



Anti-social  
Behaviour  
Intensive  
Family  
Support  
Projects

An evaluation of six  
pioneering projects

housing



# Anti-social Behaviour Intensive Family Support Projects

An evaluation of six pioneering projects

October 2006

Sheffield Hallam University and University of Salford  
Department for Communities and Local Government: London

This report has been produced by Sheffield Hallam University, University of Salford and Will Mount Consulting as part of a contract placed by the Department for Communities and Local Government. Any views or proposed policies expressed in it are not necessarily those of the Department.

Acknowledgements to Judy Nixon, Caroline Hunter, Sadie Parr, Sue Whittle (all Sheffield Hallam University), Stephen Myers (University of Salford), Diana Sanderson (Mill Mount Consulting).

On 5th May 2006 the responsibilities of the Office of the Deputy Prime Minister (ODPM) transferred to the Department for Communities and Local Government (DCLG)

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October 2006

Product Code: 06 HC 04132

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# The Executive Summary

The Government's strategy to develop sustainable solutions to anti-social behaviour (ASB) is based on a 'twin track' approach involving both action to address the underlying causes of problem behaviour and the use of appropriate sanctions to support and protect the wider community. This report addresses the former of these concerns and presents the findings from a two-year evaluation of six intensive family support projects pioneering a new way of working to support ASB 'perpetrators' to change their behaviour. The research, funded by the Department for Communities and Local Government (DCLG), was undertaken by a team of specialist researchers led by Judy Nixon at Sheffield Hallam University<sup>1</sup>. The aim of the study has been to evaluate the six intensive family support projects in terms of costs and benefits, and effectiveness and lessons for wider dissemination based on the collection of a wide range of both qualitative and quantitative data.

## Intensive Family Support Projects

During 2003, six pioneering local authorities, working closely with housing associations and charities, established a number of dedicated ASB intensive family support projects. While each of the schemes was developed in response to locally-identified needs, they share a number of common features:

- All the projects formed part of local well developed, comprehensive ASB strategies that recognised the inter-related nature of prevention, enforcement and resettlement action and have been designed specifically to help support families, who have been evicted, or who are under threat of homelessness, due to ASB displayed by themselves or visitors to their homes, change their behaviour.
- The project interventions aim to break the cycle of poor behaviour and homelessness; bringing families back into mainstream housing; helping children and young people who are perceived to be out of control; and/or providing an alternative solution where other ASB interventions have failed.
- The model of provision is based on the work developed by the Dundee Families Project run by NCH in partnership with Dundee City Council (Dillane, 2001). Projects provide a range of services including some or all of the following types of intervention:
  - outreach support to help families address behavioural and other problems in order to maintain their existing accommodation;
  - outreach support in dispersed tenancies managed by the project;
  - intensive support in core residential accommodation managed by the project.

<sup>1</sup> The evaluation was led by Judy Nixon with Caroline Hunter, and Sadie Parr from Sheffield Hallam University, Stephen Myers, University of Salford, Sue Whittle, CRESR, SHU, and Diana Sanderson, Independent Health Economist, Mill Mount Consulting.

Five of the six projects have been developed by NCH (North West) in partnership with authorities in Blackburn with Darwen, Bolton, Manchester, Oldham and Salford, to deliver an outreach, preventative service to reduce the dependency on legal remedies to tackle ASB exhibited by families. Services provided in Bolton and Manchester also include a core residential unit for families considered to be in need of more intensive support and it is proposed that a further core residential unit will be opened in Salford during 2006/07.

The sixth project included in the evaluation was established by Sheffield City Council. The dedicated ASB high support service provides both core residential accommodation and dedicated outreach support mainly to families living in dispersed tenancies. Sheffield City Council is thought to be the first local authority in the country to develop this type of intervention and its inclusion in the evaluation provides an opportunity to explore the impact of different models of service provision.

The findings in the report are based on an analysis of statistical data collected from project case files in relation to 256<sup>2</sup> families, consisting of 370 adults and 743 children, who had worked with the six projects during the period 2003-2005. This quantitative data have been supplemented by qualitative data drawn from interviews with a sample of service users (both adults and children), project staff, referral agencies, and other key stakeholders. Detailed analysis of the costs and benefits of the projects has also been facilitated by scrutiny of project records and accounts.

## **What types of Anti-social Behaviour are the projects dealing with?**

At the point of referral, a wide range of different types of ASB were noted on project files in connection with family members. While some allegations involved criminal behaviour, the majority of cases concerned low-level but persistent nuisance behaviours. The cumulative impact of such behaviour on neighbours should not, however, be underestimated. An indication of the serious nature of the problem is reflected in the fact that seven out of ten families had received a verbal or written warning of impending possession action as a result of their behaviour. The three most common types of ASB associated with families were:

- Youth nuisance: 70%
- More general neighbour conflicts and disputes: 54%
- Property damage: 43%.

Differences were recorded in the types of ASB families were reported to be involved with according to a number of different factors including size of family, the age of children, and the project locality.

<sup>2</sup> Initially data was collected from project closed cases files in relation to 99 families, comprising of 131 adults and 259 children who had work with the projects from their inception to July 2004. Subsequently, a further case monitoring exercise was undertaken collecting data in respect of a further 157 families comprising of 239 adults and 484 children under the age of 18.

Families' perceptions about the impact of their behaviour on their neighbours and the wider community varied both between families and over time, reflecting the complex and often contradictory way in which behaviour is judged. With the benefit of hindsight and following a period of intense work with the projects, many service users acknowledged the damaging impact of past behaviour. At the same time, however, family members commonly disputed the validity of either all or some of the claims made against them, which had left them with a sense of unfairness that they had been singled out for action by agencies. In part, service users' reluctance to apply the term ASB to their own behaviour was informed by the negative connotations associated with the term. Project staff, referral agencies, and other key stakeholders were also hesitant to describe families as being 'anti-social' and clearly articulated the need to restrict the use of the term ASB to describe specific behaviours rather than employing it as a generic description of people.

Evidence of the complex, multi-layered reality of ASB was reflected in the finding that, as well as being 'perpetrators' of ASB, six out of ten families (60%) were reported by project staff and/or referral agencies to be 'victims' of ASB. This finding strengthens the emerging evidence that it is not always possible to clearly distinguish ASB 'perpetrators' from 'victims' (Woods, 2004; Jones et al, 2006) and highlights the need for agencies investigating complaints to develop well-defined investigatory policies and processes to ensure that all those involved in ASB cases are dealt with fairly and effectively.

## The profile of families referred to projects

Families referred to the six projects shared a number of key characteristics:

- Most typically, families referred to the projects were large, with 62% (97 households) comprising of three or more children. Reflecting local demographic trends, projects operating in large metropolitan areas tended to have the highest concentrations of very large families (4+ children).
- Over the evaluation period, changes were noted in the ethnic composition of families referred to the projects. When the projects were first established referrals predominantly involved white British families. By 2005, a greater diversity in referral patterns was noted with service users broadly representing the national profile of Black and Minority Ethnic (BME) populations living in social rented housing. However, when measuring referral patterns against local demographic profiles in some areas, particularly where the local BME population was higher than the national average, BME families were still found to be under-represented in the sample of service users.
- Families referred to the projects were characterised as having high multiple support needs, which in many cases had not been adequately addressed by other agencies. A wide range of health-related difficulties was prevalent amongst family members, with poor mental or physical health and/or substance misuse affecting 80% of adults. Depression was the most widespread problem affecting 59% of adults, with other mental health problems – such as schizophrenia, obsessive compulsive disorder, anxiety, and stress – affecting adults in a further fifth (21%) of families.

- High levels of family violence were associated with families. In almost half of families (47%) referred to the projects a family member was suffering from a history of, or currently being subjected to, intimate partner violence or intergenerational violence. This issue, although very debilitating, was rarely given causal primacy and was often referred to by both family members and other key workers as a marginal problem, with lone parent women in particular reported finding it hard to access support in dealing with violence in the home.
- High levels of previous experiences of homelessness combined with chaotic and, in some cases, dysfunctional lifestyles were reflected in changes in family composition. The risk of family breakdown was assessed by project workers as being exceptionally high, with four out of ten families (40%) deemed to be at risk in some way.
- Children working with projects were amongst the most disadvantaged in the country. A high incidence of behavioural problems was noted by project workers with for example, Attention Deficit Hyperactivity Disorder (ADHD) affecting children in as many as one in five families as compared to the national average which predicts that ADHD is likely to be prevalent in between 3% – 8% of school-age children (Mytars, 2001; DfES, 2004) (see further Chapter 4) Concern over the welfare of children was reflected in the finding that in nearly eight out of ten (79%) families project workers assessed at least one child to be ‘vulnerable’, while in 20% of families one or more child/ren were on the child protection register. At the point of referral project workers assessed the risk of children being taken into care as exceptionally high, with children in 38% of all families considered to be at a high or medium risk of being taken into care.

## The referral process

When referred to the projects, 14% of families were living in non-secure accommodation (ie they were statutorily homeless or at immediate risk of becoming so), while of the remaining referrals just under nine out of ten (89%) families had some form of threat to their tenancy. These threats included warnings (both verbal and written) from the landlord about conduct and action to tackle behaviour, such as an acceptable behaviour contract (ABC) or anti-social behaviour order (ASBO). Although these latter measures may not be a direct threat to the home, non-compliance may, sometimes, result in eviction action by social landlords.

By 2005, when all the projects had been running in some form for about two years, good relationships had been developed with local community safety and housing agencies and referrals were received from an ever-increasing range of agencies. The families referred predominantly came from social housing, although again, over the life of the projects, greater diversity had emerged, with increasing numbers from private rented housing and a small number (three) of owner-occupiers. Those projects with a diverse range of referral agencies also tended to display a more diverse range of tenure amongst their clients.

The optimum point of referral for outreach work was identified as being prior to the commencement of legal enforcement action. For those with core or dispersed units, the optimum referral point may be later because, when families are either being asked to give up their existing accommodation to move into non-secure accommodation and/or are being asked to undertake the type of intensive supervision which takes place in core units, a more severe risk to the home may be required to effect their engagement with the project.

The fact that a family was referred to a project did not mean that there was no input from agencies trying to tackle the problems with which the families presented although the extent that such input was deemed to be helpful varied from one family to another. In just over two-thirds (69%) of families, three or more community safety agencies were already involved with the family. After housing (79%), those most commonly involved with families were education (57%), social services (48%), police (36%), and Youth Offending Teams (YOTs) (28%).

## **Multi-agency working and the multi-disciplinary nature of the projects**

The multi-disciplinary nature of the project teams was viewed as a key strength and facilitated a broad range of responses to the multiple needs of the families. Each of the six projects crafted interventions to meet the specific needs of individual family members, but their work was informed by a number of shared guiding principles which included treating family members with respect, listening, being non-judgemental and accessible while also ensuring that the approach was challenging consistent, and honest.

Direct work with families involved constructing tailor-made support plans appropriate to the specific circumstances of individual family members. The families were often headed by single women who were struggling with a history of adversity. Projects recognised that the gender of the head of household played a role in how the families functioned and the opportunities available for change. Empowering families through building confidence and skills appeared to be a significant factor in promoting positive change.

The projects also had a critical role in inter-agency working and negotiation and were successful in maximising the effectiveness of services for the benefit of the families.

## **The experience of living in project core residential accommodation**

In addition to working with families in their own homes, three of the six projects provided a more intensive form of intervention based around residential core units, flats housed within a project's premises and managed directly by the project. Families living in core accommodation were required to adhere to a set of rules and regulations. These varied between projects, but usually comprised of a requirement for children and adults to be in the accommodation at a set time in the evening; restricted access in and out of the project building where the flats were located; visitors by permission only; plus specific rules deemed appropriate for particular families.

Families referred to the core-units tended to have multiple and more complex needs than those provided with outreach support<sup>3</sup>. For example, families living in project residential units were three times more likely to have been served with an eviction notice or Suspended Possession Order at the point of referral than those provided with outreach support. Further, just under two thirds of those living in core accommodation reported that they had previously experienced homelessness in the recent past, compared with only just over one-third of families supported on an outreach basis.

Providing the most ‘challenging’ families with highly structured, residential support was seen as one of the toughest elements of project interventions. The potential benefits of this type of intervention were recognised by project managers, other key stakeholders, and indeed families themselves. However, it was also acknowledged that the provision of residential support was both very resource-intensive and high risk activity (see Chapter 7), with residential accommodation only being suitable for a limited number of families. The decision as to whether or not to develop this resource-intensive form of provision could only be determined by reference to local service priorities and it should not be seen as a generic requirement for all family support projects.

## The impact of project interventions

Intensive family support projects are targeting interventions at some of the most disadvantaged and needy families in the country (see Chapter 3). ASB was only one symptom of the dysfunction in many of these families, with ill health, school exclusions and family breakdown all contributing to the marginalisation of the family members. Given the levels of need associated with families referred to the projects, it might be anticipated that project interventions would only be partially successful. This was not the case. Indeed, the study findings relating to outcomes at the point at which families left the service indicate that, for the vast majority of families, the projects had helped them achieve remarkable changes:

- In more than eight out of ten families (85%), complaints about ASB had either ceased or had reduced to a level where the tenancy was no longer deemed to be at risk at the point where the family exited the project.
- Moreover, project workers assessed that in 80% of cases families’ tenancies had been successfully stabilised with an associated reduction in the risk of homelessness.
- While it was beyond the scope of the evaluation to carry out an independent assessment of the impact of these changes on the wider communities in which families lived, in 92% of cases project workers assessed the risk to local communities had either reduced or ceased completely by the time families left the project.

<sup>3</sup> Of the 157 families working with the projects during 2004-5, 11 families were provided with support in core units while the remaining 146 received outreach support.

- Project interventions to support children were framed within the Every Child Matters Outcomes Framework and over the evaluation period significant improvements in children's health, well-being and educational attainment were recorded.

While no single project model or 'blue print' could be identified with each of the six projects crafting specific interventions to reflect local priorities and practices, the very positive outcomes associated with this type of intensive provision were similar across the sample of projects. Further analysis of the specific interventions employed across the six projects identified a number of shared guiding principles that underpinned the work:

- Employment of a multi-disciplinary and multi-agency focus embedded within local ASB partnerships.
- Provision of intensive interventions sustained over a considerable length of time with outreach support often required for 6+ months and residential support for 1-2 years.
- The ability of project workers to challenge individual family members based on the professional values of listening, being non-judgemental, promoting well being, and establishing relationships of trust.

## The costs and cost consequences of project interventions

The cost analysis shows that the projects, which in most cases did not reach maturity during this period of analysis, offer excellent value for money as they have the potential to reduce considerably the short-term and longer-term costs of many agencies, including those providing services relating to housing, criminal justice, policing, education, and health. In addition, they deliver many intangible benefits to the families – such as keeping families together and improving their quality of life and their prospects – and to society – for example, by making neighbourhoods and communities safer and more pleasant places.

The financial information used in the cost analysis has been derived from the income and expenditure accounts for the projects, adjusted to include the costs of any staff seconded to the projects (ie payments in kind) and to ensure that central organisational support costs are included consistently across the projects. The accounts show that the majority of funding came from Supporting People<sup>4</sup> (with some projects receiving all of their funding from this source), but that funds also came from a variety of other sources, including Children's Fund and Social Services. The majority of expenditure was on staffing (eg 80% – 90% in 2004/05), with considerable use being made of agency staff in 2003/04, when projects were getting established.

Two unit costs have been calculated for each project for 2003/04 and 2004/05. These are the average cost per client month (where a client is a family household) and the average total cost per closed case. These are shown in Table 1:0 below, along with a summary of the activity data for these two years.

<sup>4</sup> Supporting People is a Government programme which enables the provision of housing related support services to help vulnerable people maintain or improve their ability to live independently.

<b>Table 1:0 Activity Data and Real Unit Costs</b>						
	<b>A</b>	<b>B*</b>	<b>C</b>	<b>D*</b>	<b>E</b>	<b>F*</b>
<b>Activity: 2003/04</b>						
Client months provided**						
Cases closed during year:	175	233	93	183	129	167
Average duration of closed cases:	26	0	9	18	22	7
Months:	4.4	–	4.4	6.7	4.9	11.1
Range:	1 – 8	–	2 – 8	2 – 13	2 – 11	8 – 12
<b>Activity: 2004/05</b>						
Client months provided**						
Cases closed during year:	161	359	109	214	145	195
Average duration of closed cases:	20	18	14	18	25	9
Months:	6.7	17.9	8.4	9.2	4.9	14.0
Range:	1 – 20	6 – 39	1 – 24	1 – 21	1 – 16	1 – 25
<b>Real Unit Costs: 2003/04</b>						
Avg cost per client month	£1,019	£2,016	£1,305	£899	£813	£2,034
Avg cost per closed case	£4,506	–	£5,801	£5,991	£3,954	£22,663
<b>Real Unit Costs: 2004/05</b>						
Avg cost per client month	£1,060	£2,121	£1,496	£1,434	£1,169	£1,845
Avg cost per closed case	£7,164	£36,580	£12,940	£10,915	£4,913	£27,214

\*\* denotes projects with a core unit for all or part of 2004/05

\*\* all clients, including those in core units (where applicable)

The activity data and the real unit costs result in the average cost per client month ranging from £813 to £2,034 in 2003/04 and from £1,060 to £2,121 in 2004/05. The average cost per client month is influenced by a number of factors, including the numbers of staff, the capacity of each project, and whether or not the project has a core unit (the two projects with a core-unit throughout the evaluation period have the highest costs per client month). The average total cost per closed case ranges from £3,954 – £5,991 in 2003/04 for the four projects that did not have a core unit during this time and from £4,913 – £12,940 in 2004/05 (the value for the project that opened a core-unit during this year is within this range). The average total costs per closed case for the projects with a core-unit throughout the period were £22,663 in 2003/04 (one of the projects did not close any cases during this year) and ranged from £27,214 – £36,580 in 2004/05.

