seeking employment. Secondly, IIPs facilitated young people taking part in group activities and a range of experiences and activities that they had not previously participated in. This had the effect of encouraging some young people to become less socially isolated (Jake, Ricky) and to engage in a range of structured clubs and activities. Many of the young people were reported to have improved self-confidence and self-esteem and these were linked to enhanced social skills and assertiveness that could reduce social isolation and exposure to risk or exploitation through peer group pressure. Some young people were also reported to have become more reflexive, independent and responsible and more able to manage anger and resolve conflict. They had also developed strategies for coping with difficult family dynamics and relationships.

The IIPs had also improved the stability of some families and young people. For example, they had established, maintained or improved families' engagement with other services, maintained or improved the domestic environment for some families and ensured a better division of parenting or domestic labour tasks within households. They had also limited, if not prevented, some risky behaviours. IIPs had also brought stability to a case by ensuring that appropriate assessments or referrals were undertaken (Lenny) and, subsequently that more intensive or appropriate packages of support were provided (Ash, Daniel, Lenny).

The third, and very significant, set of outcomes achieved by the IIPs (in terms of both proportions of intervention activities and impact) was crisis management. There were many examples of this within the young people's journeys, including serious illness (Amy), pregnancy (Claire, Julia), domestic violence (Daniel), school exclusion (Eddie), school non-attendance enforcement action (Robert), offending (Kate), violence (Claire), parents' relationship breakdown (Lenny) and personal safety (Ronnie). The impact of IIP intervention is impossible to quantify, or to compare with the counter-factual of non-intervention. However, it is evident that, firstly, IIPs spent a great deal of time on crisis management (perhaps to the detriment of being able to address some underlying issues) and, secondly, that IIP interventions were often important in preventing further escalation or deterioration in family circumstances and enabling the subsequent stage of stabilising families or young people as a prerequisite to transformative change. Thirdly, young people and parents recognised this form of outcome as a major impact of IIP interventions.

6.8 Reflections of young people and parents

Most of the young people and their parents were extremely positive about the IIPs and their impact. The strength of this feeling was evident in several of the parents' statements:

> *"God only knows how things would be with us if you [IIP worker] hadn't come along… [you have] made a massive difference."*

> *"[We] couldn't have coped without them and want to carry on [with the IIP intervention]."*

> *"[I] [parent] would not be without [IIP worker]."*

> *"If I saw somebody in the same situation as me I'd say 'ring this number, speak to these [IIP] cos they helped us'…I'm so grateful for everything they've done."*

The young people and parents often talked in general positive terms about the approach and impacts of an IIP, stating that it *"definitely helped"*, *"helped with everything"*, *"helped a lot"*, *"support[ed] young people very well"* and that IIP workers were *"always at end of a phone."* However, young people and parents were on occasion unable to identify what specific interventions or approaches had worked and why, other than, in the words of one parent: *"whatever they've done it's been good."* One to one direct working and the persistence and consistency of support were the elements of support that were featured most prominently in the accounts of young people and parents, and also the IIP workers themselves; but group activities, referrals and practical assistance were also identified as being important aspects of the interventions.

Parents appreciated the day to day crisis management and stabilising aspects of the IIP support, which had provided *'someone to talk to'*, *'breathing space'* and *'kept the family going.'* Young people identified positive approaches and outcomes that they attributed directly to IIP interventions. IIP workers were viewed as: *"good people who take me places and try to help me"* or *"were doing things for my good"* and young people stated that an IIP had *"helped me stay on track…and stay out of trouble"* and *"is good and keeps us out of trouble…and away from the wrong sort of people."* One young person believed that the IIP

had *"helped me change the way I behave"*, another stated that *"[The IIP worker] made me realise I'd actually got it a bit wrong'* and a third young person believed that the IIP *'helped turn me into an adult."*

Young people and parents identified a number of roles and positive outcomes arising from the IIP interventions. These included providing emotional support and advice about health, risks and relationships; re-engaging young people with education (schools and colleges); acting as mediators within families and improving anger management and conflict resolution strategies and skills; accessing alternative housing and helping to reduce anti-social behaviour. Several young people and their parents believed that they had become more reflective, independent and able to consider the consequences of their actions. One young person described how they had become more confident and independent, less aggressive and able to manage money as a result of the IIP. Relationships within households were also frequently reported to have improved, as one parent described:

> *"Now [young person] is brilliant. I can sit her down and say 'look I don't like this, I don't like that, we need to talk about this, we need to sort summat out' and she'll put her side across, I'll put my side across and then we'll try to come to a happy medium."*

Another parent reported noticing differences in dealing with her children and learning about rules and boundaries. She believed that the IIP had provided her with confidence in herself and given her the skills to deal with issues when the IIP workers were not present. Another parent believed that the progress that had been made would not have happened without the IIP worker pushing other agencies for assessment and support. Parents of at least two of the young people were very positive about group work with other parents and parenting courses, which had *"enabled you to share with and learn from other parents in a similar situation"* and *"learn a lot of things and learn that you can do things. It has made things ninety per cent different."*

Both young people and their parents contrasted IIP workers with previous forms of intervention and acknowledged the intensity of the support provided:

> *"Other people wouldn't take you to court and show any interest in stuff."*

> *"[The IIP worker] will go to the ends to try to resolve issues."*

> *"She [IIP worker] is good, really good, clocking everything around me really, marking it all down in meetings and she's like going to every single meeting…she kept her phone on all weekend as well so I could call her, if I needed her."*

The non-judgemental approach of IIP workers, combined with the intensity and emotional aspects of support were very significant for parents:

> *"What I like about the IIP worker is she doesn't judge you for anything that's happened in your life or how you've been or how you've dealt with this or that and I think she knows that I've had quite a mad life I would say, a strange, mad, upsetting, quite traumatic life. She's never undermined what I've got to say about anything or anything like that. Sometimes I get really down and think 'what's it all for?' but she always makes me feel better…I've phoned her up sometimes and said 'I'm in bits*

today, I don't know what's the matter with me blab, blah blah', and she's sat on the phone for half an hour and chatted to me and I've got off the phone and felt completely different."

"I mean [IIP worker] has seen me at my worst. I'm pulling my hair out, he's seen me and they don't judge you. You look rough, you look like this, but they still treat you like.   Some people think 'look at her; she's gone round the twist' but they [IIP workers] don't make me feel [like that], they just make me feel better."

The fact that IIP workers could be regarded as 'a friend and not just someone with a job to do' and the informality of approaches were recognised by both IIP workers and families as key factors in achieving progress. This was also related to the ability to engage with young people and to build up trust:

"We do have a bit of a friendship and I think that's an important part of why it's worked. We end up talking about make up. Seriously, [about] when she was young and she asks about my life as well and I want to be honest with her because I ask a lot about her."

Some young people and parents were also positive about the *"strictness"* of the IIP, rewards being linked to short term and achievable goals, and the honesty of IIP workers about the approach being taken and the consequences of not changing behaviour. Two of the parents recognised the importance of alternative sources and forms of influence, advice and direction being provided to young people:

"It is different coming from someone else other than the family."

"It's certain things I think she'd rather do with [the IIP worker] than with me to be honest because [the IIP worker] is young as well…I think it's helped her discuss things without talking to me cause some things you don't want to say to your mum and you can sometimes trust somebody else a lot better…I think it was good that [young person] could trust somebody else for you and she had someone else to go to."

Not all young people and parents were universally positive about the IIP intervention. Two parents (of different case study young people) believed that their child had bonded more effectively with another key worker (FIP and pregnancy support respectively) than with their IIP worker. In these cases, the parents and, to some extent, the young people themselves viewed the IIP workers as being too judgemental, asking too many questions and not guaranteeing confidentiality. One of these parents believed that the IIP had made little difference to their child's behaviour and had exacerbated the problem of *"too many people"* in the young person's life.

A problem at the other end of the spectrum was that of over-dependency and the difficulty of reducing contact and support and moving towards exit, and consequently the sustainability of progress. In one case in particular the IIP worker reported that:

"Mum, if anybody starts to mention things like that [exit from IIP] will go hysterical. At the last [child protection] conference I had to say to [name] 'we're only funded

technically until'…and she can't grasp that, that at some point we're not going to be there."

This parent herself acknowledged that, if she was asked about whether she wished IIP support to continue she would unequivocally say:

"Yes with a capital Y, for as long as possible. I do get very upset when [IIP worker] says 'we've got to pull out eventually, it can't go on forever' but I get really panicky and say 'don't take him [IIP worker] away at the moment, don't stop me [support]' [and the IIP say] 'no we're not going to'. I need reassurance cos I'm very insecure myself."

6.9 Other issues

In the majority of cases, statutory services were not adequately supporting the young people or their families; through a failure to ensure the engagement of young people or their families, restrictive referral criterion or simply not recognising the issues within a case that IIP workers were able to identify. Lenny's case particularly highlights how unaddressed needs could 'slip through the gaps' of other services. The scale of the problems and challenges facing some young people and families, for example learning difficulties or mental health issues, was such that, as one senior medical practitioner stated "this case should never have been left to a voluntary organisation [delivering the IIP]." IIPs often adopted a role in attempting to ensure that statutory services addressed these issues.

However, this was exacerbated by the inability of many families to either interact with or influence other services and the lack of acceptance by some parents that they needed help or were not managing: *"We don't like to put onto others because no matter how hard things get or how much we've struggled to get by we've always managed somehow."* In such circumstances, it was, unfortunately, a major incident, such as a domestic assault, that could change agencies' perspectives towards a family and would eventually trigger a reactive further multi-agency intervention. IIP workers could come to understand family dynamics and issues beyond those presented in initial assessments triggering referrals to IIPs. However, IIP workers could struggle to ensure that other agencies engaged with the findings and implications of these assessments, particularly when they related to escalating risk and enhanced support needs that had not been identified in Common Assessment Framework processes at the time of referral to an IIP.

Families that were divided into two homes and households often created emotional, social and practical challenges for young people, but also for the IIPs when parents took different attitudes to engagement or where one parent failed to attempt to deploy the necessary routines and boundaries.

It is important to note that several of the young people and their families were subject to other interventions, including that of key workers from social services, Family Intervention Projects, parenting services, pregnancy support services or Youth Offending Teams and that positive outcomes may be achieved by young people independently from the IIP intervention (for example Ronnie starting college).

The use of formal sanctions within IIP practices was not consistently identified as a key mechanism of the IIPs. In some cases, such as Ash, workers believed that ISSPs and Anti-social Behaviour Orders were important in securing engagement with support in a context where it was apparent that parents could not achieve this. In other cases, such as that of Daniel, although the IIP workers stated that they would "walk by the side" of the young person and family, they felt that young people and their families should not be protected from the consequences of their actions indefinitely (in relation to enforcement action linked to rent arrears and school non-attendance). In other words, although IIPs recognised that their role was to support young people and families, they acknowledged the limits of this support and the need for responsibility on the part of those being supported. However, it was evident that impending enforcement action or court hearings could have a very substantial (and primarily negative) impact on young people's morale, emotional wellbeing and engagement with IIPs (Ash, Lenny, Ricky, Ronnie). It would appear that for these vulnerable young people, engagement with the criminal justice system could have particularly negative consequences, for example Amy being prevented from accessing much needed counselling services by a protracted court case. IIPs were also required to build contact and interventions with some young people around the requirements of enforcement orders (including curfews or attendance centres) or formal or informal contact time arrangements with separated parents (Eddie, Robert). These case studies demonstrate the complexity of the relationship between support and enforcement action.

6.10 Conclusions

The circumstances of these young people and their families, the tracking of their journeys through the IIPs, and the relationships, interventions and outcomes that occurred within them, have illuminated key issues about the provision of intensive support to the most vulnerable individuals in our society. The scale and complexity of the problems facing these young people and their families, and their communities and the agencies attempting to engage with them, suggest firstly that targeting and referral processes were achieving their primary objective. They were identifying young people who had significant presenting issues: anti-social behaviour and offending; non-attendance at school and a range of risk factors (mental and physical health, home and neighbourhood environment, substance misuse, negative peer groups, gang-related activity, problematic parenting, poverty, difficult transitions from education and inappropriate sexual conduct). They were also targeting support to young people and their families who were often, for a range of reasons, not receiving this support from other agencies.

However, beyond these presenting issues and the risk factors associated with them, five underlying issues dominated the situations of these young people: learning difficulties, violence (domestic and neighbourhood); bereavement; family break up, and (the linked) issues of mental health problems. These affected both the young people and other family members and often stretched back into the childhood of parents. The IIP workers were able to engage with, and come to understand, the dynamics and issues affecting these young people and their families. But in so doing, they often revealed the limitations of Common Assessment Frameworks and referral criteria that tended to underestimate the scale of the problems facing the young people and the importance of the range of influences, relationships and interactions that had shaped, and continued to shape, their life journeys

(see Figure 4.1 in chapter 4). Many of the young people and their parents were subject to enforcement action, and were often receiving support from agencies other than and additional to the IIPs, linked to these enforcement actions. However, the journeys presented in this report suggest that enforcement action and the legal and rational premises that it is based upon, is not sufficient, in isolation, to address these young people's needs; and IIPs were seldom directly linked into, or placed emphasis upon, the use of formal sanctions. It is also apparent that an evaluation of the impact of the IIP programme has to be based on the scale and complexity of the issues to be overcome. Baseline and outcome approaches to evaluation, or a focus on quantitative indicators, fail to capture this complexity or the periods of progress and regression that characterised these young people's journeys.

The history, scale and complexity of family issues meant that ensuring the engagement of young people and their parents was often challenging and engagement could continue to fluctuate over the duration of an intervention. However, in almost all cases, some level of engagement was achieved. It is evident that the persistence and assertiveness of IIP workers, allied to their informal and non-judgemental approach, the capacity to work intensively over a period of time with a young person and family, and the ability to deliver some positive outcomes (in terms of practical help or positive activities) were the key to securing this engagement.

IIP workers provided the full range of supportive mechanisms outlined in Figures 4.2 and 4.3 in chapter 4. The direct support provided to young people and their families by IIP workers was the primary mechanism for achieving progress and positive outcomes, based on providing contexts where young people could be listened to and reflect on their situations and where a range of emotional and practical support could be delivered. Group work, with both young people and parents, was an important element in many of the interventions, combined with the use (or withholding) of informal rewards linked to short term and achievable goals.