To determine if the projects offer value for money, it is necessary to consider what costs may have been incurred in both the short-term and the longer-term had these projects not intervened to stabilise tenancies and prevent ASB. Potential costs prevented in the short-term include those associated with tenancy termination, the costs of foster care or residential care for children, and costs relating to criminal justice (such as those of being in a young offenders' institute). Costs due to ASB and domestic violence will also be reduced. A family evicted for ASB with three or four children requiring custodial care, residential care and foster care can easily cost the Exchequer £250,000 – £330,000 in a year (Ward et al;2004). Longer-term costs include those of social exclusion and of not having appropriate skills or qualifications for regular employment with reasonable earnings, leading to a lifetime of benefit dependency. As such effects can be inter-generational the potential longer-term benefits of sustaining tenancies, reducing ASB and keeping families together will be considerable.

It is also important to recognise that the projects are likely to have an impact on expenditure by other Exchequer-funded services (e. the NHS, education) as previously unrecognised or unmet needs are identified and addressed, but these costs are also expected to be considerably less than the subsequent costs of not addressing these problems.

## Service Focus: lessons from the evaluation

The Intensive Family Support Projects (IFSPs) involved in this study afford access to, or themselves deliver directly, *multiple* services to address the *multiple* problems of their service users. This report emphasises how projects, ostensibly with the same remit and several within the same organisational regime, have been shaped by their local context.

Over the evaluation period, significant organisational issues faced those managing and developing high support resettlement projects. Examples include how to:

- construct a role of fair, independent, and respected broker between families, agencies and communities;
- risk innovation and develop new forms of practice within contexts of significant local and national attention from media, policy makers, residents, and practitioners;
- access those families that can benefit most from resettlement services;
- access the right numbers of families to meet cost targets and deliver quality services;
- deliver distinct residential, outreach and dispersed services for different but potentially overlapping service user constituencies;
- demonstrate outputs and outcomes appropriate to funding regimes.

The evaluation reports on similarities and differences between projects that have shaped the difficulties experienced and the solutions put in place to address these issues. Advice for those who are seeking to establish such projects in the future is given in the form of potential difficulties and examples of good practice that have helped in securing viable and effective rehabilitation projects over the last two to three years.

## The way forward

While the study provides a valuable overview of the complex and multi-faceted support needs associated with families exhibiting ASB and provides evidence about the extent to which intensive family support projects are successful in addressing the underlying causes of problem behaviour, there are limitations to the evaluation evidence base, particularly in relation to the longer-term consequences of interventions and their impact on the wider community. In order to fill this gap in the evidence base, the DCLG and the Home Office have agreed to extend the evaluation study to enable the study team to track a number of the families who took part in the original evaluation over a further twelve-month period to explore the following issues:

- The sustainability of interventions in terms of family functioning and behaviour.
- The impact of family project interventions on the wider communities.
- The longer-term impact of family project interventions on existing support and supervision services.

In conclusion, the study findings make a significant contribution towards improving knowledge and understanding about the underlying causes of ASB. They also provide a robust evidence base to further the development of the Respect Action Plan 2006<sup>5</sup>, in which multi-agency interventions to address the underlying causes of ASB have been given prominence. In particular, it is hoped that the study findings in relation to the most effective and beneficial approaches will inform the Government's proposed national roll-out of a network of intensive family support projects.

<sup>5</sup> *Respect Action Plan*, ISBN 1 – 84473 – 847 – 7, Home Office, 2006. This document can be downloaded from: [www.respect.goc.uk](http://www.respect.goc.uk)

# Chapter 1

## Introduction and context

### 1.0 Policy Context

Reducing anti-social behaviour (ASB) and building a culture of respect is a key priority for the Government. Anti-social behaviour (ASB) is clearly located within the wider policy agenda of revitalising disadvantaged neighbourhoods and stimulating a process of civic renewal.

*“A key goal of action to tackle anti-social behaviour and promote respect is to empower individuals and communities, enabling them not just to feel secure but to be more able to act together to make their neighbourhoods safer and better.”*

(Respect Task Force, 2006)

The Government’s approach to tackling ASB was initially formalised in the Crime and Disorder Act 1998, which introduced anti-social behaviour orders (ASBOs), child curfews and parenting orders. The Anti-Social Behaviour Act 2003 followed, introducing a further wide range of measures to tackle ASB. Taking action to address ASB is now the responsibility of local authorities, the police, social services, schools, registered social landlords, and neighbourhood and residents groups, as well as of ‘victims’ themselves. In October 2003, the Government set up the Anti-Social Behaviour Unit in the Home Office to co-ordinate and lead on the development of ASB strategy.

A range of enforcement powers has been made available for dealing with households whose behaviour has a negative impact on those around them. In addition to non-tenure related powers such as Acceptable Behaviour Contracts (ABCs), Penalty Notices for Disorder (PNDs), Anti-social Behaviour Orders (ASBOs), and noise abatement orders, social landlords have been given powers to apply to the courts for different types of housing-related interventions, including housing injunctions, introductory and demoted tenancies, and possession orders. Properties in which class A drugs are supplied and used, and which are associated with anti-social behaviour can be closed by the police for up to three months. Alongside these types of enforcement-led interventions, Community Safety agencies have been encouraged to develop preventative measures to support households to change their behaviour before enforcement action becomes necessary, thus avoiding families losing their home, children being taken into care, and the problem being displaced. It is now recognised that action to deal with ASB requires agencies to address the many sources of dysfunction in families, of which disruptive behaviour is just one manifestation (Dillane et al 2001; Jones et al 2006; Respect Taskforce, 2006).

In February 2004, the Home Office Anti-social Behaviour Unit set up the Neighbour Nuisance Expert Panel consisting of experts from local authorities, the police, youth offending teams, social services, and the voluntary sector to advise and assist local authorities and social landlords with their most challenging and difficult neighbour nuisance cases. The work of the Panel entails agencies working together to effect change in complex, longstanding and difficult cases of ASB by providing packages of interventions, including intensive family and individual support and where necessary sanctions. Research by the Home Office suggests that, as a result of this type of

intervention, in 66% of cases behaviour had improved and the problems had been curtailed. In February 2005, the Government announced that the work of the Panel would continue for a second year, aiming to target more than 1,000 families (Home Office, 2005a). In addition fifty ‘action areas’ were established with £25,000 being given to each area (Home Office, 2005b)

A further set of measures have been developed to address poor parenting and lack of parental supervision which increase the risk of ASB. In addition to the introduction and extension of mechanisms for enforcing parental responsibility through parenting contracts and parenting orders, in September 2004, the Government worked in partnership with the ten TOGETHER Trailblazer areas to develop a range of interventions. The types of projects developed vary between regions, but include the development of family behaviour contracts and compulsory parenting classes, where those failing to comply with the terms of the agreement face reduced tenancy rights and other enforcement action. In February 2005, it was announced that this work would be extended to fifty “action areas,” with £25,000 being given to each area from April 2005.

Finally, in January 2006, the Government outlined its plans to tackle ASB focusing on expanding parenting provision through Children’s Centres, extending school services, and Parent School Advisors. It is intended to establish a new Parenting Academy to train staff to deliver parenting support, introduce targeted programmes for parents of children and young people at risk, and expand the use of parenting contracts and orders. The programme of reforms also includes ‘a new approach to the most challenging families’.

The Respect Action Plan sets out a number of measures to address some of the underlying causes of disruptive behaviour, while also recognising the negative effects of ASB on local communities. First, the Respect Action Plan outlines proposals to develop a long-term cross-Government strategy to improve the way public services work with ‘challenging’ families and to ensure that families do not receive a fragmented response from a range of agencies because of difficulties with working with them. Second, additional investment will be made available for parenting programmes. Third, the Government stated its commitment to develop sustainable solutions to ASB by injecting £28m of new funding to roll out a national network of fifty ‘intensive family support’ projects across England and Wales. It is intended that these projects will be modelled on the Dundee Families Project, which was established in 1997 and found to be successful in helping families avoid eviction and the need for children to be taken into care (Dillane et al, 2001). The type of interventions employed will vary between projects, with some providing support to families on an outreach basis only, while others will work with some families in a residential setting as well as providing an outreach service. Whatever type of service is provided, the aim of the projects will be to help perpetrators of ASB change their behaviour and reintegrate into the community.

As well as dealing with ASB, it is hoped that intensive support projects can contribute towards improving the life chances of those most in need and tackle the cycle of inter-generational disadvantage. This reflects a growing recognition that some families require specialist, intensive and long-term support tailored to their particular needs. Indeed, research suggests that individuals and families who are accused of ASB are often vulnerable, with multiple and complex sources of dysfunction, as the authors of a national evaluation of the Youth Justice Board’s parenting programmes found:

*“Many of the parents who were sent, or agreed to go, to the new services [parenting programmes] were amongst the most needy in the community. They were poor, and beset by problems at almost every level of functioning – social, individual and family. By any standards, these were the families that services always regard as hard-to-reach: desperately needy, often distressed and chaotic, with long histories of unsatisfactory contact with helping agencies, and on top of all this, with a child (and sometimes more than one) displaying challenging conduct problems”*

(Ghate and Ramella, 2002: 76)

Further recognition of the important role that intensive support projects can play was highlighted by a recent Home Affairs Select Committee on ASB, who concluded that the:

*“development of intensive family-based interventions is essential if the deepest rooted ASB problems are not simply to be recycled from area to area.”*

(Home Affairs Select Committee, 2005).

## 1.1 The evaluation

Against the background of increasing Government concern to introduce effective measures to address the behaviour of the most ‘challenging’ families, in January 2004, a team of specialist researchers<sup>6</sup> was appointed by the then Office of the Deputy Prime Minister (ODPM) to undertake a two-year study to evaluate six dedicated anti-social behaviour rehabilitation projects. These projects had been set up during 2003 by a number of pioneering local authorities, housing associations and charities. All six of the projects included in the study were modelled on the Dundee Families Projects and were established to support those made homeless or at risk of eviction due to complaints of ASB. It is hoped that the research findings will enable the most effective and beneficial approaches and practices to be identified and will help disseminate good practice to inform the roll-out of the national network of intensive family support projects. The aim of the study is to:

*“Evaluate residential and outreach projects for tenants at risk of being evicted for anti-social behaviour in terms of costs and benefits, effectiveness and lessons for wider dissemination.”*

The research specification identified a number of primary objectives and related issues to be addressed by the study. To ensure consistency and integration in the evaluation, a basic matrix approach was employed (see Table 1.1), with the evaluation being underpinned by four broad, cross-cutting themes which relate directly to the key research objectives.

<sup>6</sup> The study has been led by Judy Nixon with Caroline Hunter, Sue Whittle and Sadie Parr from Sheffield Hallam University, Steve Myers from the University of Salford and Diana Sanderson from Mill Mount Consulting.

**Table 1.1** Summary of the key research themes

<b>Assessment of Anti-Social Behaviour Resettlement Projects</b>
<b>Theme 1:</b> Characteristics of service users and the impact of interventions in terms of individual and family functioning
<b>Theme 2:</b> The organisational processes and outcomes associated with different models of resettlement provision
<b>Theme 3:</b> Models of practice and types of interventions employed
<b>Theme 4:</b> The social and financial costs and benefits associated with resettlement projects

Further details of the research themes and the methodology employed in the study are provided in Appendix 1.

## 1.2 About the projects included in the study

In January 2004, when the study commenced, a mapping exercise was undertaken to establish the potential population of projects providing dedicated ASB rehabilitation support to families. We were concerned to identify services which had been devised exclusively to meet the needs of families who were at risk of losing their homes as a result of ASB. Support services that targeted those who are homeless or who are at risk of eviction for reasons that might include ASB, but might also arise because of other identified support needs, were therefore excluded from the study. Only eight dedicated ASB intensive support projects were identified across England (there were none in Wales) in early 2004. Two of the eight projects were not considered suitable for inclusion in the study<sup>7</sup>, but the remaining six all agreed to take part. There has been further growth in the provision of dedicated ASB projects since 2004, and it is believed that there are now a range of projects in various stages of development (Kirklees NCH; Leicester New Start; Bristol Family Support Programme; Choices Family Intervention Project in Birmingham;) operating in England. In Scotland, the number of schemes has also increased (Dundee Families Project; Aberdeen Families Project; and Edinburgh Intensive Family Support Service), with a further three projects being developed with the support of the Scottish Executive during 2006. In addition, by early 2006 there were a number of related Trailblazer initiatives operating in Brighton; and Sunderland, Manchester, Leeds, Westminster and Camden. These provide similar models of intensive support, but mainly target young people or the parents of young people committing ASB or low level crime, rather than families at risk of eviction (although the two may overlap).

<sup>7</sup> The Shelter Inclusion Project in Rochdale was already being evaluated by Jones et al (2005) at the Centre for Housing Policy at the University of York, while the only other project identified was at the very early stages of development.

The six projects included in this study, all based in the north of England, are developing a new approach to deal with ASB and the associated problems of social exclusion through the provision of specialist and intensive support for families at risk of eviction as a result of ASB. Each of the six projects was modelled on the Dundee Families Project and provides a range of services, including some or all of the following types of intervention:

- **Floating outreach support** to help families address behavioural and other problems in order to maintain their existing tenancy. This form of intervention involves up to ten hours per week of contact to support family members in their existing home.
- **Outreach support in dispersed tenancies** managed by the project. In addition to the provision of ten hours per week of contact with family members, this type of intervention also involves the project taking responsibility for all the day-to-day management of the property, including collecting rent and undertaking repairs. In some projects, the family's existing home is transferred to a dispersed tenancy agreement and when the family leaves the project the tenancy management is simply transferred back to the landlord. Variations on this form of support include interventions where families are required to move into specially designated dispersed tenancy accommodation and when they leave the project they are allocated a new tenancy by their landlord (this model of provision was not adopted by any of the projects included in the evaluation).
- **Intensive support in core accommodation** managed by the project. Core residential support involves the family leaving their existing home and moving into flats located within the project's premises and managed by the project. Families living in core accommodation are required to adhere to a set of rules and regulations and have daily supervision sessions with project workers.

Five of the six projects have been developed by NCH (North West)<sup>8</sup> in partnership with authorities in Blackburn with Darwen, Bolton, Manchester, Oldham, and Salford. The five NCH projects deliver an outreach preventative service to reduce the dependency on legal remedies to tackle ASB exhibited by families. Services provided in Bolton (since September 2004) and Manchester (since the start of the project) also include a core residential unit for families considered to need more intensive support and it was proposed that a further core residential unit would be opened in Salford during 2005.

The sixth project included in the evaluation has been established by Sheffield City Council. The dedicated ASB high support service provides both core residential accommodation and dedicated outreach support, mainly to families living in dispersed tenancies. Sheffield City Council is thought to be the first local authority in the country to develop this type of intervention and its inclusion in the evaluation provides an opportunity to examine the impact of different models of service provision. A summary profile of each of the six projects is outlined below in Table 1.2.

<sup>8</sup> NCH is a leading national children's charity that helps children and their families to achieve their maximum potential. Through nearly 500 projects, it supports some of the most vulnerable and excluded children in the UK.

**Table 1.2 Project Summary Profiles**

Project	Location	Partnership Agencies	Basis of support and capacity	Profile of families referred	Staffing	Main referral agencies
<b>Sheffield High Support Service</b> Established: March 2003	Close to town, affluent mixed tenure area Acorn <sup>9</sup> type: 17 (young educated workers, flats)	Sheffield City Council	Core unit: 3 families Dispersed/outreach: 14 families	Large families (4+ children): 40% Single lone female parent: 89% Two parents: 8%	Project Manager: 1 F/T Senior Project Worker: 1 F/T Project Worker: 5 F/T Administrator: 1 F/T Night Support workers: 2 P/T Cleaner (agency): 1 P/T	Housing: 59% Social services: 19% Health: 11%
<b>Manchester Foundations Project</b> Established: Nov 2002	Out-of-town housing estate Acorn type: 53 (old people, many high rise flats)	Manchester City Council, Irwell Valley HA and NCH (north west)	Outreach: 23 families Core unit: 4 families (opened in 2003)	Large families (4+ children): 46% Single lone female parent: 79% Two parents: 21%	Project Manager: 1 F/T Deputy Project Manager: 2 F/T Project Worker: 8 F/T Administrator: 1 F/T Security (agency): 1 per evening Night Support (agency): 1 per evening Cleaner/handyman: 1 P/T Unfilled posts: 1 PW	Housing: 41% Social services: 29% Police: 9%
<b>Bolton Families Project</b> Established: Jan 2003	Out-of-town housing estate Acorn type: 51 (single parents and pensioners, council terraces)	Bolton Metropolitan Borough Council and NCH (north west)	Outreach: 16 families Core unit: (opened in Sept 2004). 3 families Dispersed tenancies: (established in 2006) 2 families	Large families (4+ children): 33% Single lone female parent: 63% Two parents: 26%	Project Manager: 1 F/T Senior Project Worker: 1 F/T Project Worker: 6 F/T (2 temp) Security (agency): 1 per evening Cleaner (agency) : 1 P/T Unfilled posts: 1 PW	Housing: 74% Social services: 7% Police: 11%

<sup>9</sup> ACORN (A Classification Of Residential Neighbourhoods). ACORN categorises all 1.9 million UK postcodes, which have been described using over 125 demographic statistics within the UK and 287 lifestyle variables into 17 distinct groups, which, in turn, contain 56 'typical' ACORN neighbourhood categories (ACORN, 2003).

**Table 1.2 Project Summary Profiles (continued)**

<b>Project</b>	<b>Location</b>	<b>Partnership Agencies</b>	<b>Basis of support and capacity</b>	<b>Profile of families referred</b>	<b>Staffing</b>	<b>Main referral agencies</b>
<b>Salford ASSFAM Families Project</b> Established March 2003	Main pedestrian shopping precinct Acorn type: 42 (home-owning families, terraces)	Salford City Council and NCH (north west)	Outreach: 20 families Core unit planned 05/06	Large families (4+ children): 39% Single lone female parent: 76% Two parents: 24%	Project Manager: 1 F/T Project Worker: 4 F/T Administrator: 1 P/T	Housing: 52% Social services: 19% Health: 10%
<b>Oldham Families Project</b> Established Feb 2003	Out-of-town housing estate Acorn type: 51 (single parents and pensioners, council terraces)	Partnership between Oldham Metropolitan Borough Council and NCH (north west)	Outreach: 12 families	Large families (4+ children): 21% Single lone female parent: 33% Two parents: 67%	Project Manager: 1 F/T Senior Project Worker: 1 F/T Project Worker: 1 F/T Administrator: 1 P/T Cleaner (agency): 1 P/T	Housing: 25% Social services: 25% Community Safety: 25%
<b>Blackburn with Darwen Families Project</b> Established Jan 2003	Out-of-town housing estate Acorn type 49: (large families and single parents, many children)	Partnership between Blackburn with Darwen Borough Council and NCH (north west)	Outreach: 19 families	Large families (4+ children): 34% Single lone female parent: 63% Two parents: 29%	Project Manager: 1 F/T Senior Project Worker: 1 F/T Project Worker: 3 F/T Administrator: 1 P/T	Housing: 50% Social services: 21% Police: 17%

### 1.3 Aims of the projects

While each of the six projects was developed in response to locally identified needs, they share a common aim – **to provide support for families with children who are at risk of homelessness or eviction due to ASB displayed by themselves or visitors to their homes**. The projects also share the following key objectives to:

- prevent repeat cycles of homelessness and family breakdown arising as a result of ASB;
- address unmet support needs and ensure that families are able to sustain a positive lifestyle without being the cause of ASB;
- promote social inclusion for families and assist in providing better outcomes in relation to health, education and well being;
- increase community stability by enabling and supporting families to live peacefully and to fully participate in their communities.

### 1.4 Staffing

The projects employ multi-disciplinary teams of support workers from a variety of professional backgrounds who provide tailored packages of support to enable families to address some of the underlying causes of their problem behaviour. The length of time projects work with individual families varies from two to three months to over a year; with the average for 2004/5 being forty-three weeks. The duration of service provision was, however, found to vary significantly between the six projects. For example, the average length of contact in one project was just under five months, compared with eighteen months in another project. Some further details of the staffing arrangements adopted by the different projects and how these changed over time as the projects developed and matured are provided in Chapter 10.

### 1.5 Location

As Table 1.2 indicates, each of the six projects was located in different type of areas, with the decision as to where to site projects frequently being a pragmatic one, determined largely by the availability of suitable accommodation. In practice, most of the projects – both those providing residential accommodation and those offering an outreach only service – were located in out-of-town areas of social housing. While these locations were considered to be advantageous in ensuring that a level of anonymity was maintained, project managers also felt that there were several disadvantages associated with being based on peripheral social housing estates. In particular, inadequate public transport links resulted in service users using the outreach service having limited access to project premises and office-based facilities. Some project managers also felt that locating the project away from other partner agencies constrained working practices and made it difficult to raise the profile of the project within the wider locality.

## 1.6 Funding

A variety of funding sources has been used to support the development of the projects, with the majority of revenue funding provided by the Supporting People Programme<sup>10</sup>. Securing funding was a time-consuming activity for Project Managers and uncertainty about future funding put all project staff under considerable pressure. Further information on the funding of projects is provided in Chapter 9.

## 1.7 The evaluation data sources

The evaluation tracked the development and progress of six case study intensive family support projects based in Sheffield, Manchester, Bolton, Oldham, Salford, and Blackburn with Darwen over a two-year period (January 2004 – January 2006). The final evaluation findings presented in this report are based on analysis of a range of different qualitative and quantitative data sources. The findings of the interim evaluation of the operation of the six projects during their inception and set-up period have already been published (Nixon et al, 2006). These data have now been supplemented by findings from a second case monitoring exercise undertaken over the 12-month period August 2004 – July 2005 combined with in-depth interviews with project staff and other key stakeholders, and repeat interviews with service users (both adults and children). In the majority of cases, at the point of the second interview families were in the process of leaving the project and were in a better position to reflect on their experiences and the impact of working with the project over a period of time. Drawing on both sets of data, the study report highlights changing practices as the projects have matured and project interventions have become more embedded within local practice.

An evaluation of the cost effectiveness of the projects has been facilitated through the collection of financial data covering the period 2003/04 and 2004/05, drawing mainly on the annual accounts for each project. Annual expenditure and activity data were used to identify the costs of two specific ‘units’ of activity associated with the projects – the average cost per client (ie family) month in 2003/04 and in 2004/05, and the average total cost per client leaving the projects during 2003/04 and in 2004/05. Further data have also been collected to explore whether the projects are delivering ‘value for money’ and to review the potential short-term and longer-term costs to the Exchequer and to society associated with tenancy failure and some forms of ASB, comparing potential ‘saved’ or ‘prevented’ costs with the costs of delivering the projects.

Details of the study methodology and data sources are provided in Appendix 1.

**Chapter 2** examines what types of ASB the projects are dealing with, the families’ perceptions of their behaviour, and evidence that families working with projects were frequently both victims and perpetrators of ASB.

**Chapter 3** outlines what sort of families are working with the projects and reports on the age and gender of service users, their ethnicity, economic status, and families’ support needs.

<sup>10</sup> Supporting People is a Government programme which enables the provision of housing related support services to help vulnerable people maintain or improve their ability to live independently.

**Chapter 4** focuses on young people and children. It explores their support needs, what interventions had been used to address these needs, and children's views on the project interventions.

**Chapter 5** reports on what action had been taken prior to referral and the threat of homelessness. It considers the views of service users, project staff and key stakeholders on the referral process.

**Chapter 6** examines project interventions and examines what the projects do from the perspectives of service users, staff and stakeholder agencies.

**Chapter 7** explores the experience of living in residential (core) accommodation and how this intervention differs from outreach support services.

**Chapter 8** reports on project outcomes and the impact of interventions.

**Chapter 9** analyses the costs and benefits associated with the projects.

**Chapter 10** outlines the organisational processes and outcomes associated with different models of provision and considers the commonalities and differences in aims and issues facing the projects.

**Chapter 11** concludes with a summary of the key evaluation findings.

**Appendix 1** provides details of the study methodology and the evaluation design.

**Appendix 2** contains further information on the financial evaluation of the projects including details of Potential Short-Term Cost Consequences

## Chapter 2

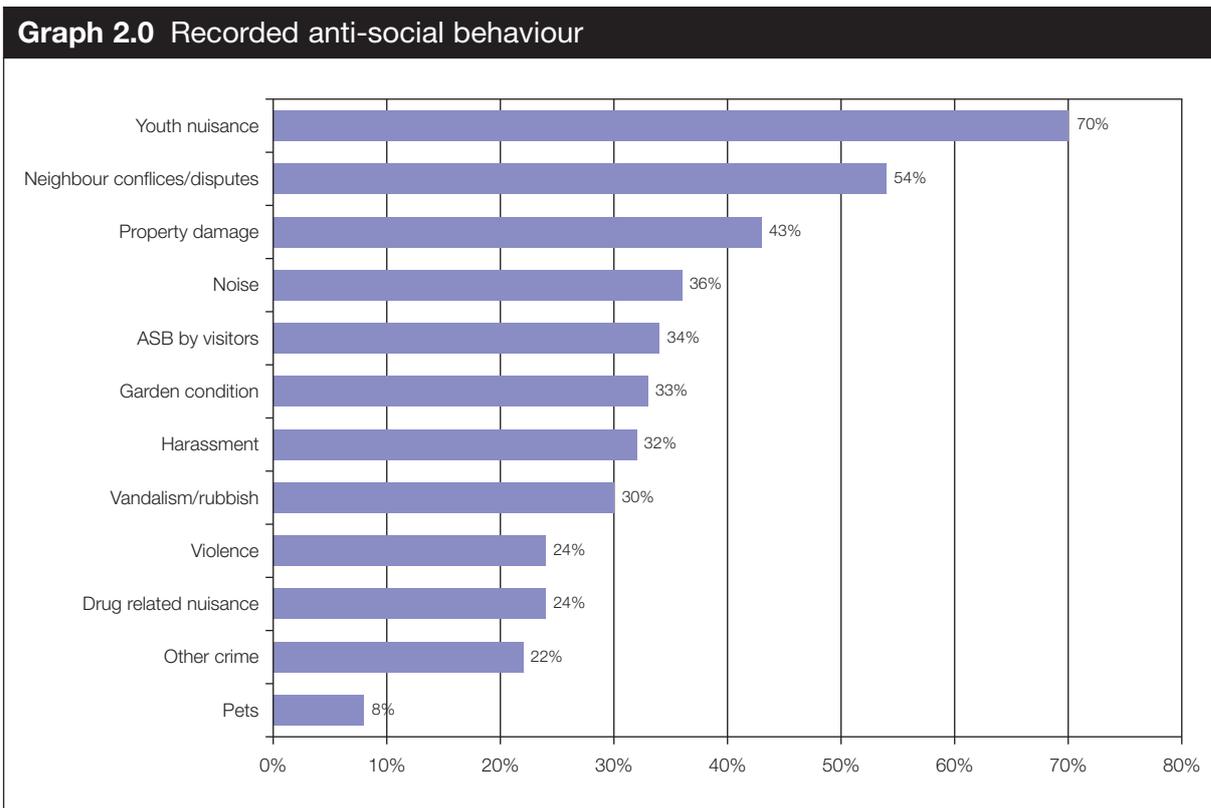
### What types of ASB are the projects dealing with?

Findings from the Interim Evaluation Report indicated that the type of Anti-social behaviour (ASB) family members were reported to be exhibiting at the point of referral varied widely from one family to another. While some allegations involved very serious criminal behaviour, others concerned mainly low-level but persistent nuisance behaviours (Nixon et al, 2006). Drawing on data from the second data monitoring exercise combined with qualitative interviews with project personnel, family members and other key stakeholders, this chapter outlines:

- The reported ASB associated with families referred to the projects between August 2004 and July 2005. Significant changes or continuities in the range of behaviours that caused families' referral to the projects have been highlighted.
- Project staff and key stakeholders' views on the nature of ASB associated with family members.
- Service users' reflections on the impact of their behaviour at the point of referral.
- The evidence that suggests that, in a majority of cases, family members are likely to be victims as well as alleged perpetrators of ASB, with high levels of victimisation and retaliation recorded on project case files.

#### 2.0 Recorded anti-social behaviour

At the point of referral, projects were asked to record details of the types of anti-social behaviour associated with the families as reported by both the referral and other agencies. The types of behaviour accordingly reflect the views of those agencies regarding the nature of the problems which service users had been involved in. At the point of referral, complaints about youth nuisance were the most common problem associated with family members, with two-thirds (70%) of the 157 families referred the subject of these types of complaints (Graph 2.0). Concerns over neighbour disputes were the second most common source of complaints, affecting over half of the families referred (54%). In over a third of households, problems of property damage (43%), noise (36%), ASB by visitors (36%), garden condition (33%), and harassment (32%) were also identified as issues causing concern.



While in the majority of cases (71%) there had been repeated complaints about three or more types of ASB, in a small number of families (five) no complaints about ASB were noted on the project case file. For these families, referrals had been made to address a range of behaviours that were creating a threat to the tenancy but which had not been the subject of complaints:

*“It’s the non-attendance of school, it’s the violence to mum and various other things ... but it’s a very, very complex family with really severe emotional damage to parent and children ... but they’ve not actually caused any anti-social behaviour within the neighbourhood”*

(Project Worker).

There were issues for some of the projects about inappropriate referrals (see Chapter 5) which had been improved over time. Some of the families with no recorded ASB may reflect ill informed referral practices but are also likely to be a reflection of the lack of other available services for such families, who were clearly exhibiting behaviour which was of understandable concern to referring agencies.

The findings from the 2004/05 data collection exercise on the reported ASB associated with families broadly reflect the findings from the earlier 2003/04 data collection exercise. However, there does appear to have been a significant increase in the number of families being referred due to problems of youth nuisance, which had increased by 16% between the two monitoring periods. This issue was further explored in the interviews with project workers, many of whom reflected that, in their experience, children and young people associated with the family were often the main source of complaints:

*“[it] is usually very loud music, and lots of youths visiting... all hours or parties going on or disturbances outside the property, either when youths are leaving or coming or other youths appear, you know, and rival groups, stuff like that are the main sorts of complaints that we get and then it’s the state of the property as well but it’s usually more as the young people are hanging around and drinking.”*

(Project worker)

Establishing the reasons for the apparent increase in referrals due to youth nuisance is not straightforward. In part, it may reflect an increase in the number of people willing to report youth nuisance as a problem, with some project workers stating that, in their view, the increase was related to the way in which problems of youth nuisance have been profiled by the media and politicians. Equally, however, it is possible that changes in referral agencies’ practices could have led to an increase in referrals for particular types of families with specific sets of problems. Analysis of the profile of families in which youth nuisance was identified as a problem indicates that children in these households were more likely to suffer learning difficulties and other mental health problems compared with families in which youth nuisance was not a problem (37% compared with 30%, and 26% compared with 20%, respectively). These levels of need are far higher than those recorded for the population as a whole, where, for example, Attention Deficit Hyperactivity Disorder (ADHD) could be expected to be found in around 3% – 8% of children (Mytars, 2001; DfES, 2004). Our data do not clearly indicate if one of these hypotheses is more likely than another. Moreover, care must be taken in the interpretation of this finding, since it is possible that the apparent prevalence of youth nuisance in the second round of case monitoring simply reflects improvements that have occurred in projects’ case recording systems.

While Graph 2.0 outlines the most common reasons for referrals to the projects, further exploration of the data from the 2004/5 case monitoring exercise indicates that the types of ASB families are reported to be involved with differ according to a number of factors, including:

- size of family;
- age of children;
- project locality.

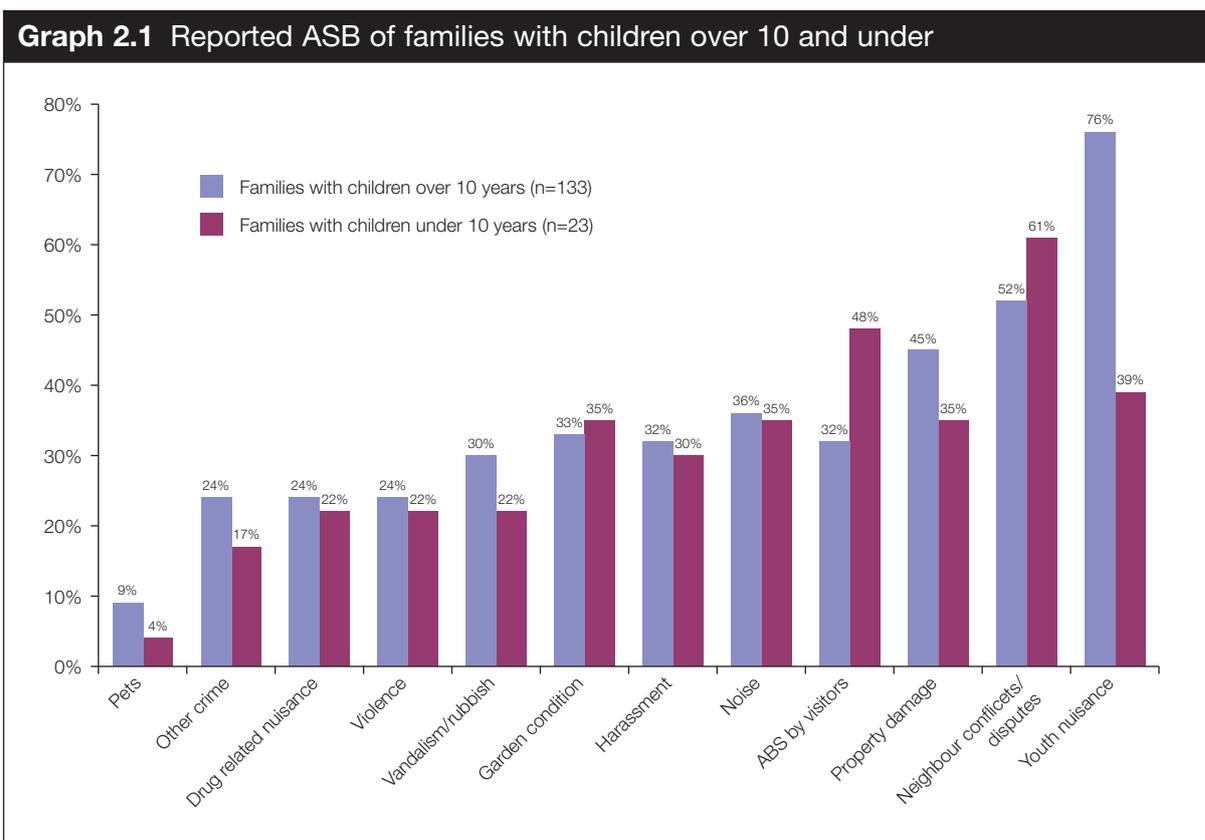
Each of these factors is briefly considered below.

### **Size of family**

Concerns about neighbour conflict were found to vary according to the size of the household, with families with three or more children (58%) being almost twice as likely to be reported as causing neighbour conflict compared with families with only one child (32%). Similar differences were found in relation to the incidence of youth nuisance; in families with one child, youth nuisance was prevalent in six out of ten cases (60%), while in families of three or more children the figure rises to seven out of ten cases (73%). By contrast, reports of ASB caused by visitors were found to be higher among one-child families (44%) than those with three or more children (30%). The data do not allow for a detailed analysis of why large families appeared to be particularly at risk of complaints about neighbour conflict and youth nuisance, but it may be a reflection of the higher level of noise likely to be generated by large families, combined with the fact that large groups of siblings can appear to be threatening.

### The age of children

A different set of problems was prevalent in families comprising young children aged ten and under. This was only a small group of families (23 of the total of 157 families) and accordingly some care must be taken with this data. It does, however, indicate that, for parent(s) with young children, an overriding concern was ASB caused by neighbour conflicts and the behaviour of visitors. Only 39% of families with children under the age of ten were associated with the problem of youth nuisance, compared with 76% of families consisting of children over the age of 10. This finding suggests that there are different cohorts of families referred to intensive support projects, perhaps with different sets of underlying problems and potential solutions. Graph 2.1 compares the types of ASB reported for families with children over and under ten years of age.