It was apparent that the spectrum and complexity of the issues facing these young people required a multi-agency whole family approach and access to specialist services. IIPs often assumed this coordinating role and referred young people to a range of specialist services (education, counselling, mental health, housing, youth activities etc.). This specialist support, and the engagement of mainstream services (most notably education, housing, mental health and social services) is essential in providing the context for sustainable positive outcomes and beginning to address the underlying issues affecting vulnerable young people and their families. However, the advocacy role of IIPs, though effective in some cases, faced a series of challenges, relating to the relative power and status of IIP workers in agency networks and processes and the criteria thresholds for accessing mainstream services. Some of these cases starkly illustrate the consequences of a lack of adequate response to IIP identification of, or warnings about, the scale of problems or escalating risks or inflexibility within mainstream services in accommodating needs. This issue is exacerbated by the resource limitations increasingly impacting upon these very services.

It is difficult to capture the exact outcomes achieved by the IIPs and these young people. Some young people (and their parents) continued to be involved in anti-social behaviour or offending and were not attending education provision. A small number of cases were exited from IIPs with limited obvious progress having been made in addressing presenting issues

and, even in cases where significant progress was made in some aspects of young people's lives; the IIPs recognised that other issues remained unresolved.

However, there are four indicators that suggest that the IIP interventions generally had positive and significant outcomes for these young people and their families. Firstly, in two thirds of cases, anti-social behaviour or offending had been significantly reduced or had ceased entirely, and improvements had been made in school attendance or engagement with further or alternative education. Secondly, the IIPs had achieved 'soft' transformative outcomes such as reduced risky behaviours, enhanced self-esteem and confidence and improved domestic environments (emotional, social and physical) or had managed to stabilise families so that interventions aimed at achieving 'hard' transformative outcomes could be put in place. Thirdly, IIPs performed a crucial function in crisis management, which undoubtedly was very significant in preventing situations escalating for many of these young people and their families. This form of intervention is impossible to quantify, and the intensity of this daily support risks both diversion from addressing underlying causes and preventing over- dependency. Both of these limit the potential sustainability of progress and the positive outcomes that were achieved, but crisis management is an essential prerequisite to stabilising families and ultimately achieving transformative outcomes (see Figure 4.4 in chapter 4). Finally, young people and their parents were almost universal in their belief that the IIPs had been a positive experience for themselves and that these interventions were directly linked to the achievement of significant progress and outcomes. Young people and their parents often struggled to articulate precisely how and why an IIP had been effective; a small minority of the young people and parents were critical of aspects of the interventions; and, as stated above, IIPs had not universally achieved all of the aims and objectives for each of the young people. However, it is essential that the voices of these young people and their families, and their very positive reflections of the IIP programme, are not lightly dismissed.

7.   Analysis of activity and data costs

7.1 Introduction

This chapter presents the findings from the analysis of the activity and costs for the five case study IIPs based on data to the end of December 2010[1] provided by NatCen[2]. It starts by presenting the analysis of the activity data, including the numbers of young people and their age and gender profile, their average length of contact with the IIPs, and their reasons for leaving the projects. The analysis of the cost data results in the calculation of two key outcome measures – the average cost per client month and the average cost per successfully closed case – for each IIP.

The chapter then describes the findings from other social research on the likely costs incurred by the public purse if issues such as anti-social behaviour, criminal activity and low educational attainment are not prevented by initiatives such as the IIP programme. By avoiding the need for current and future expenditure to address such problems, the IIPs can be shown to generate substantial benefits in the form of cost savings. Much of this discussion focuses on benefits that can be quantified in monetary terms but it is important to recognise that many of the young people participating in the IIP programme may also experience qualitative benefits, for example improved self-esteem and social skills. Due to the holistic and 'whole family' approaches of the IIPs, various and significant quantitative and qualitative benefits may also be experienced by other family members and social peers, although these are not directly captured by the analysis. The chapter concludes by drawing some conclusions about the cost-effectiveness of the IIPs.

7.2 Outcome measures

The key outcome measure used in this analysis was the **number of successfully closed cases**. The IIPs identified client-specific goals for their young people, who sign a contract agreeing to work towards these with the IIP. A successfully closed case was defined as one where the contract goals were deemed to have been achieved at the point of exit by the project worker[3]. As shown in this chapter, clients exited the IIPs for a variety of reasons, and may not have achieved a successful exit.

The economic analysis also focused on two key unit costs for each IIP – the **average cost per client contact month** and the **average cost per successfully closed case**[4]. The **average cost per client contact month** was derived by dividing total expenditure by the IIP

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[1] The data for IIP D covered the period to 30/11/10.

[2] It should be noted that the funding from the Department for Education was not due to cease until the end of March 2011, and that there were arrangements in place in some areas to continue some of the IIP services after this date.

[3] The definition of a successful exit in the analysis to be undertaken by NatCen will be different, as it will be based on the detail with the data on success for specific outcomes. This depth of information was not available at the time of this analysis.

[4] The average cost per closed case is also calculated for each IIP, but is a less meaningful measure.

since 2009/10 by the total number of contact months with all referred clients since 2009/10 (i.e. after the initial set-up period has been completed and 'steady state' has been achieved by the IIPs). The ***average cost per successfully closed case*** for an IIP was calculated by dividing its total expenditure by the number of successfully closed cases. This amount reflected the cost of all of the resources required by the IIP to deliver successfully closed cases. It therefore included expenditure on clients whose cases have been closed without being classed as successful by the project worker and on clients who are currently actively working with the IIP)[5]. This reflects the true costs of all of the resources needed to achieve a successfully closed case.

Using the cost per successfully closed case as the basis for the cost-effectiveness analysis assumes that the only meaningful outcome is a successfully closed case, and that no benefits (with associated future cost consequences for the public purse) are realised by clients unless or until this occurs. In reality, as other chapters in this report indicate, many of the young people actively working with the IIPs are also likely to be experiencing a variety of benefits resulting in future cost savings. Furthermore, some young people who have exited the IIP for other reasons may have gained some benefits from their contact with the IIP that will prevent some future resource use and expenditure. It is not possible, however, to estimate the extent of these benefits (and their subsequent cost consequences) from the available data, and so these are excluded from the analysis. Nevertheless, it is important to recognise that the total benefits delivered by the IIPs may exceed those captured in the economic analysis presented below.

7.3. Analysis of activity data

The activity data provided for the five case study IIPs by NatCen have been analysed with reference to three specific dates, and the periods of elapsed time between them:
• Date of referral of young person subsequently accepted by IIP;
• Date of signing the contract (with specified goals) between the young person and IIP;
• Date of exit (case closure).

Referrals rejected by an IIP have been excluded from the analysis. Such decisions are generally reached within a relatively short period (e.g. within a month of receipt), and will therefore not absorb significant project resources and will only have a very modest effect on an IIP's costs. In addition, the five IIPs have not recorded their numbers of rejected referrals in a consistent manner. Excluding rejected referrals from the analysis ensures that comparable data were used across all five case study sites.

Table 7.1 shows the numbers of referrals accepted by each IIP, and summarises the age and gender profiles of the young people. The IIPs are referred to by letters in order to protect confidentiality. Table 7.1 indicates that the five IIPs accepted similar numbers of clients over

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[5] In addition, the cost of the actual resources used by an IIP to achieve a successful exit is calculated by multiplying the average number of contact months for successfully closed cases by the average cost per client contact month (based on expenditure by the IIP on all clients). This shows the value of the actual resources used by each successful client. However, it must be recognised that all clients do not have successful outcomes, and it is important (e.g. for budgeting purposes) to take account of their resource use when estimating the overall resource requirements needed by an IIP to deliver a successful outcome.

the study period, ranging from 59-71. The period of analysis ranged from 22 months to 24 months, depending upon when an IIP started accepting referrals.

Table 7.1: Summary of accepted referrals by IIP

	IIP A	IIP B	IIP C	IIP D	IIP E
Analysis Period	03/09–12/10	01/09–12/10	03/09–12/10	12/08–11/10	03/09–12/10
No. of Months	22	24	22	24	22
No. of Accepted Referrals:					
2009/09	9	38	4	12	4
2009/10	40	14	43	33	43
2010/11	17	19	14	14	22
Total	**66**	**71**	**61**	**59**	**69**
Average age	14.7 years	14.3 years	14.7 years	14.2 years	13.7 years
% female	12.1%	25.4%	37.7%	23.7%	27.5%

Source: data provided by NatCen

Many of the young people were in their early teens, and their average ages varied between 13.7 (IIP E) and 14.7 years (IIP A and IIP C). However, the youngest client was aged 8 and a few were in their late teens (with a maximum age of 19 years), so the IIPs worked with a wide range of ages. About a quarter of the young people were female in three of the IIPs, though in IIP A only about one in eight was female, whereas in IIP C over a third of the accepted young people were female.

Most decisions about acceptance or rejection of a referred client were made within a month of receipt of the referral. However, there was much greater variability (both within and between the projects) in the length of time between acceptance and a young person signing a contract with the IIP agreeing their specified goals. In addition, several clients ceased contact with the IIP without signing a contract[6] and a few clients were in the process of working with their IIP towards signing a contract[7]. The cost analysis assumes that all types

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[6] To ensure that the time spent by the IIPs on trying to agree a contact with these clients was recognised and captured, the analysis assumed that an average of four months was spent on this task.

[7] However, for the few such cases whose referrals had been accepted more than four months previously, it was assumed for consistency in the analysis that contact had been lost after four months but that this had yet to be coded as such by the IIP.

of client contact months for a particular IIP use resources with similar values[8] and are therefore associated with the same cost per client contact month within an IIP[9].

Table 7.2 shows various measures of activity. The numbers of client contact months (for all accepted referrals, irrespective of the subsequent outcomes) are shown for each year and in total. These range from 465 (IIP C) to 700 (IIP B). The variations between the IIPs partly reflect their different start dates and the amount of work undertaken in 2008/09, although significant differences are also observed in 2009/10 and to date in 2010/11. Table 7.2 also presents the numbers of young people with signed contracts over the study period. The IIPs had an average of 52 clients with signed contracts, and a range of 45 (IIP D) to 60 (IIP E). This means that at least three-quarters of accepted clients signed a contract with their IIP, with noticeably higher rates in IIP C (85.2 per cent) and IIP E (87.0 per cent).

The number of young people known to have ceased working with their IIP without signing a contact varied across the projects, but was highest in IIP B (13) and IIP A (14). However, a few accepted clients were uncoded with regard to having signed a contract. These young people (their number is shown in Table 7.2 in parentheses) were either still working towards an agreed contract or had not had their records updated recently[10].

The numbers of closed cases (or 'exits') ranged from 34 (IIP A) to 39 (IIP C), although experience in IIP D - with 15 exits - was noticeably different. Reasons for case closure are explored in more depth below in Table 7.4. Table 7.2 shows that IIP D had seven successful exits, whereas numbers of successful exits in the other four IIPs ranged from 12 (IIP A; IIP C) to 16 (IIP E). Table 7.2 also presents the average months per closed case and per successfully closed case (for clients with signed contracts) for each IIP. The latter measure is longer than the former for all the IIPs. The average number of months per closed case ranged from 7.3 (IIP E) to 13.4 (IIP B), whilst the average number of months per successful exit ranged from 8.5 (IIP C) to 14.3 (IIP A). These figures show that many young people required a contact period of more than a year to successfully achieve their contract objectives. It should also be noted that considerable progress may have been made by some of the clients who exited for other reasons, although the data do not capture the extent of such progress.

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[8] i.e. a month working towards getting a signed contact between a client and an IIP uses resources of the same value as a month actively working towards achieving the contract goals.

[9] However, each IIP has a different cost per client contact month, due to different activity levels and ways of working.

[10] For the few clients where more than four months had elapsed since they were accepted but no contract date was specified, it was assumed that contact with the IIP had ceased after four months. This is an arbitrary figure, but it is included to capture the resources that would have been expended on these clients by the IIPs.

Table 7.2:   Activity data by IIP

	IIP A	IIP B	IIP C	IIP D	IIP E
No. of Client Contact Months:					
2008/9	9	111	4	30	4
2009/10	382	356	283	224	255
2010/11 (to date)	288	233	178	356	276
Total	**679**	**700**	**465**	**597**	**535**
No. of Clients with Signed Contracts	50	53	52	45	60
% Accepted Clients with Signed Contracts	75.8%	74.6%	85.2%	76.3%	87.0%
Clients Known to be Lost to IIP between Acceptance and Contract (no. of unknown/uncoded clients)	14 (2)	13 (5)	9 (1)	5 (9)	1 (8)
No. of Close Cases (Exits) of Clients with Contracts	34	37	39	15	37
No. of Successfully Closed Cases	12	14	12	7	16
Currently No. of Active Clients	16	16	13	30	23
Average Months per Closed Case	12.3	13.4	7.9	10.4	7.3
Average Months per Successfully Closed Case	14.3	14.1	8.5	11.9	9.4

Source: data provided by NatCen

Table 7.3 shows a variety of proportions derived from the activity data. These proportions are broadly similar for four of the IIPs, though those for IIP D reflect its relatively low number of closed cases. Table 7.3 shows, for example, that between about a half and three-fifths of accepted clients achieved closure – ranging for 51.5 per cent (IIP A) to 63.9 per cent (IIP C) (excluding IIP D, where the figure to date is 25.4 per cent). When exits are considered as a proportion of clients with contracts, the proportion of exits increased to between three-fifths and three-quarters – ranging from 61.7 per cent (IIP E) to 75.0 per cent (IIP C) (excluding IIP D, where the figure was 33.3 per cent).

Table 7.3: Proportions derived from the activity data by IIP

	IIP A	IIP B	IIP C	IIP D	IIP E
All Exits as % Accepted Clients	51.5%	52.1%	63.9%	25.4%	53.6%
All Exits as % Clients with Contracts	68.0%	69.8%	75.0%	33.3%	61.7%
Successful Exits as % All Exits	35.3%	37.8%	30.8%	46.7%	43.2%
Successful Exits as % Accepted Clients	18.2%	19.7%	19.7%	11.9%	23.2%
Successful Exits as % Clients with Contracts	24.0%	26.4%	23.1%	15.6%	26.7%
Successfully Closed Case Months as % Total Months	25.3%	28.1%	21.9%	13.9%	28.2%

Source: calculated from data provided by NatCen

Successful exits comprised about a third to two-fifths of all exits – ranging from 30.8 per cent (IIP C) to 46.7 per cent (IIP D). IIP D, therefore, achieved the highest proportion of successful exits, although its overall number of exits was relatively low. Table 7.3 also shows that successful exits were generally achieved by about a fifth of accepted clients in four of the IIPs – ranging from 18.2 per cent (IIP A) to 23.2 per cent (IIP E) (excluding IIP D at 11.9 per cent). Successful exits were achieved by about a quarter of clients with contracts in four of the IIPs – ranging from 23.1 per cent (IIP C) to 26.7 per cent (IIP E) (15.6 per cent in IIP D).

Table 7.3 also shows the number of months spent by each IIP with young people with successfully closed cases as a percentage of all months worked. These figures show that about a quarter of work time resulted in successfully closed case outcomes – ranging from 21.9 per cent (IIP C) to 28.2 per cent (IIP E) (and 13.9 per cent in IIP D).

Several reasons were identified for closing a case, as shown in Table 7.4. A case could be closed because the contract goals had been satisfied, as occurred for between approximately a third and a half of all exits (ranging from 30.8 per cent in IIP C to 46.7 per cent in IIP D). No clear pattern emerged across the IIPs regarding the other reasons for closure, though several young people had their cases closed because they refused to continue with the intervention. This reason was responsible for about a quarter of case closures in IIP A and IIP C, but for only five per cent of case closures in IIP E. Young people were most likely to exit due to moving away from the area in IIP C, where about one-in-seven cases closed for this reason. Several young people exited an IIP because of being in prison or custody, especially in IIP A (where this reason accounted for about one-in-seven exits) and IIP B (about one-in-ten closures). However, no young people from IIP D had taken this route from the IIP.

Table 7.4: Numbers of and reasons for case closure by IIP (percentage of closures for this reason)

	IIP A	IIP B	IIP C	IIP D	IIP E
1: Contract goals were satisfied	12 (35.3%)	14 (37.8%)	12 (30.8%)	7 (46.7%)	16 (43.2%)
2: Formal actions in place against young person lifted	-	1 (2.7%)	-	-	-
3: Young person no longer at risk of homelessness	-	2 (5.4%)	2 (5.1%)	-	-
4: Young person refused to continue with intervention	8 (23.5%)	5 (13.5%)	11 (28.2%)	2 (13.3%)	2 (5.4%)
5: Young person's main carer refused to allow the young person to continue with intervention	2 (5.9%)	-	-	1 (6.7%)	-
6: Re-assessed as high risk – unsuitable for IIP staff to visit	-	4 (10.8%)	-	1 (6.7%)	-
7: Young person moved away from area	1 (2.9%)	3 (8.1%)	6 (15.4%)	-	4 (10.8%)
8: Young person in custody/prison	5 (14.7%)	4 (10.8%)	2 (5.1%)	-	3 (8.1%)
9: Yong person referred to a FIP	-	-	-	2 (13.3%)	3 (8.1%)
10: Young person referred to another (non-FIP) service	1 (14.7%)	2 (5.4%)	2 (5.1%)	1 (6.7%)	3 (8.1%)
99: Other	5 (14.7%)	2 (5.4%)	4 (10.3%)	1 (6.7%)	6 (16.2%)
Total	**34**	**37**	**39**	**15**	**37**

Source: data provided by NatCen

7. 4. Analysis of cost data

Table 7.5 summarises the costs associated with the five IIPs. Although each IIP was initially allocated an annual budget of £200,000 for 2009/10 and 2010/11, IIP C spent considerably less than this in 2009/10.   Expenditure in 2008/09, when the projects were being established, varied across the projects. Total expenditure during the study period varied from £322, 587 in IIP C to £437,580 in IIP D.

Table 7.5: Costs and various unit costs by IIP

	IIP A	IIP B	IIP C	IIP D	IIP E
Expenditure:					
2008/09 (actual)	£43,000	£52,000	£32,984	£115,213	£76,687
2009/10 (actual)	£200,000	£200,000	£162,907	£195,198	£199,902
2010/11 (to date)	£124,534	£142,814	£142,814	£127,169	£149,956
Total	**£367,539**	**£394,814**	**£322,587**	**£437,580**	**£426,545**
Average cost per client contact month	*£484*	*£582*	*£628*	*£556*	*£659*
Average cost per closed case	£10,810	£10,671	£8,271	£29,172	£11,528
Average cost per successfully closed case	*£30,628*	*£28,201*	*£26,882*	*£62,511*	*£26,659*
Actual resource cost per successfully closed case	£6,927	£8,189	£5,340	£6,590	£6,220

Sources: cost data provided by DfE; calculations include activity data from NatCen

One of the key unit costs - the **average cost per client contact month** - was calculated for each IIP by dividing the combined costs for 2009/10 and 2010/11 (to date) by the total number of months worked during the period. Costs of activity for 2008/09 were excluded from this analysis so that the resultant figure would reflect steady state costs rather than being influenced by set-up costs. The average cost per client month ranged from £484 in IIP A to £628 in IIP C.

Another unit cost - the average cost per closed case – was calculated by dividing the total costs for each IIP since its inception by the total number of closed cases it had achieved during the period. For four of the IIPs this cost ranged from £8,271 in IIP C to £11,528 in IIP E. The figure of £29,172 for IIP D reflects its relatively low number of closed cases at the point of study.

The **average cost per successfully closed case** is, however, a more useful reflection of the costs and achievements of the IIPs. Table 7.5 shows that for four of the IIPs this ranged from £26,659 in IIP E to £30,628 in IIP A, with a figure of £62,511 for IIP D. The average of the average costs per successfully closed case was almost £35,000 (£34,976). Table 7.5 also shows the average actual resource cost for each successfully closed case. This is calculated by multiplying the average number of months per successfully closed case for each IIP by the average cost per client contact month. This cost ranges from £5,340 in IIP C to £8,189 in IIP B. However, many IIP resources are expended working with clients who do not achieve successful closure (although they may have made considerable progress with some of their personal objectives whilst working with the IIP). For this reason, the average cost per successfully closed case is a more accurate reflection of the true resources and expenditure needed by an IIP to achieve a successful outcome. It is this measure that should be used for future expenditure projections and budgets.

A limitation of the cost data considered above it that it only covers expenditure by each IIP. It does not provide any information on other services or interventions that the young people or members of their family receive, either from other services provided by the same organisation delivering the IIP or from other providers (from the public, private or voluntary sector). It was impossible to capture the use by IIP clients of non-IIP resources, but it should be recognised that the IIP costs do not reflect to total resource use as a consequence of the IIPs. Furthermore, due to local differences in service organisation and delivery, expenditure may not be directly comparable across the IIPs.

7.5. Cost consequences

A variety of potential cost consequences are associated with the IIPs. These can be considered from several perspectives, including:

- Costs for society that fall on the public purse (i.e. the Exchequer);
- Costs incurred by individuals (e.g. the young people) and families;
- Short-term costs incurred within about 1-5 years;
- Medium-term costs incurred within about 5-10 years;
- Long-term costs incurred within a lifetime, or across generations;
- Future cost savings by the public sector (due to preventing the need for future expenditure);
- Additional costs due to other (non-IIP) interventions received as a consequence of the IIP.

This sub-section concentrates mainly on the cost consequences for society and the public purse (which may be incurred by central or local governments).

Longitudinal studies

Several longitudinal studies of the consequences of problematic behaviour by children and young people have been undertaken in recent years. One study (Scott et al., 2001) of persistent and pervasive patterns of anti-social behaviour in children and adolescents concluded that:

> "*Antisocial behaviour in children is a major predictor of how much an individual will cost society. The cost is large and falls on many agencies, yet few contribute to prevention, which could be cost-effective.*"

Another study (Colman et al., 2009) of adolescents, with a 40-year follow-up period, found that:

> "*Individuals [with severe externalising behaviour] create a considerable economic burden to society, not only in terms of crime, but also with respect to additional needs in the areas of education, health and welfare.*"

Its authors concluded that: "*Adolescents who exhibit externalising behaviour experience multiple social and health impairments that adversely affect them, their families and society throughout adult life.*"

Short-term costs of crime and anti-social activity

Many recent publications include information about costs that are of relevance to this study. Some include original research, whilst others only present updated values from earlier research. Different cost estimates are often presented for similar provision in these publications; this may reflect local variations in service delivery and costs or may be due to different research objectives and methodologies. Nevertheless, the published figures provide a sound indication of the broad costs associated with delivering a wide range of services.

The Prince's Trust (2007) estimated an average cost of £4,600 per crime committed by a young person aged 10-21 years. A study by Westminster City Council estimated the cost of an Anti-social Behaviour Order (ASBO) to be £5,350 and the cost of a Youth Offending Team intervention to be £4,391 (Local Government Leadership and Westminster City Council, 2010). Graffiti has been estimated as having a short-term cost of £6,462 (Local Government Leadership and Westminster City Council, 2010)[11].

A study published by the Home Office in 2005 of the costs of crimes against individuals and households (Dubourg and Hamed, 2005) calculated that criminal damage has an average total cost of £866; and calculated average costs of £3,268 for domestic burglary; £7,282 for robbery; £844 for theft and handling; £4,138 for vehicle theft; and £10,407 for violence against a person. The study also disaggregated these totals to show the amounts falling on different public services (e.g. the criminal justice system) and on individuals. These figures were based on prices in 2003/04, and should be increased by about 16 per cent (using the GTDP deflator) to reflect values at the end of 2010. A case study in a report by the Audit Commission on youth justice (Audit Commission, 2004) estimated costs of about £10,000-

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[11] Some of the costs cited by Westminster City Council have been sourced from the DfE Negative Outcomes Costing Tool.

£15,000 for court appearances for criminal damage and assault and theft, taking a car and burglary (including police time; see 'James's story' below).

Using the above Home Office figures, New Philanthropy Capital (van Poortvliet et al., 2010) estimated the average short-term cost of a crime committed by an individual on a Supervision Order to be £6,260 (2007/08 costs). However, the authors also cite figures from the Ministry of Justice which show that people on Supervision Orders are caught committing an average of 4.39 crimes each. They also refer to evidence from self-report surveys that young people commit about three times more crimes than they are caught for, suggesting that young people on Supervision Orders who reoffend will commit crimes costing about £82,500.

Several studies have estimated the annual cost of placements in a various types of custodial accommodation. In April 2009 the Chair of the Youth Justice Board[12] stated that "*the average annual cost of a placement in custody for 2007-08 was £75,750 with the actual costs ranging from £55,018 in a Young Offenders Institution to £206,184 in a Secure Children's Home.*" Furthermore, these costs excluded "*substantial other costs associated with custody such as escort costs, advocacy and other programmes*" (Foyer Federation, 2009a). Adjusting for these other costs, The Foyer Federation (Foyer Federation, 2009b) estimated the true costs per year of places in custodial settings as £100,000 in a Young Offenders Institute; £160,000 in a Secure Training Centre; and £215,000 in a Secure Children's Home. *Time for a Fresh Start* (Independent Commission on Youth Crime and Antisocial Behaviour, 2010) cites annual costs of around £119,000 per year for residential care in an agency-run home and £161,500 in a local authority-run home.

The costs of foster care vary greatly, depending on the needs of the young person and the extent of their problems. For example, mainstream foster care is cited as costing about £33,000 year and agency foster care as costing £61,384 per year in a study of foster care (Holmes et al., 2008). However, a cost of £46,800 (or £900 per week) is quoted by Westminster City Council (Local Government Leadership and Westminster City Council, 2010). An annual cost of £68,500 per placement is quoted for the Multidimensional Treatment Foster Care adolescents programme[13] (Holmes et al., 2008), which works with young people with complex problems.

Families exhibiting high levels of persistent anti-social behaviour may be at risk of being evicted from their homes. Several of the IIP case study families were at risk of eviction, as shown in chapter 5 and Annex A, and some studies have estimated the costs of tenancy failure. One such study (Pawson et al., 2005) suggested that it usually costs a landlord £2,000-£3,000 to evict a tenant, but that this rises to £6,500-£9,000 if the eviction is due to anti-social behaviour.   The authors believed that these figures were likely to be underestimates due to accounting weaknesses. A local authority in northern England (Nixon et al., 2006) estimated costs of £5,000 for an eviction, plus £23,400 for temporary accommodation for six months for the homeless family. Westminster City Council (Local Government Leadership and Westminster City Council, 2010) used the DfE Negative

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[12] This statement was included in a letter to the Chief Executives of all local authorities in England and Wales encouraging them to take steps to reduce the number of young offenders detained in custody.
[13] The MTFC places children and young people whose behavioural and emotional problems are especially complex with highly trained foster parents, who provide intensive, tailored support for between six months and a year.

Outcomes Costing Tool to identify costs of £3,748 for possession action and £12,994 for eviction (covering the cost of legal action to the local authority). Based on their experience, Westminster City Council estimated a cost of £18,840 for providing temporary accommodation for six months post eviction. Local authorities therefore incur considerable costs when evicting a family due to anti-social behaviour.

The IIP case studies also showed that domestic violence is an issue for some families. It is very difficult to identify a cost to the public purse associated with domestic violence, but the DfE Negative Outcomes Costing Tool includes a cost of £23,200 (Local Government Leadership and Westminster City Council, 2010). These costs (and those associated with eviction) exclude the direct and indirect costs borne by the families themselves.

Estimates of long-term costs of criminal activity

Many estimates have been made of the long-term costs of criminal activity. Some of these are based on different data sources, but several studies just provide updated values from previous studies, or include estimates of additional factors in their calculations. A wide range of estimates are available, but they are not always directly comparable as they are based on different outcomes.