### Project locality and patterns of referrals

Further interesting differences concerning the main reasons for referrals were identified with regard to the area in which the projects were located. For example, in two out of the six projects, crime was identified as a reason for the referral in around a third of cases (30% and 38%, respectively), compared with another project where crime was reported to be a reason for referral in only 11% of cases. In one project, garden condition was noted as a problem in 59% of referrals, whereas in another it was only a problem in relation to 19% of referrals. More detailed information on the precise nature of the ASB associated with families was not available, and it is unclear for example, if concerns about garden condition were used as a proxy for other forms of unacceptable behaviour. More generally, differences between projects are likely to be a reflection of the different ways in which ASB is categorised and recorded by different referral agencies and the differing levels of engagement by specific agencies. Patterns of referral varied across the projects, with some receiving more referrals from

crime/ASB agencies, while others had more from housing/social services. Equally, the range of alternative complementary types of service provision available varied from one project locality to another. This is likely to have an indirect impact on the reasons why families were referred to the projects rather than to an alternative type of service.

## 2.1 Project managers' and workers' views on the nature of ASB associated with family members

The in-depth interviews with project managers and workers were used to explore in more detail the types of behaviour exhibited by families at the point of referral to the projects. Although project staff mentioned some extreme cases, where the behaviour in question had been very serious and criminal in nature, more commonly the behaviour was described as involving relatively low-level but repetitive nuisance behaviour. Typically, cases were portrayed as involving 'noise nuisance', 'petty vandalism', 'shouting abuse at neighbours', and 'arguments over the garden fence.' The cumulative impact of such behaviour on neighbours should not, however, be underestimated, and this was something that some service users were able to acknowledge after working with the project (see section 2.2).

The relatively low-level nature of the reported individual events was also reflected in project managers'/workers' accounts of the type of families that tended to be referred to the projects, as they were most often described as being 'noisy and chaotic' rather than being particularly 'fearsome' or 'threatening'.

*"I'd say there's a very, very small proportion of the number of families that we work with, who you would think in your own mind that they must be a nightmare to live beside. Now there are, you know, a lot of noisy chaotic families. But in terms of actually you know, sort of fearing for your own safety or your children's safety or you know, like say being afraid to go to the shops, that kind of thing, there's actually very few families."*

(Project worker)

As the projects have matured, many have prioritised the development of joint working within local networks to establish their place within local strategies for tackling ASB. In doing so, all project managers were keen to frame the service they provide as part of a preventative agenda. They had worked hard to encourage referrals to be made prior to any enforcement action being taken (e.g. prior to a NOSP or ASBO being served). In part, early intervention was seen as being most effective, as it meant that families were less likely to be under direct threat of eviction, thus giving the projects a more realistic time frame in which to initiate change (see Chapter 5). A couple of project managers suggested that this may be a possible explanation of why families referred are often not exhibiting the most extreme and serious types of ASB, with the reasons for referral more accurately located at the lower end of the spectrum of behaviour defined as anti-social.

There is also evidence to suggest, however, that referral agencies sometimes operate a filtering process when deciding which families to refer to the projects (Nixon et al, 2006). One of the project managers felt that referral agencies exercised their discretion when making judgements about which families deserved to have a 'second chance' and which ones should be subject to alternative enforcement action. This factor may also help explain why some of the most serious cases of ASB are not always referred to the projects:

*“I think we’ve missed out on some referrals because of that, because of maybe not a deliberate behaviour but some sub-conscious filtering of agencies where they thought, ‘Actually this family are driving me mad and I’ll, you know, just pursue with the eviction. You know, why help them to stay when I’ve genuinely bent over backwards and tried to help them, why refer them on elsewhere?’.”*

(Project manager)

Project workers and managers were aware of the sensitivities associated with the term ‘anti-social behaviour’ and expressed a preference for using alternative terms to describe service users. It was felt that labelling families as ‘anti-social’ was stigmatising and counter-productive to achieving change. At the same time, however, it was readily acknowledged that most families referred to the project had been involved in behaviour that was disturbing and distressing, and project managers freely expressed sympathy and understanding for those in the community who had made complaints. In reconciling these two different points of view, project managers were very clear about the distinction that should be made between referring to *behaviour*, as opposed to *people*, as ‘anti-social.’

*“There are a few who, when they’re describing a family to us at the beginning, you know, ‘Can you work with this family? I’ve got this family,’ and they’re describing them like, you know, ‘They stink, their children are a mess,’ and you think, right, okay, there’s a better way of phrasing that.”*

(Project manager)

They described how they use the term with great care in order to challenge families to change their behaviour, while at the same time being alert to the need to challenge other practitioners who may be less careful in their choice of language to describe families:

*“I think it’s a useful label as long as people understand that we’re not, not speaking to sort of demonise them in that way by saying it, it’s just a description of what they’re actually doing.”*

(Project manager)

The reluctance to label families as ‘anti-social’ was clearly linked to an appreciation that families’ presenting problem behaviour often had deep-rooted and complex causes (see Chapter 3). This did not mean that project workers excused families’ behaviour or felt that they should not take responsibility for it, but they were mindful of seeing families as more than their problems and not viewing them in a judgemental and censoring manner. This in itself was seen as key to building strong working relationships with the families and achieving successful outcomes:

*“That’s how they’ve been brought up ... it’s learned behaviour from their childhood, that they’re now passing on to their kids. And as I say, it’s all about re-education, making, making them try and see where they’re going wrong. But also tackling it as well, ‘cos you can’t be frightened, if, if you get, if you’ve got a family that you’re dealing with that are causing anti-social behaviour, it’s no good going in there all nicey, nicey, you’ve gotta go in there head on, tackle it.”*

(Project worker)

Stakeholders shared similar views. Many were clear about what they would define as ASB, and were also unequivocal that families referred to the projects, particularly those whose tenancy was threatened, had behaved in an unacceptable manner. At the same time, however, there was a perception among stakeholders that prior to being referred to projects some families were unaware that their behaviour was unusual and had caused so much distress for those living nearby.

*“Maybe 60% of families have an understanding of what ASB is but do not necessarily consider themselves to be anti-social – even though some of them are involved in criminal behaviour... They think that’s what all children do. Whatever goes on in the family is normal. So one woman wouldn’t stop her 9 year old going out at night because she thought that would be imprisoning him!”*

(Stakeholder-Trailblazer)

This perhaps provides some explanation as to why families tended to deny the label at the point of referral. The majority of stakeholders also felt that there were explanatory factors for the behaviour such as poor parenting, education, and substance misuse:

*“Tenants do not describe themselves as anti-social. Often, they do not understand the meaning of the tenancy agreement – because of their education, mental health, drug and alcohol abuse”*

(Stakeholder-Housing).

Interestingly, although many families had difficulty in acknowledging the impact of their behaviour on others and were often reluctant to accept the ASB label, service users did not feel that they were being judged simply by their association with the project. This seemed to be due to the ability of project workers to treat families in a non-judgemental way, with high levels of respect and honesty:

*“The good thing is that when people come like, when people come and talk to you and they know for well that you’ve had all these labels and that you’ve had all these things written against you, but when they come to talk to you, you don’t, it doesn’t come across that they think that you’re anti-social. They, they came across as like, ‘We’re here to help you. We’re here to support you but there are certain rules you do have to apply to, blah, blah, blah, and let’s get on’. No, no, you didn’t feel like you were being judged on it.”*

(Service user – core)

## 2.2 Families' reflections on the impact of their behaviour at the point of referral

A key finding from the Interim Evaluation Report (Nixon et al, 2006) concerned the fact that, despite the severity of many of the complaints made about family members, service users commonly disputed either all or some of the claims made against them. This issue was explored in more detail in the repeat interviews with service users, which were conducted nine to 24 months after they had started to work with the projects. With the benefit of hindsight and following a period of intense work with the projects, there was evidence that some service users found it easier to acknowledge the impact of past behaviour, as the following excerpts from repeat interviews with service users illustrate:

*“Yeah, they made me realise what my neighbours have had to put up with probably with like Jake [ex-partner] and Wayne [son] mainly.”*

(Service user – outreach)

*Q: “How, how much do you think you, you were like the complaints that were made against you?”*

*A: “Very much. But at the time I didn’t think so. Well I did but I was ashamed to admit it to myself, if I push it to the back of me head,...and blame somebody else then it wasn’t my fault. But looking back now...I can understand why people reacted the way that they did, definitely.”*

(Service user – outreach)

One mother, whose teenage children had been involved in a range of gang ASB which had resulted in serious retaliatory action against the family, including criminal damage and a sexual attack, reflected that, while she recognised how disturbing the behaviour of her children had been to her neighbours, she was the only person who was prepared to stand up to the gang:

*“I mean I do understand, don’t get me wrong, I really do understand how my neighbours felt. They didn’t want the gang there but they, they didn’t fight against the gang either so it was easier to get me out.”*

(Service user – core)

Another mother explained how her approach to dealing with complaints about her children’s behaviour had changed in the following way:

*“I do say to the neighbours that if there is any problems to come and tell me ... I’m quite open with them, I, I tell them though, they are little toe rags sometimes but I do,... I’m honest about it, I know what they get up to .....and I do try and stop it.”*

(Service user – outreach)

For other families, however, while valuing the support that had been provided by their project worker, they believed that at least some, if not all, of the original complaints made against them had been unfounded and based on rumour and hearsay. Even on reflection, these families still felt a sense of unfairness which had led them to feel that they had been victimised and singled out:

*“I mean Nick, ..., he’s never been violent towards anybody, he’s never been aggressive towards anybody. But, in fact, to me ..., they used Nick as a scapegoat really.”*

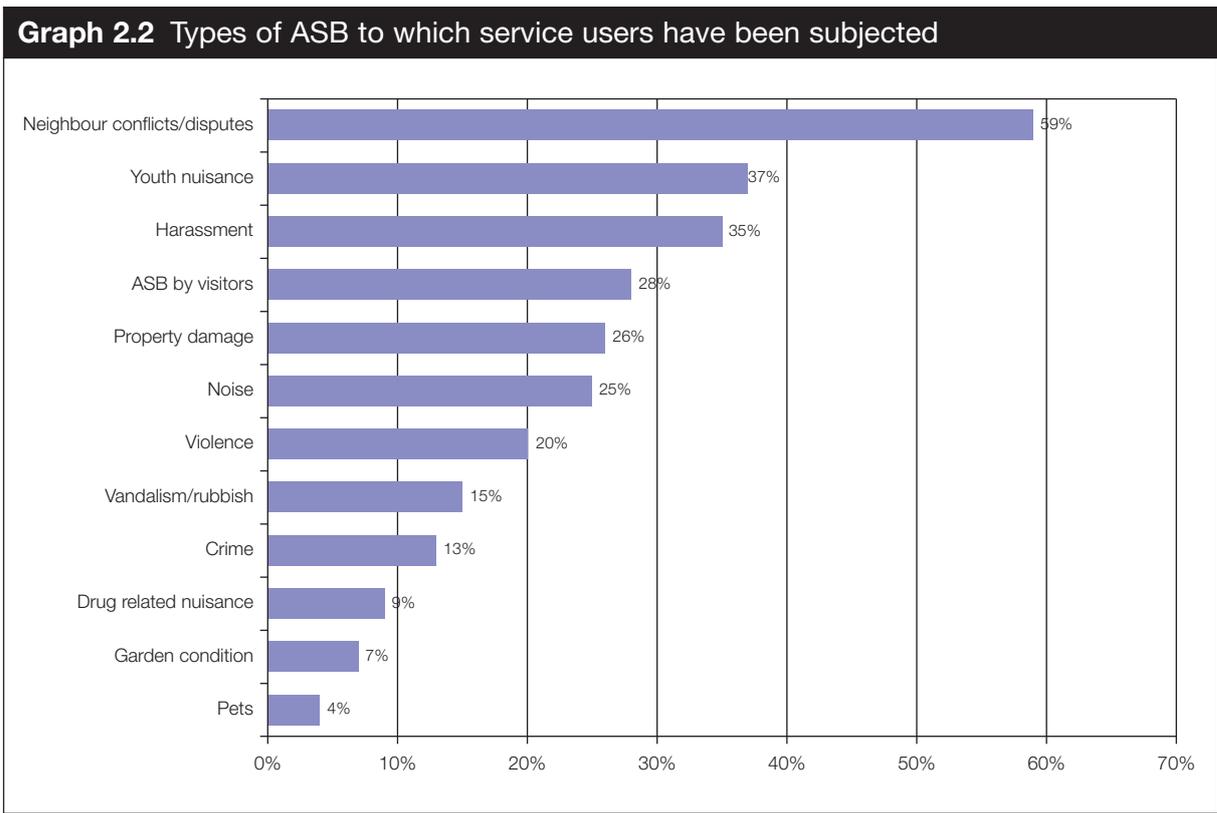
(Service user – core)

We also explored children’s and young people’s reflections about the impact of their behaviour on their neighbours and the wider community. Interestingly, all the young people interviewed<sup>11</sup> recognised that their behaviour had previously been the cause of some of the complaints about ASB which had placed their families in tenancy difficulties. They were able to accept some responsibility for this and to acknowledge that they had moved away from more severe ASB to a much less problematic position. However, they were realistic in identifying that some of their current behaviour could still be classified as ASB, albeit at a lower level than previously. Two young people reflected that at the point the family had been referred to the project they had been at the serious end of the scale of ASB (*‘We’ve done a lot of horrible things...’*), but now one young person considered that her/his behaviour had improved and s/he felt confident that this improvement was permanent and would *‘...stay there for the rest of my life...’*.

## 2.3 Families as victims and perpetrators of ASB

The complex, multi-layered reality of ASB was illustrated in the Interim Evaluation report by reference to the research findings showing high levels of victimisation and retaliation affecting service users (Nixon et al, 2006). The findings from the 2004/05 case monitoring exercise confirm these earlier findings, with the percent of service users reported as being victims of ASB increasing from 19% in the first data monitoring exercise to 60% in the second. Care must be taken in the interpretation of this finding, since it is likely to reflect changes in the way projects monitored the incidence of victimisation, rather than representing an actual increase in the level of victimisation to which service users were being subjected. Graph 2.2 below summarises in more detail the types of ASB to which households had been subjected, as recorded by project workers. Family members were most commonly victims of neighbour disputes (59% of cases) and, to a lesser degree, of youth nuisance (37%). Harassment and ASB by visitors were reported for around a third of families. It is unclear whether this behaviour occurred as a result of retaliatory action or whether it was completely unprovoked.

<sup>11</sup> During the second stage of the evaluation five young people aged 10-17 were interviewed to gain some understanding of how they had valued the project interventions.



Project staff were aware that defining an individual as a ‘perpetrator’ of ASB was problematic, since many people are both victims and perpetrators. One interviewee outlined how some of the families referred to the projects were particularly vulnerable to being bullied and could be identified as those who are easily stigmatised and can be ‘scape-goated’ and victimised by others in a community. Another manager suggested that complainants whose voices are heard are sometimes simply those who have the resources and ability to shout the loudest, while another described how project workers make it clear to families who are victims of ASB that the fact they have been the subject of complaints does not negate their rights to be protected against ASB. Project workers reported that they frequently tried to support family members report incidents of victimisation and retaliation. However, many families were reluctant to do so for fear of being labelled a ‘grass’:

*“Which is why I think we’ve got so many families that are actually victims of anti-social behaviour...And that a lot of the families that we talk to about that, we’ve said, ‘Look, you’re a tenant as well, you’ve got rights. You know. You can fill in diary sheets. This can happen, that can happen.’ And they won’t do it. And one of our families said to us, you know, ‘I’m not a grass. I’m not, I’m not grassing.’...the children in the house were really scared when these things were happening, when there were things being pelted at the windows. Yet the, the parents decided that they just, you know, they weren’t grasses and that was that.”*

(Project manager)

## Summary

A range of anti-social behaviour was reported in connection with families referred to the projects. While there was evidence that some families had been involved in a wide range of serious – and sometimes criminal – ASB, complaints about most of the families focused on lower level, but persistent, disturbing behaviour (eg petty vandalism, verbal abuse). Youth nuisance was identified as a major issue associated with seven out of ten families referred to the projects, particularly those with large numbers of teenage children. The cumulative impact of such behaviour should not, however, be underestimated and project managers freely expressed sympathy and understanding for those in the community who had made complaints.

Since their inception in 2003, all the projects had matured and developed. Project managers had worked hard to ensure that families were referred at an early stage, before the problem behaviour had escalated into more serious criminal activities (see Chapter 5). This development may in part explain why the types of ASB most commonly associated with service users tended to be at the lower end of the spectrum of nuisance behaviours.

On reflection, many service users acknowledged that even relatively minor ASB was intolerable for those living nearby and expressed a greater appreciation of the need to respect their neighbours' right to quiet enjoyment of their home. At the same time, however, it should be recognised that, looking back, the majority of families interviewed felt a deep-rooted sense of unfairness that their behaviour had been singled out for action by agencies. This view may in part be explained by reference to the frequency with which family members as well as being perpetrators of ASB, were also victims, with 60% of families reported to have been subject to a similar range of behaviour as they were accused of perpetrating. This finding strengthens the emerging empirical evidence that it is not always easy to clearly separate 'victims' and 'perpetrators' in cases of ASB (Nixon et al 2006; Jones et al 2006). It also highlights the need for agencies investigating complaints to develop well-defined investigatory policies and procedures to ensure that cases are dealt with fairly and effectively.

## Chapter 3

### What sort of families are working with the projects?

This chapter presents a statistical profile of 157 families, consisting of 239 adults and 484 children under the age of 18, who worked with the projects during the period August 2004 to July 2005. These data are supplemented by qualitative data drawn from repeat interviews with a sample of twenty-four service users whose cases were, or were near to being, closed at the time of the interview. Interviews were also conducted with project managers, project support workers and a range of key stakeholders in each of the six project areas. Where relevant, the data collected during the period when the projects first became operational, (reported in full in the Interim Evaluation Report and based on data which was collected in relation to ninety-nine families), are drawn on to highlight changes or continuities as the projects have matured.