It is difficult to estimate the true cost of a persistent young offender to society. Westminster City Council has estimated that young prolific offenders cost £24,000 per year (Local Government Leadership and Westminster City Council, 2010). Another study – the Impact Assessment of the Youth Crime Action Plan - calculated that a high category offender costs society about £80,000 per year and that a prolific offender might cost in the region of £300,000 over a criminal career (Home Office, 2008, cited in van Poortvliet et al., 2010). Research has also found that a young person who starts offending between the ages of 14-16 will have an average criminal career of 13 years (van Poortvliet et al., 2010). According to another study, when calculated at 2009 prices, a 10 year old with conduct disorder who does not receive appropriate help will cost public services about £85,900 by the age of 27, compared with costs of about £9,100 for others without childhood behaviour problems (Scott et al., 2001; updated in Independent Commission on Youth Crime and Antisocial Behaviour, 2010).

The Audit Commission (Audit Commission, 2009) estimated that a young person starting to show behavioural problems when aged 5 and who has been through the criminal justice system will have cost the taxpayer £207,000 by age 16[14]. This figure is updated from the Audit Commission's review of the youth justice system published in 2004 (Audit Commission, 2004), which included a case study (James's story) illustrating the public sector costs incurred during childhood and adolescence by a troubled young person. A study of women offenders by the Social Exclusion Task Force (2009) included a case study (Sandra's story) which estimated that a woman with placements in foster care and a children's home in adolescence and three later custodial sentences would cost the public purse £166,000 by the age of 28. The case studies estimated that alternative (effective) interventions would have cost about £47,000 (for James) and £43,450 (for Sandra). These

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[14] *Time for a Fresh Start* (Independent Commission on Youth Crime and Antisocial Behaviour, 2010) estimated updated costs of £173,000 (2009 prices) for this case study.

101

case studies show that, without effective early intervention and prevention, service costs are high and outcomes are poor.

In a study of early conduct problems and crime, the Sainsbury Centre for Mental Health (2009) estimated that about 80 per cent of all criminal activity is attributable to people who had conduct problems in childhood and adolescence (and that 30 per cent is specifically associated with conduct disorder). The study estimated that the average life-time costs of crime are £160,000 for each child with conduct disorder and £45,000 for those with mild or moderate conduct problems. However, the study also cites an American study (Cohen and Piquero, 2009) which estimated that the total crime-related costs for a single prolific offender are in the range $2.1-$3.7 million (2007 US dollars). Measured on this basis, the life-time costs of crime committed by a single prolific offender are in the range £1.1-£1.9 million in the UK.

Costs of school exclusions and of being NEET

The narratives in chapter 5 and Annex A show that the IIPs placed considerable importance on assisting their young people (and often their siblings) to attend school (or some other type of education facility) or training courses on a regular basis to gain some qualifications and/or develop skills. Many of the young people working with the IIPs had long histories of truanting and of exclusion from school.

Before pupils are excluded from school they are likely to have had contact (possibly prolonged) with an Education Welfare Office (EWO). Based on their own experience, Westminster City Council (Local Government Leadership and Westminster City Council, 2010) cites an average cost of £2,819 per educational welfare case, rising by £550 to £3,369 to cover magistrates' court fees if the case goes to court.

A study published by New Philanthropy Capital considered the costs of truancy and exclusion (Brookes et al., 2007) and included the annual costs of alternative provision for excluded pupils. The cost of a place in a mainstream school was £4,355. In comparison, the annual cost in a Pupil Referral Unit was £14,664, with annual costs of £26,225 for a Special School and £24,996 for home or alternative education. The average annual weighted cost of alternative provision for an excluded pupil was £11,536[15] (i.e. an additional cost to the education system of just over £7,000 per year). The researchers also calculated the total cost of a school exclusion to be £63,851 and the cost of each persistent truant as £44,468[16]. These costs, which are sub-divided into costs to society and costs to the individual, include costs associated with lost earnings, education, health, crime and social services.

Some research has recently been undertaken on the life-time costs of young people being NEET (not in education, employment or training). The Audit Commission (2010) published a report which focused on re-engaging young people in these activities. It stressed that being NEET is costly and those who are NEET between the ages of 16 and 18 have poorer life

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[15] These costs are in 2005 prices. They need to be increased by about 20 per cent to reflect current values.

[16] Costs are higher for exclusions due to the costs of alternative education provision (which are not incurred by truants).

chances than their peers. This is illustrated with analysis of data for young men from the 1970 British Birth Cohort. The analysis shows that, compared with their peers who had been in education, employment or training throughout their late teens, young men who were NEET in their late teens were:

- four times more likely to be out of work (costs of benefits and loss of NI contributions);
- five times more likely to have a criminal record (cost to criminal justice system);
- six times less likely to have qualifications (lower potential earnings; loss of tax revenue);
- three times more likely to have depression (cost to National Health Service)

Work undertaken for the Audit Commission report by researchers at the University of York (Coles et al., 2010) found that the average individual life-time public finance cost of an individual being NEET was £56,300[17] (due, for example, to welfare payments; costs to health and criminal justice services; loss of tax and national insurance revenue). They also estimated (conservatively, they believed) that the average life-time resource cost of being NEET is £104,300[18]. This cost represents losses to the economy and to individuals and their families resulting from being NEET and from under- and unemployment following being NEET[19,20]. The York researchers also presented a series of cases studies based on recent social research that illustrate "*how relatively inexpensive youth support projects produce major public finance savings.*" The case study with the greatest cost to public finance was that of a young offender who was not involved in any interventions to prevent him becoming NEET. He drifted into persistent and serious offending for which he received increasingly lengthy custodial sentences, generating public finance costs of about £280,000 before the age of 25 and life-time public finance costs of almost £2.4 million. The study authors concluded that their work "*indicates that cuts in such [interventions] would result in very significant rises in public expenditure.*" Their research also "*reveals that, whilst the many youth projects producing public finance savings are funded by local authorities, should cuts in these projects be made, the resulting escalation of costs will fall to central government (and tax payers) through costs associated with unemployment and criminal justice.*" Furthermore, they believed that much of these costs would occur within five years.

7.6 Discussion and conclusions

The first part of this chapter analysed activity data from the five case study IIPs and calculated some unit costs for the IIPs. This analysis indicated that slightly more than three-

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[17] This is the present value of the estimated lifetime costs, and is slightly higher than the £52,000 they estimated in 2002 (Godfrey et al., 2002).

[18] This present value lifetime cost is much higher than the £45,000 they had estimated in 2002, probably due to growing wage differentials and big differences between out-of-work benefits and in-work wages.

[19] Public finance resource costs should not be added together. This would risk double counting, as there may be some overlap between the two sets of costs.

[20] Some concerns have been raised about the methodology used for this study. For example, although the research accounts for most of the costs associated with NEET status, it does not establish which of these poor outcomes are the direct result of non-participation. Furthermore, comparisons between the 'NEET' group and all other young people may not be valid, as there may be important differences (besides participation status) between the two groups. Nevertheless, being NEET is likely to carry significant cost consequences.

quarters of young people whose referrals were accepted by the IIPs signed a contract with their IIP agreeing some person-specific goals. A successfully closed case was defined as one that was closed because these goals had been met. It should be noted that these goals were usually multi-dimensional, covering several aspects such as reducing anti-social behaviour, improving educational attendance, enhancing self-esteem and reducing substance misuse. Over half of the accepted referrals had their cases closed during the evaluation period[21]. Approximately a third to two-fifths of the young people with closed cases had successfully achieved all of their contract objectives. This meant that, overall, about a quarter of the young people with contracts had achieved a successful exit from their IIP by the end of 2010. The average number of months per closed case ranged from 7.9 to 13.4 months. The average number of months per successfully closed case was slightly higher, at 8.5 to 14.3 months. Some young people (often with particularly complex issues) worked with their IIP for considerably longer than the upper values of these averages.

The analysis of the cost data showed that the average cost per client month ranged from about £480 to £660. The average cost per closed case was usually about £8,200 to £11,600. However, a significant number of cases were closed without successfully meeting all of the goals agreed in the contract (although some progress may have been made towards them, it is not possible to quantify this). A more appropriate reflection of the costs of the resources required by the IIPs to achieve their agreed outcomes is the average cost per successfully closed case, which generally ranged from about £26,500 to £30,700[22], with an average across the five case studies of about £35,000. It should also be noted that considerable improvements were often made by other members of a young person's family (e.g. to parenting skills; health; misuse of drugs and alcohol; employment prospects; and school attendance), as shown in chapters 5 and 6 and Annex A. It was not possible to capture and quantify any of these positive outcomes in the analysis.

The second part of the chapter explored the potential cost consequences of successful outcomes. The discussion on the young people's journeys in chapters 5 and 6 and Annex A shows that many of them achieved significant reductions in their anti-social and offending behaviour, and that many improved their attendance at school or college. Many also made other significant but less tangible improvements, such as improving their self-esteem and interacting more appropriately with their family and friends. The cost consequences discussion presented estimates (from published research and other studies) of the costs that would be have been incurred (mainly by the public purse) if these improvements had not been achieved. These costs therefore represent the costs that have been prevented (or avoided) as a result of the IIP intervention. Table 7.6 summarises the range of estimates for the main categories of these potential savings. It should be noted that some of these costs relate to the short term, whereas others would be incurred over a longer period.

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[21] It should be noted that performance in IIP D was quite different from that in the other four IIP, with far fewer closed cases during the evaluation period. The following discussion focuses on the achievements of the other four IIPs, which is felt to represent the performance of the IIPs more closely.

[22] Costs for IIP D were much higher due to its small number of closed cases, with a cost per closed case of about £30,000 and about £63,500 for a successfully closed case.

Table 7.6: Expenditure potentially prevented by the IIPs

	Cost
Short-term cost of crimes:	
Domestic burglary	£4,125 per crime
Vehicle theft	£5,250 per crime
Average cost per crime by young person	£4,600
Average cost per crime by someone on a Supervision Order	£6,260
Custodial accommodation:	
Young Offenders Institution (per place)	£55,000-£100,000 per year
Secure Training Centre (per place)	£160,000 per year
Secure Children's Home (per place)	£215,000 per year
Other accommodation-related costs:	
Foster care	£33,000-£70,000 per year
Placement in home for residential care	£120,000-£160,000 per year
Eviction and temporary accommodation (6 months)	£6,500-£13,000 (plus £19,000-£24,000 for temporary accommodation)
Longer-term costs of offending:	
Prolific young offender	£24,000-£80,000 per year
Total costs to late teens/mid-20s	£85,000-£207,000
Total costs over criminal career of prolific offender	£300,000-over £1 million
Education-related costs:	
Average net cost of alternative provision for excluded pupil	Over £7,000 per year
Total cost of a school exclusion (social and individual)	£64,000
Total costs of a persistent truant (social and individual)	£44,500
Average life-time public finance cost of being NEET	£56,000 (present value)
Average life-time resource cost of being NEET	£104,000 (present value)
Potential life-time public finance cost of prolific offender	Over £2 million

The costs summarised in Table 7.6 show that society (and also individuals) face very high costs due to criminal activity, anti-social behaviour and poor educational attainment. The cost consequences of not addressing these problems are considerable, both in the short-term and over a longer time horizon.

Tables 7.7 and 7.8 draw together information on the positive outcomes achieved by some of the young people described in chapters 5 and 6 with material from this chapter on their potential cost consequences. These costs are used to estimate the potential net savings generated by young people on IIP projects over a period of five years (assuming that the relevant behavioural changes are sustained over this period). It should be noted that many possible benefits, especially qualitative ones which may last a lifetime, are excluded from the cost analysis. Furthermore, some of the estimated values used in the calculations may be considered to be under-estimates, because the high costs associated with aspects such as custodial accommodation, sustained prolific offending and placements in residential care are not included in the analysis.

Table 7.7: Outcomes and prevented costs

Outcome	Young Person(s)	Estimated Prevented Costs
Reduction or cessation of ASB/offending	Amy, Claire. Eddie, Isaac, Jake, Kate, Ricky, Robert, Ronnie	£52,000 per year for 5 years (based on mid-point of range of £24,000-£80,000 per year for the cost of a prolific young offender)
Prevention of eviction action	Amy, Isaac, Jake	One-off cost of £30,000 (£10,000 for eviction and £20,000 for temporary accommodation)
Reduced school exclusion and prevention of costs of enforcement action	Eddie, Kate, Robert	£54,000 (mid-point of total costs of £44,500 for a persistent truant and £64,000 for a school exclusion)
Removed cost of foster care	Eddie	£50,000 per year (based on range of £33,000-£70,000 per year) until aged 16, then an estimated £10,000 per year for supported accommodation

Source: See Table 7.6 for basis of estimated prevented costs

Table 7.8: Indicative potential savings over 5 years

Young Person	Age	Outcome (reduction or cessation of behaviour or need for intervention)	Potential saving over 5 years (due to prevention of further action)	Cost of intervention	Potential Net Saving (present value)
Amy	15	ASB/offending	£243,000		
		Eviction	£30,000	£35,000	£238,000
		Total	*£273,000*		
Claire	14	ASB/offending	£243,000	£35,000	£208,000
Eddie	14	ASB/offending	£243,000		
		School/education	£54,000		
		Foster care	£125,000	£35,000	£387,378
		Total	*£422,378*		
Isaac	11	ASB/offending	£243,000		
		Eviction[23]	£0	£35,000	£208,000
		Total	*£243,000*		
Jake	17	ASB/offending	£243,000		
		Eviction	£30,000	£35,000	£238,000
		Total	*£273,000*		
Kate	13	ASB/offending	£243,000		
		School/education	£54,000	£35,000	£262,000
		Total	*£297,000*		
Ricky	15	ASB/offending	£243,000	£35,000	£208,000
Robert	13	ASB/offending	£243,000		
		School/education	£54,000	£35,000	£262,000
		Total	*£297,000*		
Ronnie	16	ASB/offending	£243,000	£35,000	£208,000
TOTAL			**£2,534,379**	**£315,000**	**£2,219,379**
Average			**£281,598**	**£35,000**	**£246,598**

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[23] No eviction-related savings because he is Amy's brother.

Due to the different modes of delivery by the IIPs and the multi-dimensional objectives agreed with the young people, it is not possible to link the costs of running the IIPs directly with specific quantifiable benefits and savings for each IIP. However, the costs and potential savings presented in Table 7.8 suggest that, even if only about a quarter of the young people with contracts successfully achieve their (often multiple) contract goals (i.e. their cases are successfully closed), the IIPs probably provide good value for money. Table 7.8 shows how expenditure of about £35,000 (the average cost of a successfully closed case; this cost was between about £26,500 and £30,700 for most of the case study IIPs) can generate costs savings over the next five years with an average present value of about £280,000 for each of these young people – this return is just over eight times the cost of the initial intervention. In addition, most of the young people whose cases are not successfully closed will nevertheless also achieve some benefits with quantifiable cost savings.

Longer-term follow-up is needed to determine the sustainability of the positive outcomes achieved by the IIPs, and thus their ability to deliver value for money over a period of time. However, given that each IIP had an annual expenditure of about £200,000 and generally worked with 20-30 young people at any one time, the cost savings presented above suggest that an IIP does not need to achieve and sustain many "successes" to generate cost savings in the short and medium term that greatly exceed the cost of the intervention.

When considering the costs and benefits of the IIPs it is also important to be aware of the many qualitative benefits experienced by these young people, such as improved relationships; improved self-esteem and confidence; improved anger management; and taking greater responsibility for their health, education and behaviour. These changes are likely to have an ongoing positive influence on their long-term actions and behaviour. In addition, many qualitative and quantitative improvements were also made by members of their families, and sometimes by their friends.

Because the IIPs operate in different ways, it is not possible to identify from the available information if their efficiency could be improved by adopting other working practices. Most IIPs deliver a variety of interventions at both individual and group level. Each young person receives interventions intended to best meet their individual needs at different stages of their journey. This flexibility is one of the great strengths of the IIP programme. Some young people work with their IIP for a year or more, but the experiences of the case study young people suggest that long periods of contact (albeit with different intensities over this period) are often essential for sustained success. There appears to be little scope to improve efficiency through client selection (e.g. by concentrating on referrals for young people who seem most likely to succeed) or through trying to close cases more quickly (both before and after a contract has been signed). The vulnerability and chaotic lifestyles of many of the young people mean that they (and their families) often need several months of contact to build up enough trust and self-confidence to interact effectively with their IIP.

One aspect not covered in this study is the additional public sector costs generated through recognition by some public sector services of their need to use their professional skills to address a previously-unacknowledged problem (e.g. a young person's learning difficulties; a parent's mental health issues; inappropriate family housing). Although the IIPs could be held responsible for generating this additional cost pressure on public services, the experience of the young people and their families in the case studies indicates that some people (both children and adults) had profound, deep-seated problems that should have been recognised

and addressed by other services long before the intervention of the IIP. Indeed, some of the problems that the IIPs have had to address may have been prevented from occurring (or their severity reduced) with more timely intervention by statutory sector services. Several of the case studies clearly illustrate that one of the main benefits of the IIP for some families was that their IIP worker was able to identify a wide range of inter-related problems being experienced by different family members. If the IIP was unable to address these problems and issues through their own programme (e.g. if specialist professional input was required to address mental health concerns or learning difficulties and disabilities), their workers were sometimes able to act as an advocate for intervention by statutory sector agencies. In such situations, recognising such problems and getting the young person (or another family member) into the appropriate statutory services should be recognised as a successful outcome for the IIPs. In such situations there may then be potential for the IIP and statutory services to work together to address the presenting behavioural and other problems.

Much published research has shown that relatively inexpensive youth support projects produce major public finance savings, and also deliver considerable qualitative benefits to their recipients. This study has shown that the IIP programme provides a flexible, cost-effective approach to working with troubled young people, many of whom have profound and persistent deep-seated problems. The IIP programme addresses these problems in a sympathetic but structured manner, designed to meet the specific needs of the recipients, and has the potential to deliver good value for money in the short term and the longer term.

8 Perspectives on the national IIP programme

8.1 Introduction

This chapter aims to complement the detailed case study data with the perspectives of IIP managers, workers and area leads for the national IIP programme. The chapter is based on interviews with IIP managers in 18 of the 20 IIPs, workers in the five case study IIPs (Birmingham, Bolton, East Sussex, Gateshead and Northamptonshire) and the Youth Taskforce regional area leads (whose remit included IIPs) and the Youth Taskforce policy lead with responsibility for IIPs. In order to provide some level of confidentiality specific opinions are not attributed to individuals. The purpose of this chapter is to identify common and frequent themes and, although the diversity of the IIPs is reflected in some of the presented material, the degree of commonality in the responses of the research participants was a striking element of the findings.

The chapter begins by identifying the reported successful outcomes, effective interventions and working practices and strengths of the IIPs and the IIP model. It then describes some of the reported challenges and weaknesses of the model. The chapter offers reflection on the roles of project workers and area leads, the relationships between support and sanction and value for money and additionality. Finally, the chapter highlights some further key learning points. Examples of particular outcomes from IIP interventions are provided in Annex B.

8.2 Successful outcomes

The research participants identified a number of successful outcomes of the IIPs. These included the processes of establishing the IIPs within a tight timeframe, recruiting appropriate staff, developing robust referral systems and partnership arrangements and meeting the target number of cases designated in the funding conditions. IIPs had often been able to establish themselves as important and increasingly visible and trusted partners, with specific and unique skills sets, within local multi-agency infrastructures. This was demonstrated, for example, by the diverse range of agencies and organisations making referrals to the IIPs, including Family Intervention Projects, Youth Offending Teams, Community Safety and Anti-social Behaviour Teams, education, social work and registered social landlords.

IIPs had also delivered targeted initiatives including diversity training, activities aimed at reducing barriers between young people and authority figures (such as the police and fire services); sexual health, gang culture, media training and projects aimed at fostering community cohesion, inter-generational understanding and addressing religious and political extremism.

The research participants identified quantifiable positive outcomes that had been achieved for young people, including:

- A cessation of, or significant reduction in, offending or anti-social behaviour; reducing the number of cases where enforcement action was taken; preventing young people from entering the criminal justice system; and ensuring that young people complied with the conditions of Anti-social Behaviour Orders, Supervision Orders and Acceptable Behaviour Contracts.
- Increased educational attendance and attainment; enhanced access to mainstream, specialist, alternative or further education provision; improved behaviour and peer relationships within educational settings; and accessing training, apprenticeships, work experience or employment.
- Reductions in risky behaviour, including sexual conduct; smoking; alcohol and drugs consumption; being out unsupervised late at night; inappropriate and/or exploitative peer relations; and managing Child Protection risks, including the prevention of young people being required to be accommodated by local authorities.
- Accessing more appropriate housing and preventing homelessness, for example through reducing the risk of eviction action.

The IIPs were reported to have achieved a number of 'soft outcomes' such as improved self-esteem and confidence: raised aspirations; strengthened relations with appropriate peer groups; further understanding of the consequences of behaviour; enhanced parenting skills and relationships within families; enhanced literacy and numeracy skills: improved financial situations and personal budgeting skills; better diets, physical fitness and hygiene; and job or college interview skills.

IIPs had also managed to bring some stability and routine to the lives of the young people (particularly those young people not in education) and their families. It was suggested that IIP workers had acted as positive role models to influence and motivate young people, to raise their aspirations and reflective capacities and to encourage them to aim towards future-orientated goals.

IIPs had been able to provide responsive crisis management and to address the immediate presenting problems of a young person and/or their family (for example cleaning up an untidy garden which was the source of anti-social behaviour complaints; facilitating a family moving to alternative accommodation; cleaning and tidying a poor domestic environment or enabling the purchase of essential household goods or clothing). These immediate interventions formed the basis of future work with the young person or family: *"Don't think in terms of the presenting issue, but actually it's like a spark from a base."*

Many of these outcomes were reported to have been sustained by young people and their families in the period since exiting an IIP intervention. It was emphasised that significant progress had often been made even when it was difficult to capture this quantitatively and in cases where problems remained:

> *"We don't do miracle cures and nobody should be claiming that but we actually reduce risk factors, increasing protective factors, getting more out of individuals…these are real achievements."*

> *"The young people that we've had that have exited now, actually, when you look at where they were [at the point of referral to the IIP] to where they were when we closed the case; they've achieved and the risk factors that we're here to address*

have gone away. They have gone back to school or they are not getting involved in crime."

8.3 Effective interventions and working practices

The research participants identified a number of key principles which were most likely to maximise the effectiveness of interventions and working practices and lead to progress and sustainable positive outcomes.

Effective and comprehensive assessment of a young person's and family's circumstances and needs was essential in order to link these to contracts, work plans and the specific skills of an individual IIP worker. One to one work and home visits enabled IIP workers to undertake such a comprehensive assessment and to develop a bespoke programme of interventions. Engaging with families enabled a detailed profile of a family's background to be constructed, including underlying causes, family dynamics, previous engagement with agencies, the success or otherwise of previous interventions and the needs of each family member. It was recognised that assessment was a continual process:

"Communicating with young people on their perspective of life and what is happening to them. This involves a great deal of listening, not starting intervention purely from the basis of another professional's assessment."

"In all cases assessment is key. It is a mistake to make the assumption that assessment takes place in a first meeting when in fact assessment is being made all of the time and can only be informed on the back of a relationship being made with an individual."

Interventions needed to be directly and explicitly linked to focused contracts, work plans and goals in order that young people and families could recognise what had been, and still needed to be, achieved. Actions and interventions needed to be detailed rather than ambiguous or general (e.g. to go beyond broad terms such as 'positive activities or 'one to one support') and their rationales and expected outcomes needed to be documented. Incremental and short term goals were crucial and could be linked to rewards and certificates that enabled young people to quantify their progress and provide further motivation and self-confidence. The proactive engagement of young people and their parents or carers in these processes was essential.

There was a need to *"creatively engage young people"*, based on establishing *"a hook or carrot"* around young people's concerns, interests, goals and aspirations and offering young people help, activities and opportunities that were not being provided by their families or other services. This required innovation and a range of media for engagement, such as film, music, arts, sports and other recreational opportunities: *"We need to draw them in. It provides a carrot but also something [for the young person] to lose and this acts as a stick."*

IIP workers needed to pursue a persistent, tenacious and intensive approach, based on regularity and consistency of contact, recognising the pressures on a young person's engagement with the IIP, managing aggressive and abusive behaviour and periods of disengagement and regression:

"It's about resilience. It's about keeping going, not being frightened off. They [IIP workers] don't run away because it's just too hard…we'll have a go, they don't put people into boxes and say 'that doesn't really meet the criteria'."

The ability to engage and communicate with young people could be enhanced by IIP workers from similar backgrounds and experiences to the young people which ensured a degree of commonality. The local reputation of IIP workers with young people, families and agencies could also be very important. The use of 'banter' with a young person to encourage change was a crucial and often underestimated mechanism. The ability to engage with young people in a range of contexts and environments, including home, school, community centres, IIP offices and during leisure activities was a key skill, particularly as young people often *"opened up"* in less formal settings.

Despite the original rationale of IIPs focusing their interventions on individual young people, it was viewed as essential that IIPs engaged with whole families. This enhanced the engagement of young people, who were more likely to value an intervention if their parents did; and also members of the extended family, including older siblings and grandparents could provide vital additional sources of support to young people. It was also recognised that enhancing relationships and dynamics between family members, addressing the needs of all family members and providing coping strategies to negotiate family conflict and emotions were central components in developing the context within which sustainable positive outcomes could be achieved. In some cases parents or a parent would not be supportive of an IIP intervention and IIP workers attempted to manage this situation and provide support to young people. In some other cases, work was primarily undertaken with parents where a young person had disengaged from the IIP intervention.

One to one working, group work and peer support were all regarded as appropriate forms of intervention in particular circumstances. One to one working helped to cement the relationship between a young person and IIP worker and was the most appropriate technique for addressing difficult personal emotions and family difficulties. Group work enabled IIP workers to observe young people in a collective setting and to work on their inter-personal and social skills, although there were challenges in ensuring that the correct tasks and mix of participants were achieved. It was also recognised that, due to the strength of peer influence, in some cases there was a need to work with a young person's friends who could then provide collective support and motivation rather than undermining an intervention.

Regular contact and communication with partner agencies was a key determinant of the effectiveness of IIP interventions. This enhanced the range of specialist support or flexibility in mainstream services that young people could access, facilitated more robust multi-agency coordination and accountability and reduced the duplication of services.

IIPs holding their own budgets and the use of personalised spot purchasing were effective techniques and enabled IIPs to flexibly and speedily access services and to readily overcome immediate barriers for the young people and their families (for example purchasing school uniforms or clothes for an interview; meeting travel costs or replacing an essential item of kitchen equipment). This also visibly demonstrated to young people and their families the capacity of IIPs to achieve positive change for them. The purchasing of leisure activities was a key mechanism for instigating change as:

"It is important in broadening horizons, giving new experiences, gaining confidence…being removed from [negative] comfort zones and helping young people to develop their social identities."

8.4 Strengths of the IIP model

Despite some challenges in staff recruitment and retention, key workers were regarded as a major strength of the IIPs:

"A key strength is our dedicated team of staff working flexible hours and tailored to the situation that has the ability to engage with very challenging young people in a way that other services cannot."

Staff teams with diverse knowledge, skills and experience and strong management support mechanisms, combined with flexible working hours (including weekends and evenings), intensity of work and relatively smaller case loads were the key strengths of the IIP model. This was also linked to the effective targeting of young people most at risk, coupled with intensive and personalised support packages and the flexibility to be innovative and responsive to immediate, emergent and longer-term needs.

The ability to establish regular and frequent contact over a sustained period was essential in building relationships of trust and empathy between IIP workers and families and between families and other agencies. Young people felt that *"you are spending time with them not because you have to be there."* This demonstration of commitment was essential in encouraging young people to make changes. This time and commitment *"are the things that young people never get [with other services]"*. A further strength of the intensity and longevity of engagement was the ability to *"explore and uncover hidden issues that may not have been presented in the first visit."* IIPs were therefore able to begin to address actual underlying factors linked to problematic behaviour.

The fact that IIP workers were differentiated from traditional 'authority figures' was a key strength as families were reported to feel less threatened. Because the focus was initially on a young person, parents perceived that there was less judgement of their parenting and not a risk that *"workers are coming to take their children away from them."* In addition, IIPs being voluntary enabled a young person to take ownership and a degree of control over their engagement with the project: *"Its all down to them [the young people]. It makes them feel they are contributing, rather than being told what to do."*

Strong collaborative multi-agency partnerships, including with other forms of FIP and third sector organisations was a core strength of the IIP model, complemented by the ability of IIP key workers to coordinate interventions and interactions between families and agencies.