The chapter highlights:

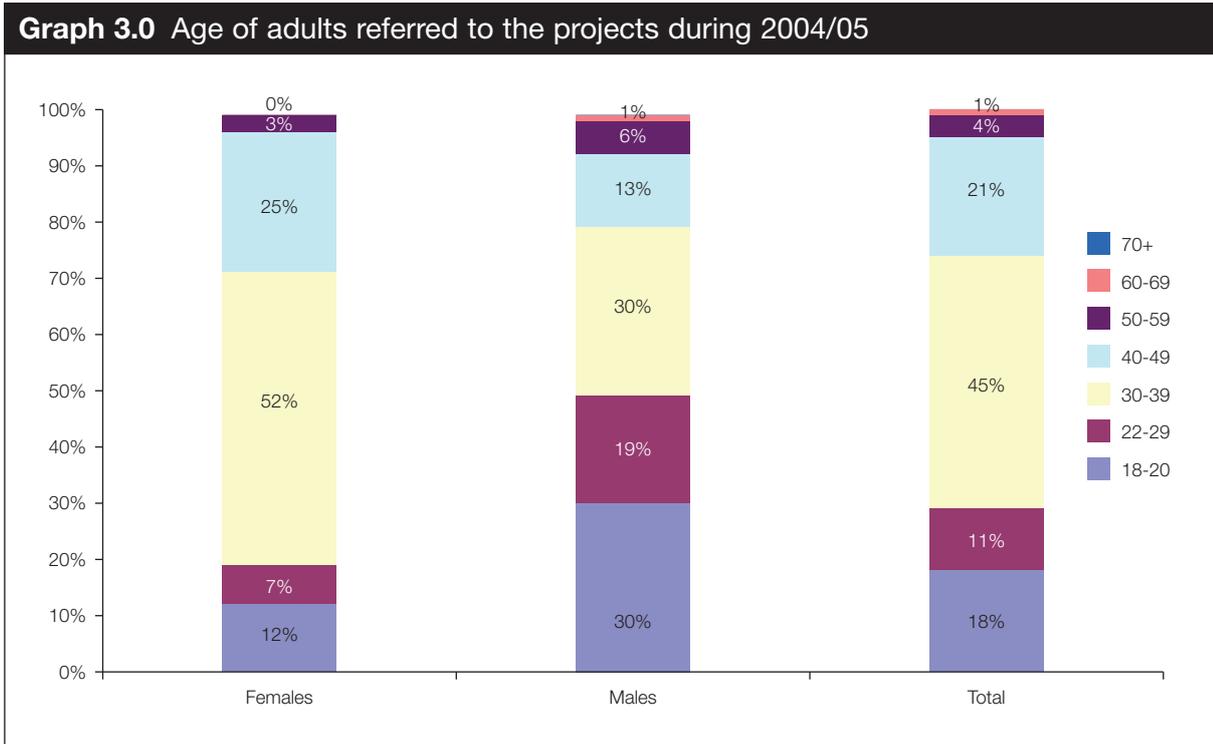
- The changing profile of service users in terms of age, gender, economic status, ethnicity, and family composition.
- The high multiple and inter-related support needs associated with families referred to the projects focussing on adults' health and support needs;
- The prevalence of family violence.
- The risk of family breakdown.

### 3.0 Age, gender and economic status of service users

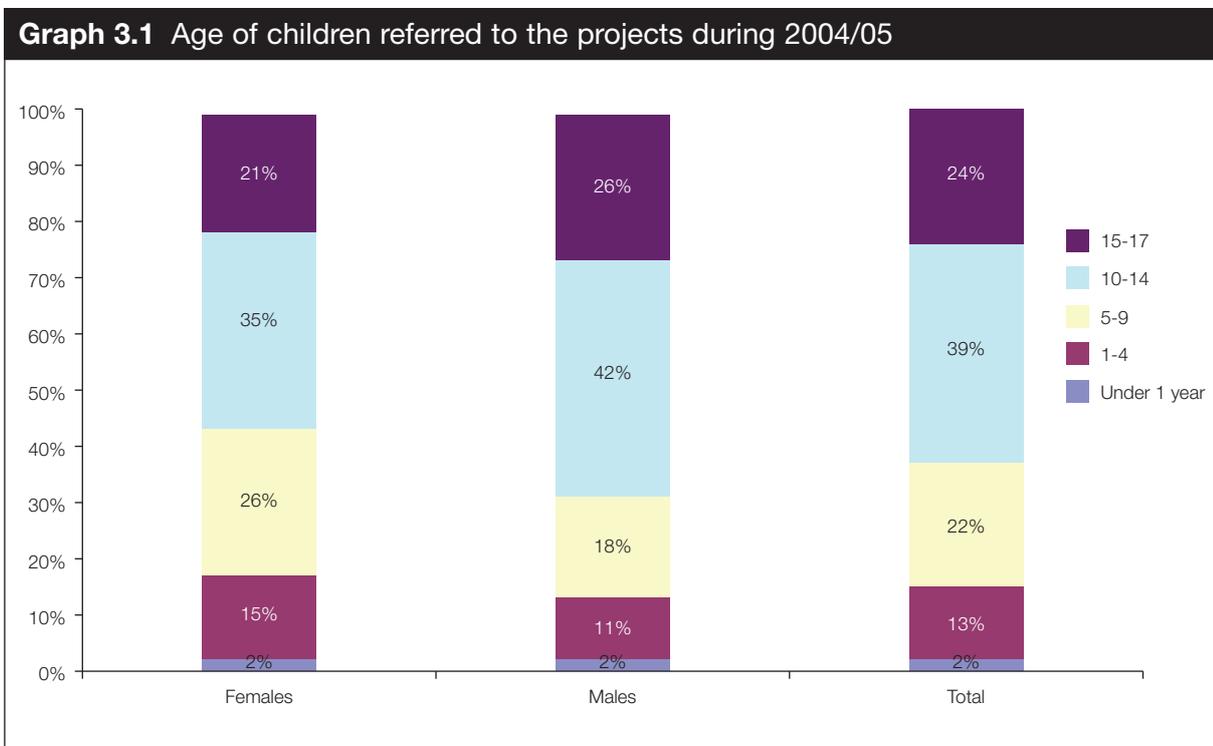
Of the 239 adults, included in the second case monitoring exercise 68% (162) were female and 32% (77) male, while 58% (278) of the children were male and 42% (200) female<sup>12</sup>. Information was available on the ages of 207 adults and 475 children.

The ages of adults in the sample ranged from 18 to 75 years, with an average age of 34 years. The ages of the adults were divided into seven age categories and the results are shown in Graph 3.0 below. The largest age group was 30-39 years.

<sup>12</sup> The gender of two children was unknown.



The ages of the children ranged from under 1yr to 17yrs, with an average age of 11, while the most common age was 14 yrs (fifty-four children). Graph 3.1 summarises the ages of children by age band and shows that the largest proportions of children are aged between 10 and 14 yrs.



## Changes in family size

Nationally, the average number of children in families declined from 2.0 in 1971 to 1.8 in 2004. Married couple families were generally larger than other family types, with an average 1.8 children, compared with 1.7 in cohabiting couple and lone-mother families (Office of National Statistics). For families referred to intensive family support projects, the number of children aged less than 18 years ranged from one to seven, with the most common number of children being three (24%). However, just under two-thirds of all households (62%, or 97 households) comprised three or more children. This confirms the earlier Interim Evaluation findings which indicated that families referred to intensive family support projects tended to contain an above-average number of children under the age of 18. A number of families in the sample also had children over the age of 18 living with them. When these taken into account, the number of very large families (5+ children) increases to one in five of all families (20%), as shown in Table 3.2 below.

**Table 3.2** Size of families referred to intensive family support projects: 2004/05

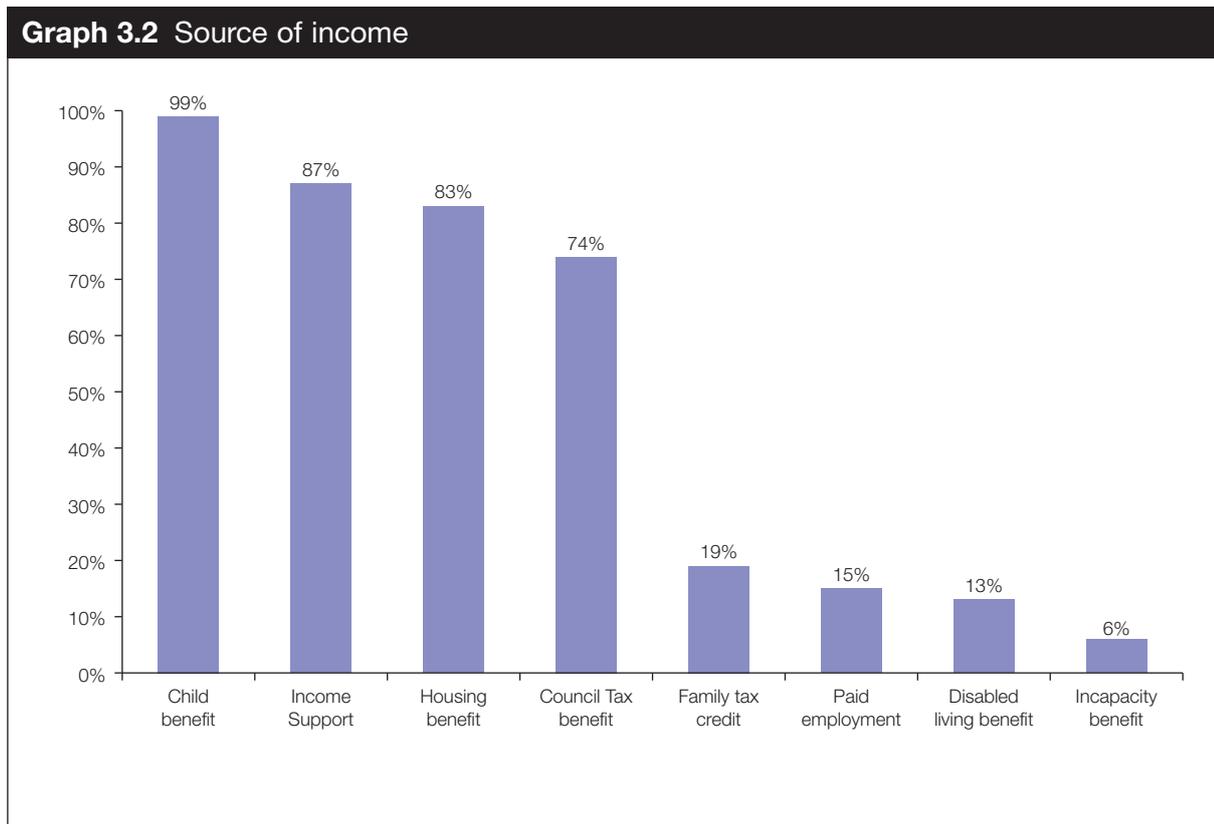
Number of children – all ages	Number of families
1	14% (22)
2	24% (38)
3	24% (37)
4	18% (29)
5+	20% (31)
<b>Total</b>	<b>100% (157)</b>

Interestingly, the size of families referred to projects differed across the sample of the six projects. Households in two projects were found to be more likely to contain three or less children, whereas in the two projects located in large metropolitan areas, over 40% of families contained four or more children (see section 3.2 below). These differences were not found to be related to the types of interventions offered by the different projects, nor were they influenced by whether core residential accommodation was provided or not. Instead, they are thought to be a result of local referral practices and demographic factors. This finding highlights the need for local demographic patterns and profiles to be taken into account when setting up Family Support Projects.

### 3.1 Source of income

Supporting People funding provided the majority of funding for all the projects, with two projects relying entirely on this source in the first two years (see Table 9.1 in Chapter 9) Referrals were mainly restricted to households who were in receipt of Housing Benefit. Given this context, state benefits would be expected to be the main source of income for the majority of families working with the projects.

Of the 141 cases<sup>13</sup> where source of income was determined, almost all (99%) were claiming Child Benefit and a high proportion were also claiming Income Support (89%) and Housing Benefit (87%). The next most commonly claimed benefit was Council Tax Benefit (76%). Twenty-eight households were receiving Tax Credits<sup>14</sup>, with adults in 21 of these families recorded as being in paid employment. Nineteen adults (13%) were claiming Disabled Living Allowance and 10 were claiming Incapacity Benefit. Even in households where adults were in some form of employment, wage levels were low and all families were supplementing their household income with some form of benefit support.



Given families' low-income levels, it is not surprising that 59% (ninety-three) of households were reported as having some form of debt at the point of referral. Where the level of debt was known (thirty-four cases), the greatest amount of money owed was £6,280, with the average being £1,358. Of the ninety-three families with some form of debt, by far the most common was rent arrears (sixty-four families, or 69% of those with a debt). Most frequently only one form of debt was associated with families with 52% (forty-eight) of households identified as having one debt, although it was apparent that in a minority of households (eight) families were struggling with multiple debt problems with four or more forms of debt recorded on the file.

13 In a small number of cases sources of income could not be established.

14 The term 'tax credits' includes both Working Tax Credit and Child Tax Credit.

### 3.2 Changes in the profile of families referred to the projects in 2003/04 – 2004/05

Data collected during the second case data monitoring exercise indicates that as the projects have become more established there have been some interesting changes in the profile of families referred to the projects. Table 3.3 below highlights the key changes in the profile of families working with the projects during the period 2003/04 to 2004/05:

Profile of families	2003/04	2004/05
Ethnicity	Black Minority Ethnic/multi-ethnic 6%	Black Minority Ethnic/multi-ethnic/Irish/mixed race 15%
With four or more children	22%	35%
Headed up by lone parent woman	78%	68%

In general terms, changes in the profile of families referred to the projects can be seen as positive indicators that over time the projects have become more successful at targeting families in need of supportive interventions. In particular, project managers reported that as the projects have become embedded in local networks of provision and have matured, they have successfully refined their focus and increased their ability to target more precisely families who can benefit most from project interventions. A brief summary of the key changes noted over the period 2003/04 to 2004/05 is presented below.

#### Ethnicity

Where ethnicity could be established (99% of cases), 85% of households were classified as 'White British'. This is a decrease of nearly 10% compared with the first data monitoring exercise, which revealed that 94% of households were classified as 'White British'. While White British families were initially over-represented, as the projects have matured the proportion of referred families classified as White British has become broadly representative of the England and Wales national average, which indicates that 84% of individuals living in social rented housing are classified as White British<sup>15</sup>. The 2005 data monitoring exercise also found that 10% of households were multi-ethnic, often comprising of one parent of white European origin and mixed heritage children. This was an increase of 9% on the 2004 data collection exercise. A further 5% of households were Irish, Mixed White Caribbean, Pakistani and Bangladeshi. Again, this finding broadly reflects the England and Wales national average, which indicates that 9.3% of households in the social rented sector comprise household members with different ethnic identities.

<sup>15</sup> Drawn from the 2001 Census using the Individual Samples of Anonymised Records (SARs). SARs is a 3% sample. It contains 1,843,530 individuals and includes information on age, gender, ethnicity, health, employment status, housing, amenities, family type, geography, social class, education, distance to work, workplace, hours worked and migration. Census output is Crown copyright and is reproduced with the permission of the Controller of HMSO and the Queen's Printer for Scotland. This data is based on the SARs provided through the Centre for Census and Survey Research of the University of Manchester.

Although, when the six projects are taken together, the ethnic composition of service users appears to be broadly representative of the national picture, when measured against local demographic profiles the proportion of referrals involving BME households was found to vary significantly between the six projects. In some areas, particularly where the local BME population was higher than the national average, BME families were found to be under-represented in the sample of service users.

This issue was explored in the interviews with key stakeholders and project managers, and a variety of explanations were offered. In part, the lack of referrals of BME families was thought to reflect the local demographics of social housing tenants, who in some areas are predominantly White British. However, in areas where the local BME population is above the national average but referrals to the project did not mirror this high level of ethnic diversity – for example, in one location BME groups represent 23% of the population, yet only 8% of households supported by the project were classified as belonging to a BME group – there was a suggestion that the way in which ASB is manifest and dealt with in BME (and particularly Asian) communities differs. There was a perception amongst some stakeholders that ASB is either prevented or contained within areas populated predominantly by Asian families, as the following comment made by a Community Beat Officer illustrates:

*“It would all be dealt with at mosque levels and you know generally, certainly in [this town] if you go along a particular street in a, in a minority area you won’t be annoying your neighbours because generally your neighbours are your family. You know, you may have four, five houses in one row. So if you’re playing outside one of the houses your neighbours aren’t necessarily ringing up the police because it’s your children and then that I think plays quite an important role. Whereas in England you know you play outside your house and you can move a foot to the left and your neighbour’s on the phone.”*

(Stakeholder – Community beat officer)

Stakeholders’ discourses on the lack of referrals of BME families also reflected beliefs and assumptions about the presence of preventative factors associated with strong community and extended family bonds which were thought to be more prevalent in Asian communities:

*“I think there are big issues culturally. I don’t think there’s the same level of anti-social behaviour in the youth in Asian areas, because there are...they’re still more the family community...it would all be dealt with at a mosque level and you know generally certainly in Blackburn, if you go along a particular street in a minority area you won’t be annoying your neighbours because generally your neighbours are your family.”*

(Key stakeholder – Community Safety Team)

A further explanation proffered to explain the low levels of BME referrals, reflected perceptions about the spatial dimensions of the problem of youth nuisance with a number of stakeholders expressing the view that Asian youths who engage in ASB have a greater respect for the family than their white counterparts and are therefore less likely to perpetrate ASB in the immediate neighbourhood where they live:

*“The sort of feedback we’re getting, the sort of unofficial feedback, is that whilst young Asian people may be exhibiting anti-social behaviour within the school or away from home, they don’t tend to be perpetrators of anti-social behaviour within their home context and so as a result the tenancy isn’t threatened. So we are not saying that there isn’t any anti-social behaviour within black and ethnic minority communities ... but that perhaps it’s not as focussed around the home as it is for white British households.”*

(Key stakeholder – Homelessness)

It was also recognised, however, that the lack of referrals of households from BME communities could be a result of statutory agencies lack of knowledge and engagement with the needs of BME families.