A further strength of the IIP programme had been the diversity in the provision of the projects, including by different local authorities and third sector organisations and the capacity for IIPs to further diversify to focus on particular issues, including gang culture, sexual health and transition stages in education.

8.5 Challenges and weaknesses of the IIP model

The research participants identified a series of challenges that the IIPs had faced and also some weaknesses in the conceptualisation and delivery of the IIP model.

There were challenges relating to initial referral procedures. These included young people being referred with very high levels of need and at immediate risk of harm or entry to the criminal justice system. In some cases, initial referral criteria had been either too generic or too restrictive or referrals were dominated by one agency. Accurate and comprehensive information about a young person and their family was often not adequately available through Common Assessment Frameworks. IIPs were often working in a local context comprising myriad initiatives and funding streams and had sometimes struggled to establish an awareness of the IIPs in their own right and to ensure an accurate understanding amongst partner agencies of their approach and services.

The initial point of contact with a young person was a major challenge for the IIPs. It could be very time-consuming and difficult overcoming young people's perceptions and stereotypes of what the IIPs were. For example, one IIP was perceived initially by young people to have links with the police. The levels of information provided to young people and their families by other agencies about an IIP and what it would involve also varied. IIP workers were required to be persistent, for example *'knocking on a door three times a week until a young person was willing to talk to us."* Another IIP worker said:

> *"We're not the first person to walk through their doors and I think we have, in a way, we have to prove that we are not like the others, we're not going to write letters and just expect them to respond, we will be at their door."*

This meant that building a relationship and establishing rapport and engagement could take a considerable period of time:

> *"When I first took over the case I didn't really get anywhere for months and months, it was playing a chasing game, it was phoning his mum* [and asking] *'is he home?' - 'No he's not home' - 'Where has he been?' - 'Don't know'…arranging to meet him and nine times out of ten he wasn't there so I ended up driving round the town centre trying to find him."*

The IIPs, particularly those delivered by voluntary organisations, also faced initial challenges arising from tensions with statutory agencies and the questioning of the validity, qualification levels, effectiveness and innovation of the IIP model and IIP workers. There were also tensions with statutory agencies' existing assessment and sanctioning processes and this led to confusion over lead roles and responsibilities for managing cases. The key for IIPs was to demonstrate that they could work alongside, and complement, existing agencies, including cases involving anti-social behaviour and offending. However, the perception of IIPs amongst other senior prevention leads remained an important factor in determining the extent to which they became embedded in local infrastructure. Some partner agencies did not maintain regular contact with IIPs or inform IIP workers of important developments with young people. Even where statutory agencies recognised the validity of the needs of young people and families identified by IIP workers, agencies' own resources were often so far stretched that this made it difficult for them to provide the necessary support. Key agencies

such as CAHMS and housing providers could also perceive some forms of support packages requested by IIPs as being beyond their remit.

The levels of risk and complexity of the young people and families' problems represented a major challenge for the IIPs. The research participants acknowledged that the IIPs had faced *"a very steep learning curve"* and that practice was still being developed and refined in light of experience. Particularly for older children, it could be difficult to address the long-standing problems and issues that they faced and appropriate age-specific intervention services were not always available. The scale of the problems facing young people could mean that the contact time IIP workers had with young people and their families, although being more intensive that other services, could still be limited in its influence, particularly when young people's contact, attendance and engagement with project interventions was sporadic:

> *"The work itself has just thrown up a range of stuff that we probably hadn't anticipated, one was the sheer multiplicity of issues…a child is committing anti-social behaviour, of course as soon as you step through the door you've got mum drinking too much, dad is violent, there's child abuse and neglect and god knows what else is going on…so that was a challenge."*

These often chaotic home environments meant that young people could *"engage positively in [IIP] sessions, stick to the ground rules and achieve their goals but then go back into unstructured households with little or no parental boundaries or guidance."*

The focus on holistic whole family approaches also created challenges in terms of workloads:

> *"This does mean that it's not just 15 or 16* [young people] *we are working with, it's all their families as well."*

> *"I've got one young person that I've been doing work with, and also work with his older brother, younger brother, potentially his step sister and his mum."*

The domestic, social and neighbourhood contexts of young people's lives and the influences (such as peer group pressure) that arose from them were very challenging. As one IIP worker stated:

> *"They're doing the stuff because they haven't got a choice…if your friends are going out to the shop to steal stuff, it's going to be one of those things where 'you're either with us or against us' and you're either become a victim or you'll go along with it. It's unfair for these kids, but it's the reality of their lives."*

Parents were often keen for IIPs to support their children and recognised that they were not coping themselves, but were sometimes less willing or able to proactively support the IIP interventions. Although parents were offered support services and IIP workers actively promoted these, parents did not always take these up and could view IIPs *"as taking their kids off their hands"* rather than having a proactive role to play themselves. IIP workers therefore had to ensure that *"they do not simply do parents' jobs for them…and assume the role of the 'appropriate adults'."*

Keeping young people and parents engaged with the IIPs was a significant challenge. Parents could begin, but not complete, parenting initiatives. Conversely, many young people

did not display respect to their parents or carers. Sometimes young people would disengage with a project suddenly, despite having made progress and young people's response to interventions could be inconsistent and consequently, progress was rarely linear.

IIP managers reported that they had encountered challenges in recruiting and retaining appropriate staff, and the difficulty in basing recruitment decisions solely on applicants' qualifications or previous experience, rather than a more flexible approach of ensuring that they got the right people for such a challenging role. This was exacerbated by the tight time scales for delivery and short-term contracts, as an IIP manager described: *"You need staff who are able to hit the ground running, to be highly motivated and self-managing and it is difficult to establish this at interview."* It was also challenging to ensure an appropriate gender or cultural background mix within an IIP staff team. Several IIP managers identified challenges arising from the uncertainty of funding arrangements, particularly as the high profile of an IIP and its referral channels were central to its effectiveness and impact, but these were difficult to sustain when future funding of the IIPs was so uncertain.

Some research respondents stated that the evaluation of the IIP programme had weaknesses, including the stage at which it was implemented (the monitoring system was not available until October 2009 and most projects started work from April), not reflecting differences in specific age groups, the limited responses available to IIPs when making returns and the lack of qualitative individual-level data and details. The recording and reporting processes were regarded as being overly onerous on IIP workers.

A number of weaknesses in the original conceptualisation of the IIP model were also identified. The support and sanction approach was in tension with the voluntary nature of the engagement and the strengths that arose from this. In addition, the focus on an individual young person was problematic if it was disconnected from the wider family, social and neighbourhood contexts of a young person's life: *"You can refer a young person to the IIP but not their best friend."* Another IIP worker stated:

> *"You can't just singularly work with a young person intensely, it's impossible because what you've got to realise is that you're working with an intense young person, the issues, you can't just deal with the issues with them because the issues are related to friends, their associates, their family, their school, it impacts on everything, you have to work very holistically and if you can't work holistically you can't do it, you can't work just singularly with the person, there would be no change. "*

In reality, most IIPs adopted a whole family approach, but this resulted in some of the challenges identified above.

The time-limited nature of the interventions and the original communication of target numbers of young people were weaknesses in the model. Given the vulnerability of the young people even 24 months may not be sufficient to make realistic, significant and sustainable progress in some cases. Although group work could be utilised to increase the numbers of young people involved in an IIP, the key worker role and the relationship of a key worker with a young person remained the most important mechanism for effective intervention and this could only be achieved through smaller case loads. The sudden ending of IIP support, without necessary education or employment infrastructure being in place, was likely to lead to some young people being re-referred, which in turn would necessitate initial

engagement being commenced all over again. Therefore *"other agencies need to take responsibility for the young person and not the IIP- we are not a panacea."*

Concerns were expressed that under-qualified IIP workers were being asked to address the most complex and vulnerable cases, which in statutory provision would have been conducted by qualified, trained and experienced social workers. It was also argued that IIPs had received less support (in terms of specific training provision) than other recent initiatives and projects, including FIPs, and IIPs had largely been self-sufficient in terms of identifying, accessing and resourcing training. This suggested the need to consider more systematic joint training and expertise exchange across different models of intensive support provision.

Existing intensive or specialist support services often had behavioural conditions or ways of working (i.e. the requirement to keep appointments or to attend sessions in agency or medical premises) that some vulnerable young people and families were unable to meet. Many IIP cases were referred to IIPs precisely because they had not met the threshold requirements for high level statutory support. Therefore, when young people and families were no longer receiving IIP interventions (or these interventions were unsuccessful) then these vulnerable individuals would often still not meet statutory thresholds unless robust re-referral loops were established or additional issues had come to light during the IIP intervention. This raises issues about the sustainability of positive outcomes or the support provided to the most vulnerable young people and families where IIPs or similar projects are not available or not maintained.

8.6 Project worker and area leads roles

IIP workers and area leads were asked to reflect upon their specific roles. The flexibility that IIP workers had to address a range of problems was viewed as an essential element in providing appropriate and targeted support:

> *"Unlike [other agencies] we don't have to say 'actually don't talk to us about that because we can't do that'; we'll say 'come on then, let's see how we could do it'."*

The ability of IIP workers to *"actively listen"* to young people and their families was essential, as was tenacity and perseverance:

> *"It's a case of keep trying, not giving up on them so they* [young people] *know that you're being persistent and you're still going to be knocking on the door…I find usually if you keep going and keep going eventually they start to trust you a little because you're still trying. Perhaps a lot of people have given up on them in their life so that persistency usually really helps to build that relationship."*

A non-judgemental approach needed to be combined with *"not telling young people what to do"* but rather supporting young people and providing them with the skills and capacities to address their problems: *"It was not about taking ownership of young people's lives but rather saying 'hang on a minute, I will do this but you have got to do this'."* This required recognition and understanding of the context and environment of a young person's life, *"knowing where the kids are coming from"* and *"being able to relate to them."* There was a *"need to acknowledge the difficulties that families face on their own terms."* Linked to this

was the necessity of working at the pace of the families and recognising that *"you can only work with where the families are at, not where they 'should' be and values cannot be imposed."* It was only possible to challenge a small number of specific aspects of families' lives at any one time and research participants acknowledged the limits of what could be achieved and when persuasion was not going to be effective, especially in cases involving child protection issues.

IIP workers were involved in a difficult balancing act between being supportive and building up trust whilst also making it clear that the relationship was not simply one of friendship but rather had a professional basis which included challenging families and, if necessary, involving other agencies to address problems:

> *"It's old fashioned caring, befriending, sign posting but also challenging…but you're there to guide them as well and not just challenge them. You're there to tell them why that would not be right and support them to go the right way."*

The combination of being able to accurately assess the needs of a young person and their family, to gain their trust, to be able to challenge behaviour and to link this to appropriate support were central mechanisms underpinning the key worker role.

The differentiation between, and complexity within, cases and the emphasis on multi-agency support coordination required IIP workers to perform a series of roles and to have knowledge of a wide range of policy and practice arenas:

> *"You could be a child protection worker one day, you're a mental health worker the next, you could go to court on Friday."*

> *"You could be doing benefits with a mum or a nan or a carer another day and then you'll be having a bit of youth work fun with them the next day."*

Smaller case loads (ideally between six and eight at any one time) were viewed as essential in enabling workers to respond effectively to crisis points within families:

> *"There will be fluctuations where they're really quiet and then all of a sudden everything goes everywhere and if you're that busy with all the other kids you can't spend time then trying to sort out the crisis that ultimately occurs every so often, that will happen and will need a lot of time to sort out."*

Partnership working with other agencies was vital to the effectiveness of the projects. As one IIP worker stated: *"I never view this as me working on my own."* Another project worker pointed out that specialist support was essential as *"I can't do everything."* IIP workers were often in daily contact with partners such as alternative education providers, social services and Connexions and regularly attended case or child protection conferences and multi-agency group meetings. In particular, IIP workers valued the input of specialist services, such as drugs awareness teams.

A key function of the IIP worker's role was to attempt to get other agencies to 'bend' their mainstream provision to accommodate *"and make room for"* the needs of these very vulnerable families. However, the status of IIP workers could make challenging other agencies very difficult, as could the considerable staff turnover in mainstream agencies which necessitated the continual fostering of new personal relationships:

> *"It depends on how confident the worker is at linking other agencies in to get them to do their bit, having the confidence to say 'we need you to do this because it is your bit'. You need to be a confident worker to do that."*

In some circumstances, IIP workers encountered considerable barriers in getting partner agencies to accept their risk assessments or their perspectives on what support families required. Project workers recognised that this was often due to the resources constraints of, and pressures on, other agencies. However, they also argued that the benchmark for some statutory agency involvement was so high that cases that IIP workers viewed as high risk were not defined or accepted to be so by other agencies. IIP workers believed that statutory agencies were not always in a position to make a fully-informed assessment about levels of risk in a family:

> *"They only see an individual every couple of weeks for ten minutes in an office, whereas the family are telling us and we're seeing it, because we see so much of it, then you get a huge picture of it really."*

Some IIP workers identified social services and CAHMS as particularly problematic in terms of accepting referrals and that this had resulted in serious emotional problems not being adequately addressed. The assessment procedures of other agencies were also regarded as being slow and often not appropriate. Several examples were given of other agencies finally agreeing to assess a young person and then making a decision that the young person did not want to engage with them if they displayed problematic or unresponsive behaviour during the assessment.

The area leads played a number of roles. They had been particularly involved in the earlier stages of the establishment of the IIPs, where they had attempted to address significant challenges relating to embedding IIPs within local support service infrastructures, facilitating partnership working procedures and ensuring that referral procedures became more effectively targeted, simplified and coordinated across agencies. Area leads had also sought at a strategic level to bring partner agencies together, to enhance multi-agency cooperation and to resolve conflicts. Area leads were able to utilise monitoring data to flag up particular issues and to discuss potential approaches with IIPs through the use of case study examples. They were able to compare across projects, locally and nationally, to provide specific examples and knowledge to IIPs from other projects and to disseminate good practice.

8.7 Relationships between support and sanction

There was a complex relationship between supportive interventions, positive activities and sanctions and several research participants suggested that the terminology of 'sanction' did not accurately reflect the approaches of the IIPs. The IIP model was based on voluntary engagement and this was a key strength alongside other key principles such as a non-judgemental approach: *"The reality is we don't use sanctions as we don't have the authority or power legislatively."* Voluntary sector organisations in particular did not regard sanctions as a key element of the interventions and argued that formal sanctions were limited in their effectiveness:

> *"We are heavily focused on support rather than sanctions as parents and young people have already experienced sanctions and these have not resulted in long term and sustainable change."*

It was further argued that young people were often at their most vulnerable when they failed to comply with a formal order or disengaged from an IIP intervention and that sanctions may exacerbate, rather than ameliorate, the situation. The distancing of IIPs from direct formal sanction procedures was also important in maintaining the distinction of the IIPs from statutory agencies.

However, research participants argued that young people and their parents did need to understand what would or would not be tolerated, what constituted unacceptable behaviour and why a sanction (or loss of reward) would be used. One IIP manager also made the point that measures such as Acceptable Behaviour Contracts could assist young people in resisting negative peer group pressure: *"The young person is empowered to say no…because they can wave a bit of paper [the Acceptable Behaviour Contract] at their peers when they come calling."*

There was a consensus that there needed to be a balanced and flexible approach to both sanctions and rewards:

> *"There cannot be a hard and fast rule and all sanctions have to be appropriate dependent on the context of the situation and the level of understanding of the young person involved."*

> *"The relationship with supportive interventions and sanctions is vital and both are inter-related."*

Some research participants believed that effective links had been established between IIPs and the use of mechanisms such as Acceptable Behaviour Contracts and initial warning letters from social landlords, particularly where attendance at, and engagement with, IIPs could be included as a condition of these measures and as an alternative to escalating enforcement action. IIP workers often played an important role in assisting young people to comply with the conditions of either existing or more recently imposed enforcement orders.

In some cases potential disengagement from the IIP itself, rather than any formal sanction or enforcement action, could be a source of motivation:

> *"We have developed a rapport with those [young people] signed up to a contract so that the majority appreciate the supportive interventions and make those [required] changes as they are aware of the risk of losing the support of our services."*

There was a consensus that it was the relationship between IIP workers, young people and their families, including the ability to effectively informally challenge individuals about their behaviour, which was the key mechanism in facilitating change and positive outcomes:

> *"In many cases it is the relationship with the support worker rather than the threat of sanctions that is most critical in securing client engagement."*

IIPs used a combination of generic or group rewards, such as high street shopping vouchers or trips to leisure activities and 'incentivised activities' tailored to the needs and interests of

each individual, for example sports activities or equipment or music or arts activities. Some IIPs offered a choice of rewards, for example phone top ups or the opportunity to save for bigger financial rewards and had encouraged young people to think about appropriate rewards. For example, one young person took their family out for a meal and another requested that their saved rewards contribute towards a holiday with their terminally ill parent. Financial support (such as transport provision) could be withdrawn if it was not used, but this could generate further problems, for example in attending school or training placements.

In most IIPs, the withdrawal of rewards or participation in trips or activities was utilised rather than formal sanctions and this was deemed to generally be effective in achieving or maintaining young people's engagement; especially when the link between achieving goals and access to activities was made explicit. It was considered important that the purpose and aims of rewards and activities were clear and that these were not 'taken for granted' by young people.

8.8 Value for money and additionality

The research participants believed that the IIPs had demonstrated value for money and additionality, although they found it very challenging to quantify this is economic terms (see chapter 7). Relatively small case loads needed to be balanced with the returns provided by engaging with, and achieving positive outcomes, for some of the most vulnerable and challenging young people and families, particularly as these groups could account for a disproportionate amount of agency expenditure if their problems were not addressed. It may also be the case that interventions may not visibly demonstrate impacts within measurement timeframes but may provide the basis for longer term sustainable outcomes and positive economic consequences. In addition, some outcomes are not measurable in fiscal terms, for example protection from sexual exploitation and, as one research participant asked *"How much are people worth?"* The IIPs were also reported to have had wider positive impacts on the communities in which the young people and families lived.

The research participants identified that cost-benefits had been achieved through:

- Reduction in incidents of anti-social behaviour, offending and re-offending and the prevention of further or escalating enforcement action, including custodial sentences
- Reduced numbers of children being taken into care (one IIP manager estimated that their IIP had prevented nine young people entering the care system and another IIP manager suggested that the IIP had managed to keep a number of 16-17 year olds in their family home)
- Reduced exclusion from school (and legal action against parents) or need for alternative education provision
- Reduced costs of potential eviction action (and subsequent homelessness and accommodation costs) and reduced levels of rent arrears
- Fewer injuries and improved physical and mental health and therefore pressure on medical services
- Reduced damage to public property or repairs required to domestic properties

- Increased engagement (by young people and some adult family members) with training or employment, which may generate subsequent savings in benefit payments
- Enhanced coordination of cases, resulting in more efficient targeting and accessing of appropriate services and reduced duplication of service provision and therefore more effective use of resources
- Enhanced engagement by young people and families with the support packages of other agencies and organisations (for example substance misuse and sexual health services); both reducing the numbers of missed appointments and maximising screening and prevention and reducing secondary care or remedial treatment costs

However, as highlighted in the previous chapter, research participants also acknowledged that IIPs could also result in increases in the expenditure of other agencies through identifying additional or previously unrecognised needs of young people and families.

The research participants identified a number of ways through which IIPs had delivered additionality to the support of vulnerable young people and families in their local areas. These included:

- The ability to engage, and work, with young people from very challenging backgrounds, many of whom were not being supported by other agencies and who were at risk of *"falling through the net."* IIPs had also helped to fill gaps in provision to particular groups, including young people in the transition stage from junior to secondary school, victims of domestic violence, young carers, those not engaging with education and ex-offenders. Research participants explained:

  "It's a model of working that every practitioner has always wanted and that fills a gap in statutory provision. For example, when a young person has completed the requirements of a statutory order but when there are other issues that clearly need to be dealt with. I think it's needed and it's been a long time coming."

  "[We work] with this underlying group of families and young people who don't quite fit anyone and have masses of issues, not necessarily criminal…and they would be lost…these aren't the families that have one problem."

- Enhancing the understanding of young people's and families' specific needs and underlying problems (such as mental health, bereavement and domestic violence) and linking these to more appropriate interventions. The ability of IIP workers to undertake home visits and to spend time in families' domestic environments was a key mechanism in achieving more robust needs assessments, along with "having time to unravel what is happening in a young person's life."
- Improving young people's and families' awareness of, and access to, support services and specialist provision and enhancing interaction between families and agencies, for example by acting as advocates for young people and assisting families to attend appointments. IIPs had also brokered families' reintegration with services where there had been a previous history of non-engagement or hostility.
- Shaping mainstream statutory support services to address the needs of young people and families and improving targeting, referral and case coordination processes, including reducing duplication and clarifying responsibilities. In some cases, IIPs had "bridged the gap" between Common Assessment Framework

processes, statutory provision and specific specialist support and had contributed to ensuring a more comprehensive spectrum if provision from low to high level intervention. The IIPs had also contributed to good practice learning, for example the importance of supporting parents in complementing work with young people. In one local area models of early intervention and parenting support developed by an IIP (and Family Intervention Project) had resulted in a reconfiguration of statutory service provision and delivery, based upon key workers and intensive practical support.

- Providing interventions for high risk older children when support services for these groups were limited. For example, several IIPs had sought to work with young people engaged in gang-related activities and young offenders who had been in custody, but where no support was provided once probation periods had ended and offending behaviour precluded accessing other prevention services. In other cases, IIPs were able to provide support to young people who were at risk but where other services have declined to provide support, or withdrawn this support, for example where families have declined offers of a new home. It was reported that increased referrals to social services (as a result of high profile cases such as Baby P) had meant that social services had increased the threshold for accepting referrals and IIPs had an important role in taking up cases which would previously have been accepted for statutory intervention and where young people were clearly still at some risk.

- Playing a particularly important role in filling the gaps in education provision for vulnerable or excluded young people. Some IIPs had sought to broaden their remit to include early intervention or transition stage working with children in schools (either targeted, whole class or whole year groups). Working with groups of children who were experiencing difficulties in schools but who were not being adequately supported was identified as a key gap in service provision to be addressed.

A number of IIPs had sought to achieve additionality through the use of sessional workers and volunteers to provide additional hours of support or specific activities to young people. Some IIPs had bid for additional funds to resource specific activities, such as residential trips for young people. Some projects had offered group work to schools and housing providers as a mechanism for increasing the number of young people that the IIPs were able to support.

8.9 Further key learning points

The research participants identified a series of further key learning points, including:

- There is a need for more robust pre-referral processes and awareness of what the IIP could realistically provide; clarity of referral criteria and understanding of the likely requirements to be made of the young person. IIPs need to establish a clear identity and to be embedded in partnership arrangements that are cognisant of local service infrastructure and that extend to post-IIP exit support for young people and their families.

- There is a need to recognise the complexity and scale of the challenges facing the young people and the families and these require case loads, timeframes and funding periods to be realistic. There is a need to recognise that there will not always be progress or positive outcomes in each case, particularly if young people and families

are not ready to make changes. Young people are often not mature enough to understand the implications of their behaviour in the long term and are particularly susceptible to peer group and family influences.

- Assessments of IIP outcomes need to capture 'journeys of progress' or 'distance travelled' and reductions in risk factors and stabilising impacts in addition to more measureable quantitative outcomes. There is often secondary or reflective learning by young people and it can take a period of several months before this learning becomes evident and strategies provided by IIPs are acted upon. This adds to the complexity of assessing the outcomes of IIP interventions.

- Seemingly minor changes or actions can make a significant difference to young people and their families, such as establishing basic ground rules or IIP workers always being available to speak to a young person or other family members.

- There is a need to recognise the emotional strains upon IIP workers. Further training needs for IIP workers were identified, including: delivering counselling and therapeutic techniques; knowledge of available services; mentoring; child protection; and first aid.

- It is important that unidentified mental health needs or personality disorders, or the lack of access to specialist services, do not become reframed as weak parenting: *"We expect parents to deal with all of this. But if schools can't manage the children, or social services can't manage the children, why would we expect parents to be able to do so? It is important to recognise that many parents do really well but the difficulties that their children face are simply beyond them, even if statutory agencies are reluctant to acknowledge this."*

- IIPs are ultimately dependent upon other service providers if they are to deliver positive and sustainable outcomes. There is a need for statutory agencies to be more flexible in their provision of support to vulnerable families, including reviewing their threshold criteria, assessment processes and their practices in terms of appointments, home visits and behavioural requirements. Statutory providers also need to play a proactive role alongside the IIP in supporting individuals who they have referred to the project and be willing to listen to IIP workers and to bend and coordinate their responses accordingly.

- There is a need to enhance provision for early intervention for younger age groups before problems become more embedded and there are current gaps in existing support provision and signposting procedures for the 8-12 years transition group, 16-18 year olds and NEET groups. There are also limited opportunities for young people to enter the employment market.

- There is a need to address and effectively manage cases that are linked to problematic sexual behaviour and a variety of cultural backgrounds. This requires diverse skills and knowledge. Young people also require specific skills to manage their domestic and neighbourhood environments and there is a need for a range of services to attempt to address wider problematic social dynamics within some communities.

- There is a need to recognise the legitimacy of a range of approaches with different foci and a level of discretion and autonomy that enables projects to meet local needs within a particular context.

- Although IIPs may be conceptualised as forms of early intervention or prevention, in most instances IIPs are actually attempting to tackle very longstanding issues and to

redress embedded inter-generational problems and the lack of previous effective interventions.

- There is a need to consider new approaches to providing support to those young people or families who do not engage with IIP interventions or any other current forms of support.

8.10 Conclusions

This chapter has attempted to provide a qualitative overview of the national IIP programme, based on the perspectives of IIP managers, workers and area leads. **The research participants identified a series of positive outcomes from the IIPs.** These included the three levels of outcome indentified in chapter four: crisis management and risk reduction; stabilising family circumstances and transformative outcomes (both 'soft' and 'hard'). These outcomes had often been sustained in the period following an IIP intervention. The complexity of quantifying and verifying these outcomes was acknowledged, but there was a consensus that 'distance travelled' should be a key element in the assessment of IIPs rather than solely quantitative measurement of 'hard' transformative outcomes.

A number of key principles and effective working practices were identified, including: accurate and comprehensive assessments of whole family needs; linking contracts and work plans to specific needs; creatively engaging young people and families in a persistent and resilient manner; working with a range of family members and peer groups; utilising a mix of one to one, group work and peer support; personal budgets; and strong partnership working. Key strengths of the IIP model included IIP staff, flexible working hours and smaller case loads; the key worker approach; differentiation from statutory services; and the diversity of the IIPs (in terms of providers, target groups and issues and intervention approaches).

IIPs faced a number of challenges including referral and assessment processes; securing and maintaining the engagement of young people and families; relationships with partner agencies; the scale, extent and complexity of young people's and families' problems; and staffing issues. A number of weaknesses in the original conceptualisation of IIPs were identified, including the focus on sanctions and working with individual young people rather than families; the time-limited nature of, and envisaged case loads within, the programme; the qualifications and relative power of IIP workers; and the policies, thresholds and resources of statutory agencies.

Project workers were required to adopt a non-judgemental, persistent and committed approach that empowered young people and families and enabled them to take some ownership of problems. This required working at the pace of families. Project workers were required to undertake a diverse set of functions, including liaison and advocacy with other agencies, which could be very challenging. Area leads had facilitated partnership working, resolved conflicts and disseminated good practice and mutual learning.

There was a complex relationship between support and sanction, but the relationship between IIP workers and young people and families was the most important mechanism for achieving change. The informal use (and withholding) of rewards was a more predominant element of IIPs approaches than formal sanctions. The research participants believed that IIPs had achieved value for money and had provided additionality in their localities, although

these were difficult to evidence and quantify. These findings appear to support the evidence from the individual case studies presented in Chapters 5 and 6.

9   Conclusions

9.1 Introduction

This chapter offers conclusions arising from the evaluation of IIPs. It summarises a conceptual framework for assessing the impacts and outcomes of intensive interventions. The key findings and learning points from the evaluation are presented, followed by the implications for policy at national and local levels.