*“We don’t engage with BME communities particularly effectively at the moment due to the fact that in many ways we don’t even have a handle on who and what, who those communities are and what their support needs are.”*

(Key stakeholder – Housing)

Further some interviewees felt that BME families were distrustful of traditionally white statutory services and therefore unlikely to report ASB,:

*“There is a great mistrust from the BME community, particularly the Asian community, towards what’s perceived to be white statutory services, which usually are predominantly white. So in my opinion, it’s very difficult for the white services to get Asian families to engage with them...if you do get Asian youths who engage in anti-social behaviour, and do it at home or with the neighbours or in their very local community, to the extent that it does present a risk to tenancy, the family and the community, and the elders in the community and so on and so on, would be much more likely to try to resolve that in-house if you like, rather than to ring up the police or something like that.”*

(Project manager)

Without further research into this complex issue, assertions such as those made in our evaluation are impossible to validate, but the under-representation of BME groups in some projects raises a set of questions about: the extent to which there is less or different forms of problem behaviour in BME communities; the extent to which a distinctive Asian culture prohibits or contains ASB; and the extent to which perceptions of Asian culture might result in a lack of service or a different response from statutory agencies towards families and parents in Asian communities.

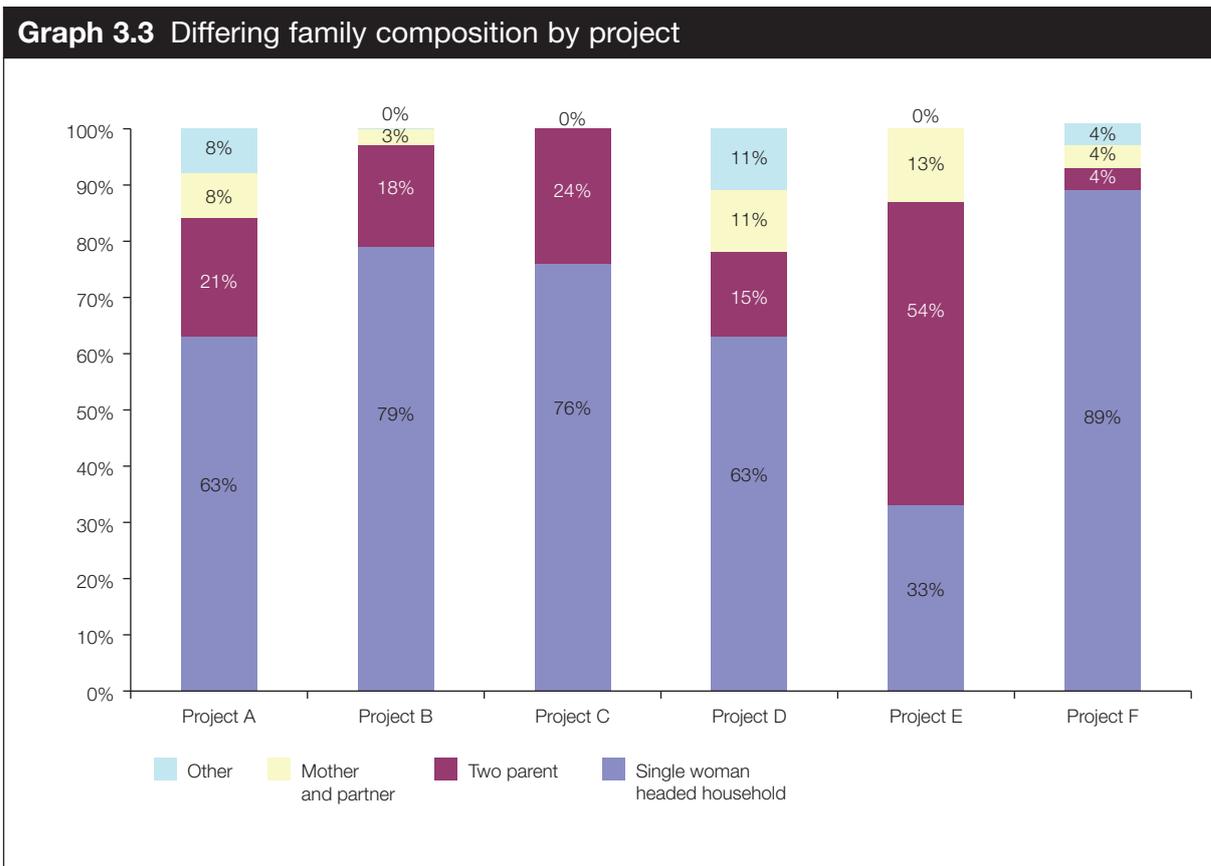
## Household Composition

Over two thirds (68%) of households referred to the intensive support projects were headed by lone parent women. This pattern of referrals is not representative of the general population of social housing tenants, where it is estimated that around 40% of families<sup>16</sup> are female-headed lone parent families. There are a number of possible explanations for the apparent gender bias in the sample of service users. In part it may simply reflect referral agencies' policies and procedures with this form of intervention predominantly targeted at families deemed to be 'vulnerable' and in need of support (Nixon et al 2006). Detailed evidence of the types of 'vulnerabilities' affecting service users are outlined below (see section 3.3 and 3.4) with for example, one out of two families (47%) suffering from either a history of, or currently subject to, family violence including physical, mental and sexual abuse. Further the study findings indicate that over time, as more diverse referral practices were developed, the proportion of lone parent families referred to the projects had decreased. In 2003/4, 78% of families were found to be headed by lone parent women and 17% were families comprising of two adults. By 2004/05, the proportion of lone parent families had dropped to 68% of all families, with one-in-five (22%) of the sample consisting of two-parent households while a further 11 (7%) of families contained two adults.

Family Type	2003/04	2004/05
Single female headed	78 (78%)	107 (68%)
Single male headed	4 (4%)	2 (1%)
Two parents	17 (17%)	34 (22%)
Mother and partner		10 (6%)
Father and partner		1 (1%)
Extended family	0 (0%)	3 (2%)
<b>Total</b>	<b>99</b>	<b>157</b>

Interestingly, the proportion of families headed by single-parent families was found to differ significantly between the projects with, for example, 89% of households supported by Project F comprising families headed by a lone female, compared with only 33% of households in Project E. Graph 3.3 below provides further details.

<sup>16</sup> This figure which excludes couples with no children or ungrouped individuals is based on the 2001 Census Data. Census output is Crown copyright and is reproduced with the permission of the Controller of HMSO and the Queen's Printer for Scotland. These data are based on the SARs provided through the Centre for Census and Survey Research of the University of Manchester.



The detailed analysis of the study data does not provide an adequate explanation for why family compositions differed so markedly across the sample of projects. This is clearly an important issue and further research would be required to explore in greater depth the gendered nature of the way in which ASB is constructed as a problem and the reasons why lone parents are more likely than other households to be referred to intensive family support interventions.

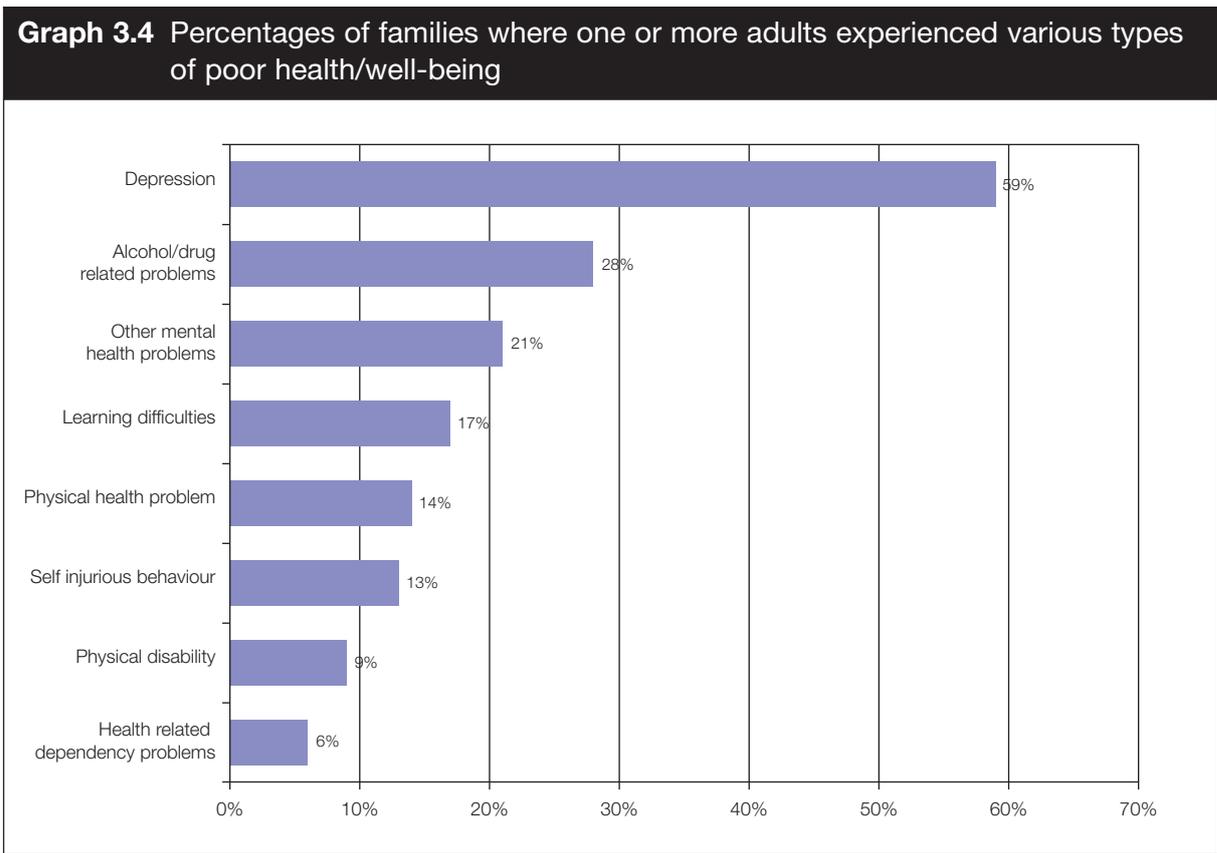
### 3.3 Changes in adult family members’ health and support needs

The findings from the first case monitoring exercise indicated that families working with projects tended to have multiple and inter-related support needs. In 2003/04, 74% of families were found to have one or more support needs, although very little detailed information was available on the precise nature of the support required by individual family members. The interim evaluation findings also reported on data derived from in-depth interviews with service users, which gave voice to the detrimental impact of health-related support needs and substance misuse on family life. The report also gave an account of referrers’ views of family support needs. They confirmed that families working with the projects tended to have multiple and inter-related support needs that had manifest themselves over a long period of time (Nixon et al 2006). Projects recognised that data on individual family members’ support needs should be more systematically recorded on all case files so that the types of support required by families could be accurately identified.

In the second phase of the evaluation, the case monitoring exercise covering the period 2004/05 sought to collect more detailed information about family members' health and well-being to highlight physical, emotional and mental health support needs of children and adults (Chapter 4 focuses specifically on the support needs of children). While these data are not equivalent of a rigorously conducted survey of welfare support needs, they support earlier findings which suggest that a very wide range of health-related problems are prevalent in families referred to intensive family support projects (Nixon et al 2006; Jones et al 2005). Indeed, data on 157 families collected over the period 2004/05 revealed that poor mental health, poor physical health, and/or substance use was prevalent among adults in 80% of families. In the majority of families (57%), adults were living with one or two health-related problems and adults in nearly a quarter of all families supported by the projects (23%, or thirty-six families) suffered from three or more different health-related problems.

Depression was the most widespread problem, affecting adults in 59% of households; a figure far greater than the UK average. Current research suggests that one person in six will become depressed at some point in their lives and that, at any one time, one in twenty adults will be experiencing depression (SANE, 2005). The figure was also far greater than that established in the first data monitoring activity, which suggested that adults in 39% of families suffered from depression.<sup>17</sup> 'Other mental health problems' such as schizophrenia, obsessive compulsive disorder, anxiety, and stress affected adults in a further one in five (21%) families. There is a strong association between mental ill health and the presence of learning disabilities (SANE, 2005), which was reflected in our sample where we found that among the 27 families in which one or more adults lived with learning disabilities, adults in 16 of these families also suffered from depression. Without wanting to pathologise the problem of ASB and associated homelessness, since wider structural and socio-economic factors play an important role, it is likely that mental ill-health and depression renders families particularly susceptible to and compounds the impact of homelessness. Simultaneously, exposure to homelessness, or the risk of it, is also likely to lead to increased stress and depression.

17: Data on individual family members' support needs at the point of referral were not systematically recorded on all case files and it is likely that this data is an underestimate of family members' need for support.



Drug – and/or alcohol misuse – related problems affected adults living in just over a quarter (28%) of households and, in some instances, directly contributed to the complaints of ASB. Further evidence of the complex and inter-related nature of the support required by family members is reflected in the fact that adults in 13% of families exhibited self-injurious behaviour. Other support needs were far less prevalent among adults, but by no means insignificant. For example, adults in 14% of families suffered from physical health problems, while adults in 9% of families had a physical disability and a further 6% had health-related dependency problems. The data suggest that where families referred to the projects have severe and multiple problems these are likely to be a source of dysfunction of which ASB may be just one manifestation:

*“But you’re talking about very needy families. And very, very often families who exhibit anti-social behaviour are victims of anti-social behaviour also. Often because they’re vulnerable in some way or another, you know, single parents or families with special needs of some sort. Or an alcohol, drug, whatever else issues. It is ironic because if you, if you went off the front page of the Daily Star, kind of thing, you imagine that families with ASBOs and so on, are very tough criminal, you know, gangster-type families who are terrorising everybody else. In actual fact what you usually find much more commonly, is that very frail, vulnerable, chaotic families with lots of issues, and I mean there very often is anti-social behaviour, but they experience as much as they are perpetrators of.”*

(Project manager)

Project staff were acutely aware of the high level of support needs among families referred to the projects. This led to a perception that ASB was often symptomatic of other underlying and unmet support needs. While acknowledging that an individual's or family's behaviour was often disruptive and problematic, project workers/managers also recognised that individuals/families were often living under extreme stress. This stress was caused by complex and underlying factors arising from their personal histories and was often compounded by economic hardship, which diminishes parents and children's capacity to cope:

*"I think at the last count, something like thirty to forty percent, I think it was about thirty-seven percent of our families have a mental health problem that was either a one parent, or a child or more than one member of the family. And poor school attendance is prevalent in that forty percent of cases, so those are big issues. Poverty is also a major player, benefits and being a single parent."*

(Project manager)

Similar views were reiterated by some of the stakeholders interviewed during the second phase of the evaluation:

*"You can say that parents are, have anti-social behaviour..., someone else could say, they have mental health and substance misuse problems that are health-related you can support with. So you can look at it in different ways. I think it's when, it's the impact of their behaviour on the neighbours and the community that's the anti-social bit. It's picking out that I think, because you'll have people, vulnerable people with mental health and substance issues problems."*

(Stakeholder – Social Services)

In talking about underlying factors that contribute to ASB, poor parenting was frequently given causal primacy by project staff, who often described it in terms of repeat cycles of deficient parenting and instability in families (see Chapter 4). However, poor parenting was not viewed as a single and simple cause of ASB – the two were not correlated in a straightforward manner. Service users were seen to be individuals who were facing a host of problems and pressures leaving them with limited personal resources, which, in turn, impacted, on their ability to parent. Indeed, poor parenting was seen as being inextricably linked to other vulnerabilities present within families' lives, such as poverty, mental health problems, and unstable housing histories. Moreover, service users were not constructed as uncaring, wilfully irresponsible, or neglectful and project staff indicated that it was difficult to blame parents as the sole cause of their children's behaviour:

*"I mean poor parenting is a major issue but usually there is a lot around ... that's caused them to be poor parents. We also find that the size of the family is quite a key factor, you coped well when you had a few kids but then when you get to the sixth, it's just a bit difficult to control."*

(Project manager)

There was a suggestion that displays of ASB exhibited by families were symptoms of underlying complex problems that could just as well be manifest as depression or alcohol misuse. For example, a number of project managers and key stakeholders felt that the multiple support needs identified in the families supported by the projects were similar to those found in other families receiving welfare provision. What singled out the families working with the projects was the fact that their problems had manifested themselves in behaviour had been interpreted and labelled as ‘anti-social’, which had triggered intervention from a family project:

*“In practice a lot of the families that we work with are very, very similar in terms of the presenting issues to families that may use other family support services... The difference is the way some of those problems manifest themselves, [this is what] is considered anti-social.”*

(Project manager)

### 3.4 Changing levels of family violence

Although the incidence of family violence was not systematically recorded in the first round of data collection from project case files, violence within the home was a significant problem affecting over a quarter of families (28%). Interviews with family members during the first year of the evaluation confirmed that family violence was a common occurrence. Over a third of the individual service users interviewed volunteered that they or another member of the family had experienced domestic violence, sexual abuse, or violence from their teenage children (Nixon et al, 2006). The research team were concerned at these very high levels of family violence and in the second round of case monitoring a specific variable to measure levels of violence in the home was introduced. This variable included any reference to past or current adult-to-adult violence as well as reports of sexual abuse and child-to-adult attacks. Using this measure, one in every two families (47%) referred to the projects either had a history of, or were currently being subjected to, family violence, including physical, mental and sexual abuse. Women most commonly suffered intimate partner violence and violence from male teenager sons. The issue of inter-generational violence between mothers and their teenage sons was raised by a number of service users:

*“He was like a bloke at 13, shouting at me, made me go to bits and, you know, I mean I couldn’t deal with it.”*

(Service user – core)

*“I was having a lot of trouble with my children and like my son was hitting me – and mental abuse.”*

(Service user – core)

The impact of abusive and violent relationships has been well documented but when women talked about this issue they tended to refer to it in passing as if it was of little significance. A similar approach was apparent in the way in which violence was recorded in project files where it often appeared as a secondary issue with little causal primacy given to the impact that such behaviour may have on family members. As a result interventions specifically to deal with family violence – especially where the violence was intergenerational – tended not to feature strongly in support plans with lone parent women in particular reporting that they found it hard to access help to deal with the violence, as one mother explained:

*“It was like when I first phoned up Social Services, I said to them ‘it’s going to be him [her son] or me’ because he had a knife up at me at one point, just it’s going to be a case of him or me, that’s how it was going next with things getting that bad and he was that violent towards me...but even then ...they [Social Services] didn’t want to know.”*

(Service user – outreach)

Levels of family violence recorded on families’ case files differed from one project to another, with levels as high as 74% in one project compared with only 36% in another and as low as 19% in a third project. In part, these differences can be explained in terms of differences in referral patterns across the six projects, but are also likely to reflect a lack of awareness of the widespread prevalence of the problem and the strong association between family violence and the likelihood of complaints about ASB being made.