9.2 Conceptualising intensive interventions

Effective evaluations of Intensive Family Interventions require an understanding of the complexity of the context within which the interventions occur, the range of activities and forms of support provided and the diverse outcomes that may be achieved (not all of which are easily captured or measured in performance management indicators). IIPs and their interactions with young people and families, are located within a broader social context with a range of influences, relationships, services and challenges impacting on key actors.

IIP workers undertake five key roles within an intervention: attempting to secure the engagement of young people and their families; assessing the needs of family members; linking these to the development of support plans and contracts; providing support (either directly or through referral and advocacy); and exit planning to ensure further and ongoing support for young people and families, if required, is provided by other agencies. These five roles are often continuously undertaken for the duration of an intervention period and are underpinned by the coordination of multiagency interactions with the young person and their family.

IIP workers provide three main categories of support. The first of these is assessment; in which a comprehensive and accurate understanding of the dynamics, issues and needs of the young people and families is developed and linked to appropriate forms of intervention. Secondly, IIP workers provide direct support, which may include emotional assistance, practical help and financial contributions. Thirdly, IIP workers make referrals to other mainstream and/or specialist services and act as advocates for young people and their families with these service providers.

There are three primary levels of outcomes arising from IIP interventions (in cases where some form of change has been achieved). The first of these is crisis management, in which immediate risks or harms are reduced or minimised and appropriate responses to crisis or trauma are put in place. The second level of outcomes results in the stabilising of the circumstances and behaviour of young people and their families and their relationships (with each other and with peers, neighbours and service providers). The third level of outcomes are those that may be conceived as being 'transformative' in that they result in significant and sustainable change. These may include 'hard' and measurable results (such as reduced anti-social or risky behaviours; enhanced educational engagement and attainment etc.) and 'soft' achievements such as improved parenting skills, family dynamics and emotional

wellbeing (these are more difficult to capture and assess, but are of equal significance). This typology of outcomes has three important implications. Firstly, it identifies the complexity of the issues facing young people and families and the diversity of the outcomes that may be achieved. Secondly, it reveals the sequential process through which progress with a young person and other family members may be achieved, in which crisis management and stabilising a situation are essential prerequisites and building blocks for more transformative outcomes. Thirdly, the typology indicates that interventions may achieve important results that may not be categorised as transformative and may be less amenable to quantitative or economic impact measurement.

9.3 Key findings and learning points

IIPs effectively targeted young people who had significant presenting issues; including anti-social behaviour and offending; non-engagement with education and a range of risk factors (mental and physical health; home and neighbourhood environment; substance misuse; negative peer groups; gang related activity; problematic parenting; poverty; difficult transitions from education and inappropriate sexual conduct). The IIPs also often targeted young people and families who were not being supported by statutory or other agencies and/or addressed specific gaps in existing support provision.

However, these presenting issues and the risks associated with them, which were often identified in Common Assessment Frameworks, were underpinned by five underlying factors which dominated the situations of the young people and their families:

- Learning difficulties;

- Violence (domestic and neighbourhood);

- Bereavement;

- Family break up; and

- (Linked) mental health issues.

These factors needed to be addressed in order to facilitate more transformative and sustainable change. The common factors outlined above suggest that the scale of the challenge facing Intensive Family Interventions and other service providers is considerably greater than is often envisaged.

In two thirds of the qualitative longitudinal case studies, anti-social behaviour or offending had been significantly reduced or had ceased entirely and improvements had been made in school attendance or engagement with further or alternative education. The IIPs had also often achieved 'soft' transformative outcomes such as reduced risky behaviours, enhanced self esteem and confidence, improved domestic environments (emotional, social and physical) or had stabilised families. IIPs had also performed a crucial function in crisis management which had prevented situations from escalating (such as further enforcement action, children being taken into care or homelessness). The majority of young people and their parents or carers believed that the IIP had been a positive experience that was directly linked to their significant progress and improved outcomes.

The economic cost-benefit analysis found that about a quarter of young people with IIP contracts had achieved an exit classed as successful by the end of 2010. It is estimated that the average cost of a successfully closed case is £35,000. These figures do not capture any initial increased costs on agencies arising from an IIP intervention (i.e. further use of referrals to specialist support). Conversely, these figures do not capture the benefits of progress in cases which have not been successfully exited from an IIP. These average costs per case and the £200,000 annual expenditure on an IIP compare favourably with the costs arising from problems that are not resolved. The IIP intervention generated average savings from prevented expenditure over five years with an average present value of about £280,000 per person for a sample of young people with positive outcomes from the case study sites, with a return of £8 of savings per £1 spent. Although it is not possible to directly link specific IIP costs to direct savings, our analysis suggests that the IIPs represented very good value for money when compared with the costs of non-intervention and that there was little scope to improve efficiencies or outcomes through revised targeting or referral processes or other working practices.

Given the complexity of the cases and the diversity of outcomes achieved, stakeholders believed that it was crucially important that evaluations of IIPs should capture progress and 'distance of journeys travelled' for a range of family members, in addition to hard quantitative indicators for individual young people.

There were a number of weaknesses and challenges faced by the IIP programme. These included the initial focus on formal sanctions and individual young people (rather than their wider familial or social environments); the envisaged case loads and timeframes for intervention; the variable strength of partnership working and the ability of IIPs to access specialist support services or influence statutory service provision; and the scale, complexity and diversity of the problems facing young people and their families.

Enforcement action and the legal and rational premises that it is based upon, is not sufficient, in isolation, to address young people's needs. Many young people are not mature enough to understand the full implications of their behaviour and are particularly susceptible to peer group and family influences. However the use of incentives and informal rewards or withholding of rewards was an important and effective element of IIP approaches. The history, scale and complexity of family issues meant that ensuring the engagement of young people and their parents; and the intensity of work subsequently required, represented a significant challenge for the IIPs and meant that initial projections of case loads and timeframes were often unrealistic. It was not possible to identify particular factors in young people or families that would indicate greater likelihood of positive outcomes being achieved.

Effective interventions required engagement with parents, siblings, extended family members and peers. Both one to one and group work are important mechanisms. Likewise, it is the combination of direct support from IIP workers (including emotional, practical and financial assistance) and support from other agencies; focused on both immediate needs and addressing underlying causes, that facilitates the achievement of positive outcomes.

The relationship between IIP workers, young people and other family members was the central and most significant factor in achieving positive change. This relationship was supported by a number of key elements, including:

- The perceived independence and differentiation of the IIPs from statutory services;

- The capacity to work intensively with all family members over a sustained period of time to build up trust and demonstrate commitment and efficacy;

- The ability to robustly assess the needs, dynamics and underlying causes of vulnerability;

- A non-judgemental and supportive approach, allied to assertive and honest approaches to challenging families;

- The diversity of skills, backgrounds and approaches within IIP teams;

- Being able to work at the pace of the families and address the issues on families' own terms;

- The use of personalised budgets and provision of practical support combined with emotional support and access to specialist services; and

- The flexibility and commitment of statutory services (including social work, housing, health and education) to meet the actual and specific needs of young people and families, as identified by IIP workers.

Young people and their families have to be ready to make a change, or to get to a position to make these changes. There is a need to recognise that progress is seldom linear and consistent for the IIP target group; but rather is characterised by periods of advance and regression, influenced by the fluid family situations and moments of crisis. Positive outcomes will not always be achieved in every case and the sustainability of progress and transformative outcomes is often uncertain. This created challenges in assessing when cases should be closed and appropriate forms of post IIP exit strategies.

Rather than attempting to identify one project or model of delivery that is most effective, there is a need to recognise that a range of initiatives and approaches are required to achieve positive outcomes with a diverse range of young people and families. However, **holistic whole family approaches**, **multi-agency partnerships**, **a key worker**, **intensity and longevity of engagement** and **access to specialist and statutory support services** will be common elements of successful approaches.

9.4 Policy implications

These findings have a number of policy implications, at both national and local levels. The findings support four key elements of the government's strategic approach to addressing the needs of vulnerable families and tackling anti-social behaviour and offending (HM Government, 2010; Home Office, 2011; Ministry of Justice, 2010).

- There is a need for a holistic approach which combines a whole family focus (addressing the needs of all members of a vulnerable household and the wider psychological, social, environmental and economic pressures impacting upon them)

- with a coordinated and proactive role for statutory and voluntary agencies, local communities and families themselves.
- The government is correct to conceptualise these Intensive Family Interventions as addressing inter-generational cycles of vulnerability, disadvantage and problematic behaviour and to support intensive intervention for young people, for example through the Early Intervention Grant. However, given the embedded nature of the problems facing these families, it is important to recognise that supporting such families is not, in reality, 'early intervention.'
- The government is correct to focus on rehabilitation and to identify the current weaknesses in forms of support offered to vulnerable families and offenders and the inadequacy of the existing relationship between enforcement and support. There is therefore a need to ensure that, as the government recognises, measures such as Parenting Orders are primarily understood as mechanisms for maximising support and facilitating engagement with this support. It is evident that intensive family intervention is required to achieve change for these young people and their families. However, the government's continuing emphasis on the 'deterrent' element of enforcement actions fails to capture the dynamics, pressures and influences on individual behaviour. It is striking that formal sanction regimes were not regarded as a central element of IIP's impacts.
- The government is correct to recognise the contribution that voluntary organisations, local communities and individuals themselves may make in addressing the vulnerability of these young people and families. One of the strengths of the IIP programme was the particular ethos, practices and specialist expertise provided by third sector organisations. It is also evident that extended family members, neighbours and peers have important support and mentoring roles to play.

However, within this 'Big Society' model, there are four issues that national policy should consider:

- Voluntary sector organisations are not in a position to independently and entirely fund all of these interventions and, although there is an important role for local communities and volunteering, this should not take the form of directly substituting for the withdrawal of other sources of funding or specialist and highly qualified expertise. There is also a need to recognise that many of these young people and families will require ongoing forms of support in the longer term.
- Within the recognition of the importance of 'society' there needs to be an acknowledgement of the wider processes of disadvantage impacting upon vulnerable families and the communities in which they are located. Lack of employment and training opportunities, poor physical environments, inappropriate housing conditions, illegal drugs regimes, financial/debt exploitation, domestic violence and very limited household incomes provide the context of the vulnerability of these families and these issues should be tackled at the macro level by government. It is also important that the government considers how proposed changes to the welfare and benefits system (including employment, education, housing and incapacity) will impact on these vulnerable households.
- The public sector should continue to have a key role to play in intensive intervention programmes. Several IIPs were effectively delivered directly by local authorities. In addition, strong partnership working between the public and voluntary sectors was a

key component of the effectiveness of the IIPs. This requires ensuring that voluntary and/or community sector organisations are given adequate recognition and influence within local partnership arrangements. However, it also means that the public sector is adequately resourced. The current financial restraints on the public sector generate two key dangers. Firstly, that Intensive Family Interventions become a substitute for services such as social work and education, rather than providing additionality. Secondly, that, in response to financial restrictions, statutory agencies become increasingly reactive and raise the threshold criteria for supporting individuals and families, which means that some families with complex needs will slip through the net. There is evidence from our evaluation of both of these processes occurring. Intensive Family Interventions are not independent panaceas- they rely upon linking young people and families into statutory and specialist support in order to bring about change. Such support services need to be resourced, available and accessible.

- Our evaluation, like previous research studies, has indicated the medium and long term economic cost effectiveness of Intensive Family Interventions and the monetary savings that accrue to society and the public finances (in addition, of course, to the non-economic and social justice benefits). The government should acknowledge these findings and make a stronger case for the economic viability and sustainability of Intensive Family Interventions. This will require a more complex understanding of the economic costs and inputs, and benefits and outcomes, for a wider range of agencies (see Local Government Leadership and Westminster City, 2010) and ensuring greater buy in to the need for such interventions (in both resource and practical support terms) by a range of stakeholders; rather than one agency or organisation being required to fund such interventions.

Our findings have implications for local policy makers. These include:

- Consideration should be given to how a range of agencies and organisations could meaningfully contribute to the provision of support to vulnerable young people and their families. This could, for example, be based on linking opportunities for agencies to refer individuals to Intensive Family Intervention projects to contributions by these agencies. There is also a need for a more proactive commitment on the part of referring agencies to work directly with Intensive Family Intervention workers and to contribute to further actions required to support families in the short, medium and longer terms.
- There is a need for greater flexibility in statutory service provision to vulnerable families. This includes reviewing threshold criteria and missed appointment policies; undertaking home visits; and enhancing the role and influence of intensive intervention workers in referral processes and needs assessments.
- There is a need to ensure that appropriate specialist services are available and may be accessed by vulnerable young people and families. These include mental health services, bereavement counselling and domestic violence support services. There is also a need to enhance the provision of support services to young people during the transition periods of junior to secondary school and leaving secondary education.
- It is apparent that providing the level, duration, intensity and scale of support required to achieve change for the most vulnerable individuals has implications for the numbers of such families who may be supported. It is also apparent that current

mechanisms, such as Common Assessment Frameworks, may not always capture the actual extent and complexity of issues impacting upon vulnerable young people and families.

- It is evident that a distinct and important role undertaken by IIP project workers was to engage with families, to build up trust and a detailed understanding of family needs and to then link families with other services and to support and sustain interactions between families and service providers. This role is vital to the process of working with families and young people with complex needs and should be distinguished from more specialist forms of support requiring specifically qualified staff. Local areas should seek, in a multi-agency framework, to develop a pool of workers who can deliver this engagement, assessment and linking function.

- The use of personalised budgets and spot purchasing provision, allied to the innovation and autonomy of workers, is a very significant factor in achieving progress and change for young people and their families.

- The costs of delivering intensive interventions need to be considered in the broader contexts of improved coordination and reduced duplication and longer term economic savings. The broad base of these costs and savings needs to be recognised, based on the contributions of a range of service providers and public agencies. It should be acknowledged that intensive interventions may increase demands on statutory services in the short term (whilst delivering significant savings over the longer term).

- The potential to utilise resources within communities, such as peer mentors, volunteers and local organisations should be explored. There are examples of such developments in local areas (including provision of counselling services, community champions and a mentoring role for families who have successfully participated in intensive intervention programmes).

- There is a need to consider training provision to staff in a range of roles and agencies, such as delivering counselling and therapeutic techniques, mentoring and enhancing knowledge of local specialist services. The provision of training to young people and families themselves may also be appropriate, for example solution-focussed techniques.

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