*“Keeping families together is the main aim, and within that, as I say, you’ve got, you know, you’re, if you can, if you can do that and it ends up set, successful, you’ve hopefully gone some way to keeping kids out of care. Helping the parents deal with their issues that they’ve got, whether it’s alcohol, drugs, any other deep-seated, emotional traumatic experiences, because there’s always something behind, I’ve never come across anybody yet who hasn’t got something, and it’s usually abuse.”*

(Project worker)

### 3.5 Risk of family breakdown

In light of the above findings, it is not surprising that project workers assessed the risk of family breakdown as exceptionally high, with over two-thirds (66%) of all families considered to be at a high or medium risk of family breakdown at the point of referral. It should be noted that it was not always clear on what basis these assessments were made, although generally a broad definition of risk of family breakdown was employed, which reflected any changes that might occur in the composition of the family.

**Table 3.5** Risk of family breakdown

Perceived Level of Risk	The risk of family breakdown at the point of referral
High	32%
Medium	34%
Low	34%

Although projects had been established, in part, to address the risk of family breakdown a clear theme emerging from interviews with project staff and key stakeholders was that in some circumstances, a positive outcome for both individual family members and the family as a whole could be the removal of one or more member of the family from the home on either a temporary or permanent basis. (see Chapter 4).

### Summary

Families referred to the projects were characterised as having very high multiple support needs, which in many cases had not adequately been addressed by other statutory agencies. A very wide range of health-related difficulties was prevalent amongst family members, with poor mental or physical health and/or substance abuse affecting 80% of adults. Depression was the most widespread problem, affecting 59% of adults, with other mental health problems – such as schizophrenia, obsessive-compulsive disorder, anxiety, and stress – affecting adults in a further one in five (22%) families.

Very high levels of family violence were associated with families, with one in every two families (47%) referred to the projects suffering either from a history of, or currently being subjected to, intimate partner violence or inter-generation violence. This issue, although very debilitating, was often referred to by both family members and other key workers in passing with no causal primacy attributed to the impact of violence *within* the family on behaviour *outside* of the family home. Lone parent women in particular reported finding it hard to access support in dealing with violence in the home.

The study findings regarding the varying profiles of service users across the six projects raise important questions for the proposed national rollout intensive support project programme. The findings also indicate the importance of recognising that any assessment of project resource requirements must be linked to an understanding of local demographic patterns and household profiles.

Over the evaluation period, changes were noted in the ethnic composition of families referred to the projects. By 2005, referral patterns broadly represented the national profile of BME populations. However, the level of BME referrals was found to vary significantly between the six projects. The under-representation of BME groups in some projects raises an important set of questions about the extent to which different cultural norms prohibit or constrain ASB. Further research would be required to explore what formal and informal methods of control are employed in different BME communities.

## Chapter 4

### The experiences of young people and children working with the projects

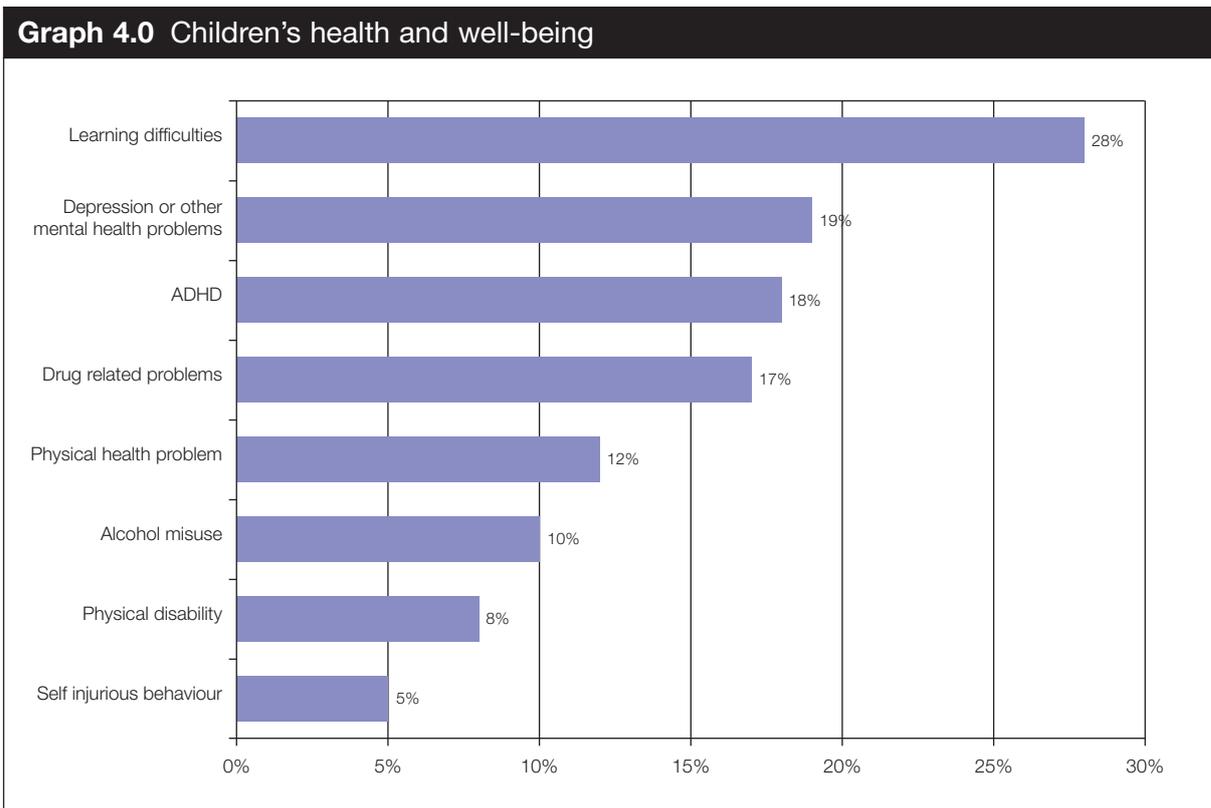
The Interim Evaluation Report highlighted very high levels of need in the cohort of children working with projects with poor schooling, parenting problems, and/or children being out of control identified as issues that needed to be addressed in 73% of families (Nixon et al, 2006). These issues and associated concerns about children's and young peoples' health needs were explored further in the final stage of the evaluation and the study findings in relation to the experiences and needs of young people and children working with projects are reported below. The chapter focuses on:

- Concerns about young people's and children's health and well being at the point of referral.
- Educational status and problems associated with children – in 94% of families there were schooling concerns noted in connection with at least one child.
- Project interventions and the Every Child Matter Framework.
- Support for parenting.
- The impact of project interventions on children and young people.

#### 4.0 Health and well-being

The data collection exercise undertaken in 2004/05 attempted to identify risks, support needs and vulnerabilities within the cohort of children referred to the projects. The most common support need for children identified by project workers was learning difficulties, which were present in three out of ten families. The second most common cause for concern about children was the high incidence of reported depression and/or other mental health problems, which affected children in one in five (19%) families. Further problems associated with ADHD were reported by project workers as affecting children in 19%<sup>18</sup> of families. Notwithstanding the variable recording practices adopted across the 6 projects this finding indicates that the incidence of ADHD is far higher among households referred to the projects than the national average, which predicts that ADHD could be expected to be found in between 3-8% of school-age children (Mytars, 2001; DfES, 2004). Of equal concern is the fact that drug-related health problems were found to be more prevalent amongst children and young people than they were amongst adult members of families. Children in 17% of families were reported to have a drug problem, compared with 13% of adult family members. Furthermore, alcohol misuse affecting young people was found to be prevalent in one in ten households (10%), while self-injurious behaviour was found in 6% of children. These findings are summarised in Graph 4.0 below.

<sup>18</sup> It is likely that this figure is an underestimate of the actual incidence of ADHD since project files did not systematically record whether ADHD had been formally diagnosed.



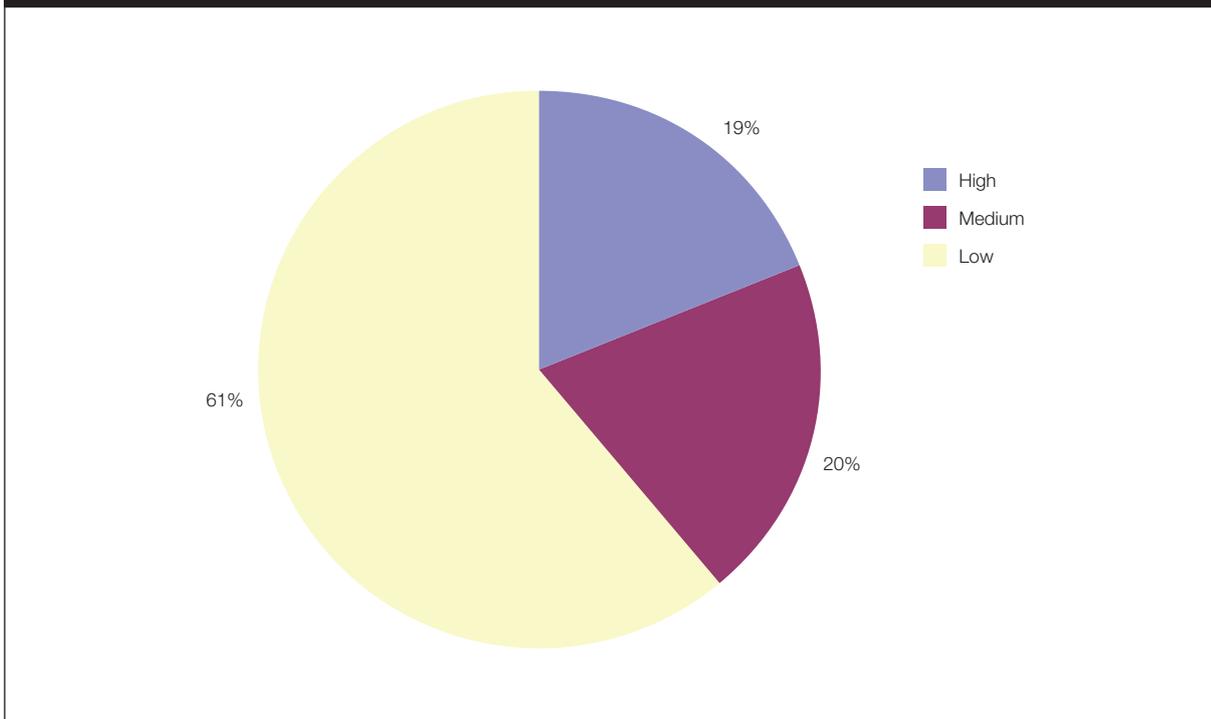
Given these very high levels of support needs, it is perhaps not surprising that in nearly eight out of ten (79%: 124) families, project workers identified at least one child as being vulnerable in some way. Within this cohort of 124 families 70% were identified as comprising ‘vulnerable’ children, in 25% of households there were ‘children in need’ and in 20% of households one or more children was on the child protection register.

At the point of referral children in only six families, were in care or other residential accommodation, such as a Young Offender Institutions. These figures however, perhaps mask the widespread risk of family breakdown associated with families referred to the projects with one project worker stating that the majority of families s/he worked with were at risk in some way:

*“I would put the majority of our service users or families of being at risk. I would definitely say they warrant some kind of registration of children in need or at risk, really.”*

(Project worker)

This view was shared by other project staff who assessed that at the point of referral one in every five families (19%) had a ‘high’ risk of children being taken into care and in a further 20% of families there was a medium ‘risk’ of children being taken into care, as shown in Graph 4.1 below.

**Graph 4.1** Risk of children being taken into care at the point of referral

Referral agencies were often aware that many of the families referred to projects were extremely fragile (Nixon et al, 2006), but it appeared that child protection issues had not always been recognised by statutory agencies prior to the family being referred to the project. For some families the referral to an intensive family support project provided the first opportunity for a full assessment of risk to be undertaken. This was an issue that was repeatedly raised by project managers and workers, who felt that as a result of project interventions a clearer understanding of families' needs could be established. In some circumstances facilitating the commencement of care proceedings was seen by project workers as a major achievement to ensure that children were well looked after in an environment where they could thrive:

*“It could be the best thing for the kids, so, in the long-term, for a few years, it could save them so I suppose that could be a success...I mean when you think, oh she’s going to have the kids taken into care, is like end of the world, but not for the kids.”*

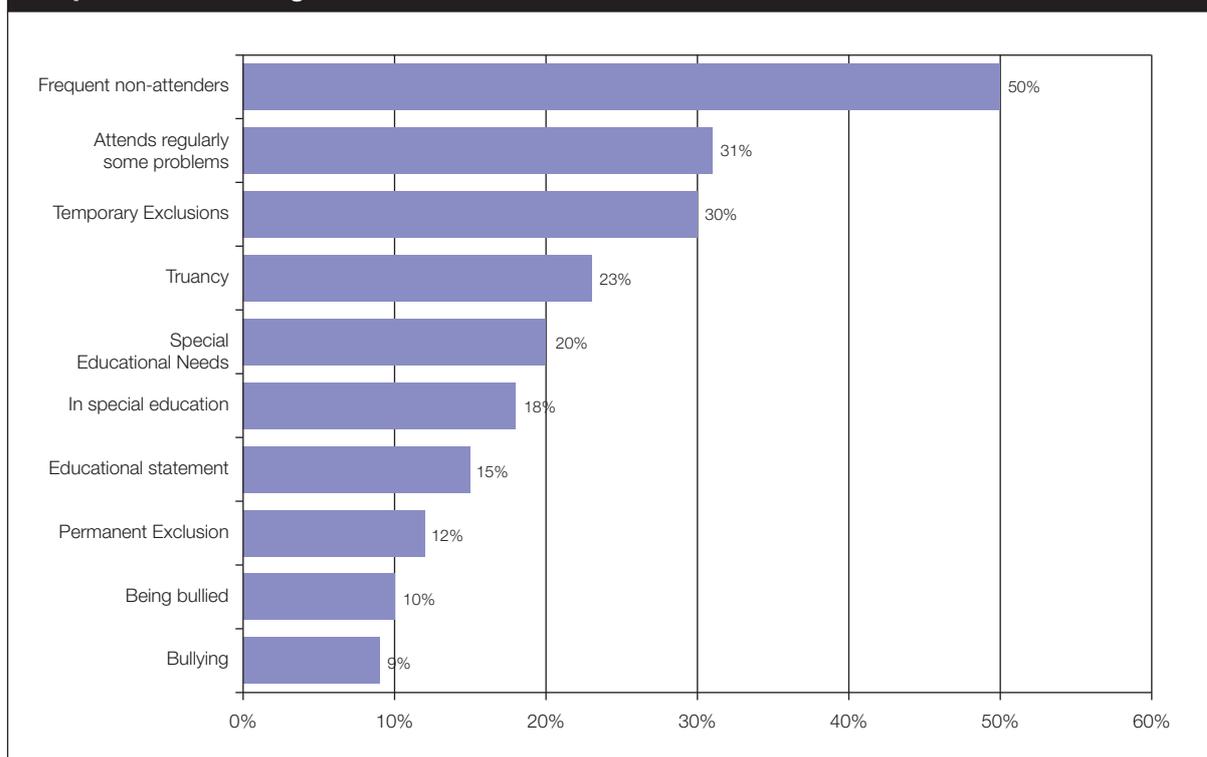
(Project worker)

Thus, although the projects shared an aim of preventing repeat cycles of homelessness and family breakdown arising as a direct result of ASB, equally, there was a concern to ensure that where child protection issues were identified appropriate action was taken.

## 4.1 Educational status and problems

There were considerable schooling concerns in households referred to the projects. Of the 143 families with school age children, it was not possible to ascertain the schooling situation in five cases. Of the remaining 138 cases, although it wasn't always possible to record the number of children with or without schooling problems in each family, in 130 families (94%), at least one child had some kind of schooling concern.<sup>19</sup> The prevalence of different types of schooling issues is illustrated in Graph 4.2 below.

**Graph 4.2 Schooling concerns**



Within the 130 households where educational concerns were identified, half (50%) contained at least one child who was identified as a frequent non-attender at school. In 31% of families, children were described as regular attendees with some problems while in a similar proportion of families at least one child had been subject to periods of temporary exclusion, Furthermore, in almost one in four (23%) families at least one child had had periods of truancy from school.

In many families the schooling issue related to support needs rather than problem behaviour with a higher than average proportion of children having either an educational statement and/or special educational needs. Indeed child/ren referred to the projects were found to be five times more likely to have an educational statement than the national average. In 2005, 2.9% of children in England had statements of special educational needs (DFES, 2005) but within the cohort of families working with the projects 15% of child/ren had educational statements and in 21% of families child/ren were identified as having special educational needs, although this may include children with a statement.

<sup>19</sup> While this was a far higher figure than the one established during 2003/4, when only 46% of children were identified as having schooling concerns the differences are likely to be the result of improved case monitoring rather than a reflection of an increase in the incidence of schooling problems .

## 4.2 Project interventions and outcomes in relation to children and young people

One of the innovative elements of the evaluation has been to chart project outcomes in relation to children's needs. The very high level of special needs and other problems noted in association with children and young people working with the projects will inevitably impact negatively on children's life chances unless appropriate interventions are provided. In this context, one of the major objectives of the project interventions was to break the cycle of childhood deprivation and poor outcomes.

### **Project interventions and the Every Child Matters Framework**

The Government has introduced an outcomes framework for *Every Child Matters* as part of an initiative to promote the welfare of children and young people in the UK (DFES, 2005). The five outcomes are: Be Healthy; Stay Safe; Enjoy and Achieve; make a Positive Contribution; and Achieve Economic Well-Being. Each of the five outcomes has five aims indicating how the outcome can be met. The project interventions can be matched across these outcomes to demonstrate compatibility with this drive to improve the lives of children. The context of multiple deprivations of the children referred to the project has been outlined in Chapters 2 and 3. These are undoubtedly some of the most disadvantaged children within our society and their opportunities to achieve the five outcomes are extremely limited. Table 4.0 below identifies how the projects address the needs of children to achieve the outcomes in the following ways:

**Table 4.0 Project interventions and the Every Child Matters Outcomes Framework**

Every Child Matters Outcomes Framework:	Project Interventions
<p><b>1. Be Healthy.</b> Aims: physically healthy; mentally and emotionally healthy; sexually healthy; healthy lifestyles; chose not to take illegal drugs.</p>	<ul style="list-style-type: none"> <li>• The projects assess the needs of children and their families, including their health requirements.</li> <li>• Liaison with health professionals and systems is undertaken where appropriate and information on lifestyle choices is made available.</li> <li>• Stabilising chaotic living circumstances allows for the development of healthy lifestyles.</li> </ul>
<p><b>2. Stay Safe.</b> Aims: safe from maltreatment, neglect, violence, and sexual exploitation; safe from accidental injury and death; safe from bullying and discrimination; safe from crime and anti-social behaviour in and out of school; have security, stability and are cared for.</p>	<ul style="list-style-type: none"> <li>• Contact with the projects reduces the probability of maltreatment through direct monitoring and preventative strategies.</li> <li>• Stability is the aim of the project, both in the physical environment of the home and in the emotional environment of the family. These are preventative measures to protect children.</li> <li>• Reducing involvement in crime and anti-social behaviour may reduce their chances of becoming victims of these.</li> <li>• The projects provide a role in ensuring that children's welfare is promoted where they may be at risk.</li> <li>• The explicit values, codes of practice and inter-agency agreements assist in providing a safe environment.</li> </ul>
<p><b>3. Enjoy and Achieve.</b> Aims: ready for school; attend and enjoy school; achieve stretching national educational standards at primary school; achieve personal and social development and enjoy recreation; achieve stretching national educational standards at secondary school.</p>	<ul style="list-style-type: none"> <li>• The projects have a clear focus on supporting children to attend school through direct liaison, encouragement and in supporting stability in the home, including the maintenance of routines.</li> <li>• Children are encouraged to take part in appropriate leisure activities, including referral to services and integration into local youth provision.</li> </ul>
<p><b>4. Make a Positive Contribution.</b> Aims: Engage in decision-making and support the community and environment; engage in law-abiding and positive behaviour in and out of school; develop positive relationships and choose not to bully or discriminate; develop self-confidence and successfully deal with significant life changes and challenges; develop enterprising behaviour.</p>	<ul style="list-style-type: none"> <li>• Children are involved in decisions about their Support Plans wherever possible and appropriate.</li> <li>• Children are encouraged to make decisions for themselves.</li> <li>• The project focuses on ending any anti-social behaviour by the children and encouraging them to lead productive and satisfying lives.</li> </ul>
<p><b>5. Achieve Economic Well-Being.</b> Aims: engage in further education, employment or training on leaving school; ready for employment; live in decent homes and sustainable communities; access to transport and material goods; live in households free from low income.</p>	<ul style="list-style-type: none"> <li>• The projects actively encourage children and young people to engage with education and training, including liaison with agencies such as schools and Connexions.</li> <li>• By maintaining a crime-free life, their chances of employment and achievement are improved.</li> <li>• Stabilising their housing situation increases the quality of accommodation available.</li> <li>• Reducing their anti-social behaviour improves the quality of their local communities.</li> <li>• Support from the project maximises the potential income of the families, including improving the employment opportunities for parents.</li> </ul>

It is recognised within the framework that, in order to achieve the aims and outcomes, parents, carers and families need to do the following:

- Promote Healthy Choices.
- Provide Safe Homes and Stability.
- Support Learning.
- Promote Positive Behaviour.
- Support Families to be Economically Active.

The evaluation findings suggest that the projects assist parents to achieve all of the above for their children. Support for parents was found to focus on providing stability, encouraging health, taking appropriate responsibility, and managing the multiple difficulties they have experienced to work towards a problem-free lifestyle. Each of these issues is considered further below.

### 4.3 Support for parenting and interventions to address children's needs

The high level of concerns about the behaviour of children had been a significant factor in families' referral to the projects. This led to the development of strategies to assist parents/carers to increase their abilities to control their children's ASB.

Addressing parenting skills was a recurring theme in the evaluation and specific parenting courses were used, either delivered by the projects or through referral to existing local agencies, but also the general nature of the work undertaken with families assisted in developing motivation and confidence within parents/carers to assert their role with their children. A variety of theoretical models were used to inform the parenting programmes.

Project managers and workers identified reasons for the parenting difficulties which included the parents' own poor experience of parenting; the failure (for a variety of reasons) to set early boundaries with their children; parental mental health difficulties; and their experience of living in a deprived area.

*"...parents not having parenting skills...not setting boundaries for children when they were growing up, so that when they hit ten/eleven/twelve, parents haven't got, well, have got a little control."*

(Project worker)

The range of reasons identified mirrors the governmental guidance on assessing the needs of children (DoH, 2000) through the three domains of Child Development, Parenting Capacity and Environmental Factors. Parenting difficulties were not seen solely as individual pathology, but as interplay between these domains, demonstrating the need for an individualised response to the specific circumstances. Stakeholders also recognised the complexities of the family situations and were clear that intervention required assessment and depth, reflecting the deep-seated problems many of the families had experienced:

*“They take the family as an onion...you take off that first piece of skin and you find something else underneath...It’s only when you get to the middle of that onion that you can then start putting the pieces on and building the family back up. And I think that’s what they do very well.”*

(Stakeholder – Police)

The response to parenting courses by parents/carers was mixed. At the point of referral to the projects many parents were resistant to the idea that their poor parenting was a cause of their children’s disruptive behaviour and disputed the view that their children’s behaviour was simply a reflection of their parenting abilities (Nixon et al 2006). This view was strongly reiterated during the second round of interviews, with some parents expressing anger at the association that is made between poor parenting and children’s behaviour:

*“I felt like I’d, I felt, me and Peter both felt like we’d failed as parents. ‘Cos we are pretty strict, it’s just that you don’t, you don’t know what your kids are getting, I done things when I was a kid and me mam still don’t know, and if she knew now she’d leather me. If you’ve got kids your kids’ll do things and if you’re not, if you’re not getting told, I can’t watch ‘em 24/7.”*

(Service user – outreach)

As the above excerpt from an interview with a service user illustrates some people resisted and resented the implication that their parenting was deficient and did not like workers explaining the benefits of such programmes:

*“Some love it and some hate it. I’ve got one (parent) who refuses to even get in the car...”*

(Project worker)

However, for other service users, working with the project enabled them to reflect on how to better meet their children’s needs, even though in some cases this had resulted in them giving up work to look after the children full time. In this context, some parents did feel that their actions were partly to blame for their children’s behaviour:

*“I’m a stay at home, 24/7, I don’t do nowt. I mean I did work, I worked for three years in a nursing home and I did work nights, so a lot of the time during day I were asleep. I don’t know whether that, well I do blame meself for working... Because I didn’t have time for the kids cause while they, during day while they were at school, I were just too knackered, I were, I were asleep, then when they come home from school I were getting ready to go to, go to work. So I, I didn’t have time for them, and that’s one of the reasons why I packed me job in. As much as I loved it.”*

(Service user – outreach)

Those parents/carers who attended reported that they found the Parenting Courses beneficial. Benefits included being able to approach their children differently; meeting people with similar problems; meeting people when otherwise a social life was problematic; and improving their relationships with their children:

*“I think the parent wise course has been really good for me because it has made me look at things (in a) different way, completely different way, and I’ve approached things differently...”*

(Service user – outreach)

*“I’d lost control of the kids completely...they were running wild...they (project) help me get into routines, daily routines with them...”*

(Service user – outreach)

Some parents/carers were clear that the courses did not provide all the answers to their difficulties. They appreciated that there was no ‘quick fixes’ to the problems, and there was some indication that attendance was not always easy. Despite the efforts of parents to develop new skills the difficult behaviour presented by children was sometimes seen by parents as being beyond their control. Given the spectrum of reported behaviours of the children, this could reasonably be expected despite intervention:

*“I think they (project) are actually trying everything aren’t they...giving me ideas on how to control them (3 sons on ASBOs) and I do, I’ve phoned the police to breach them...if they’re not in (and) kicking off, smashing anything up I phone police straight away. So I do everything they tell me to do, it just doesn’t always work.”*

(Service user – outreach).

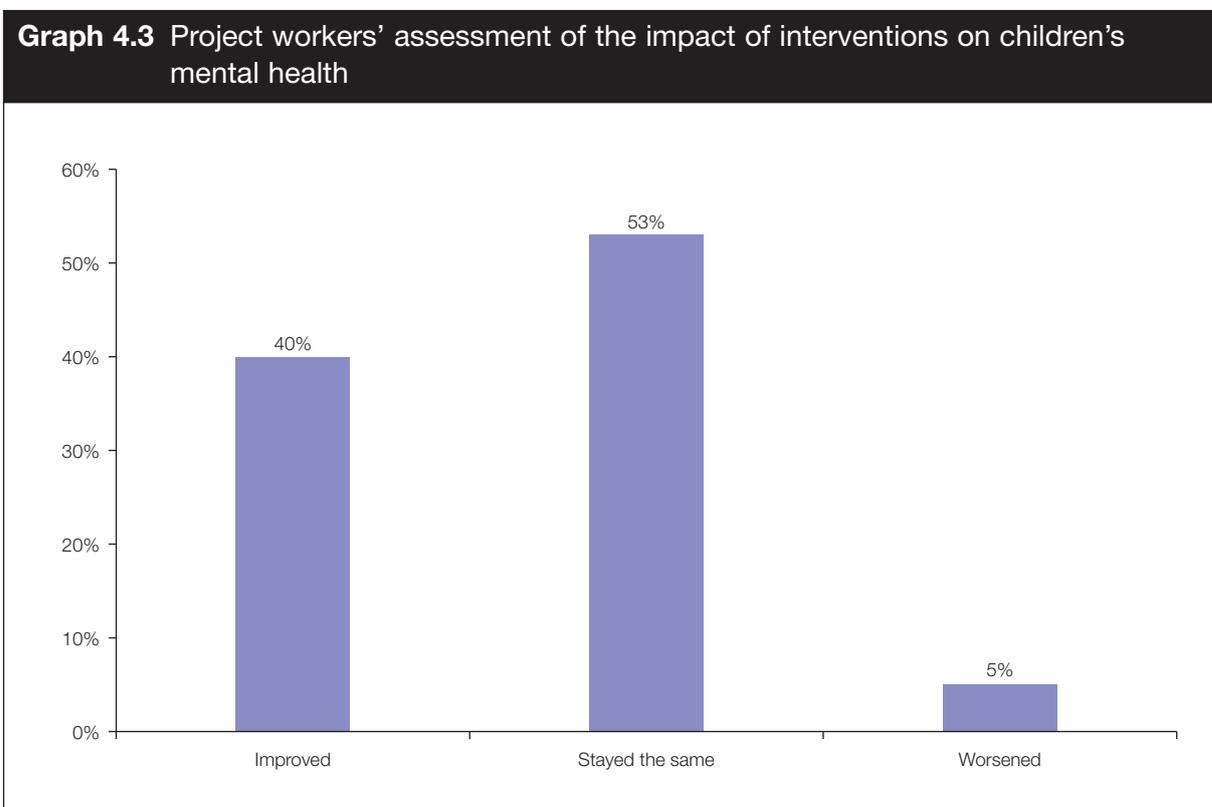
Direct work with the children was also viewed as a core function by all parties. Parents were generally pleased with the impact of interventions designed specifically to address children’s needs such as project workers talking with their children, taking them out for activities, and liaising with schools. Working with children was recognised as a key project worker skill by children, parents and the workers themselves. Being able to question behaviour, but also recognising and responding to the complexities of children’s experiences, was helpful.

*“I think...they understand a lot more now about the consequences of things, of their actions...they tend to think a lot more.”*

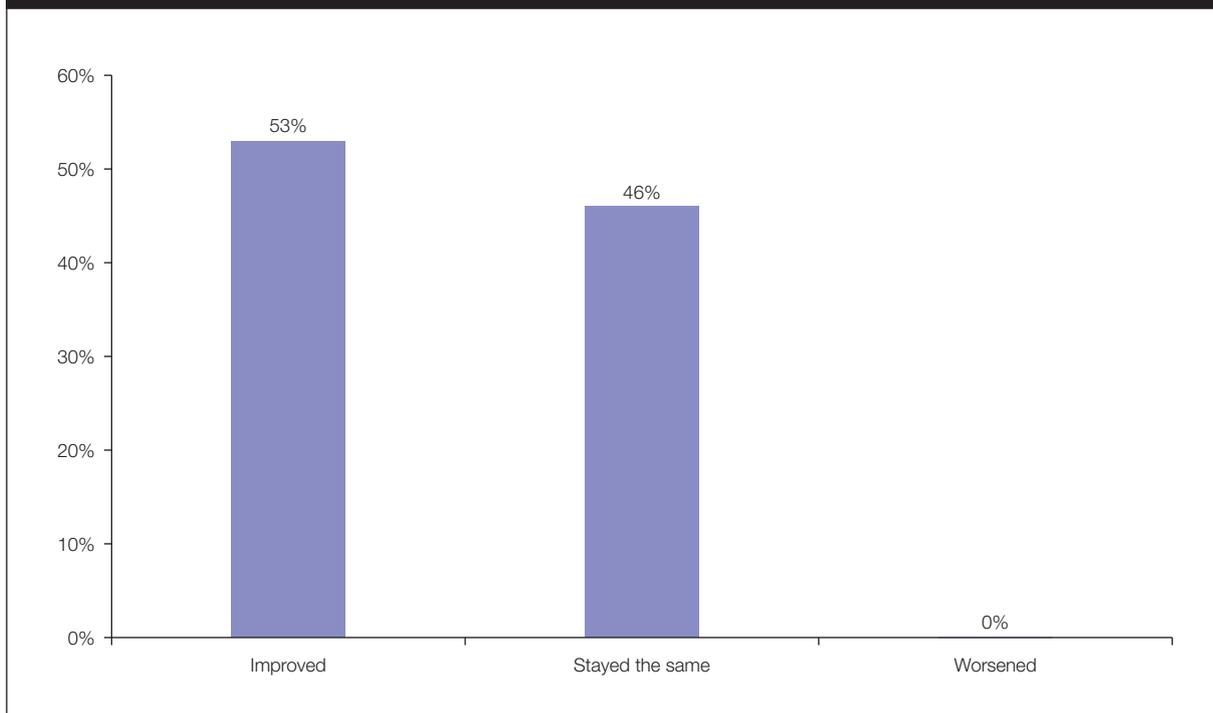
(Service user)

### 4.4 Changes in children’s health and well-being

The data monitoring exercise attempted to establish how, if at all, the projects had managed to address concerns around children’s and young people’s health and well-being. It was possible to collect data on this issue in relation to 70% of families (thirty-eight out of fifty-four closed cases) and on their physical health in 74% of families (forty out of fifty-four closed cases). The data indicate a positive relationship between improvements in children’s health and engagement with the project interventions. Of the families who had engaged with the project interventions, children’s mental health was noted by project workers as having improved in 40% of cases, as shown in Graph 4.3. In the remaining cases little or no improvement was noted and in two cases children’s mental health had actually worsened during the period when the household was supported by the project. This finding highlights the deep-rooted and intractable nature of many mental health problems and suggests that in some cases longer-term mainstream interventions are required.



With regard to children’s physical health, in 53% of cases project workers noted that improvements had occurred, as shown in Graph 4.4.

**Graph 4.4** Project workers assessment of the impact of interventions on children's physical health

It was sometimes difficult to ascertain exactly what criteria project workers had used when assessing the impact of interventions on children's physical health. Reference was made specifically to the noted improvements in the physical health of those children who were identified as having a diagnosed physical health problem when initially referred, such as asthma (identified in only two families) equally projects workers referred to enhanced general well-being, such as a healthier diet, improved daily routine, and regular check-ups at the dentist. Often the changes that had been noted were small, but nevertheless were very important, as one key stakeholder pointed out:

*"We've had other families who, who've been on the books twelve months. But the issue is if [the project] didn't pick them up, one, nobody else would. It seems odd but in twelve months you know the only real improvements were the kids were getting a wash once a week, but that was more than they got before."*

(Key stakeholder – Police community beat officer)

#### 4.5 Improvements in children's educational status

Of the fifty-four closed cases, six families did not have children of school age at the point of referral. However, in two of these cases children in these families began attending school whilst the family was working with the project and in one case one child had left school at the point at which the case closed. Due to these changes, these cases have been excluded from the following analysis, which is summarised in Table 4.1. Of the forty-eight remaining families, forty-four (92%) families contained at least one child where there were schooling concerns noted on project files at the

point of referral. This finding is particularly important given earlier work which has demonstrated the strong relationship between teenage disengagement from formal systems of education and the likelihood of subsequent involvement in drug use, delinquency and crime (Johnston *et al* 2000).

**Table 4.1** A comparison of schooling concerns at the point of referral and when the case was closed

Type of schooling concern	At referral Numbers = 44	At close Numbers = 44
Frequent non-attendees	20 (42%)	13 (27%)
Temporary exclusions	14 (29%)	7 (15%)
Regular attendee some problems	14 (29%)	14 (29%)
Truancy	9 (19%)	4 (8%)
Special education needs	8 (17%)	12 (25%)
Education statement	8 (17%)	6 (13%)
Permanent exclusion	6 (13%)	3 (6%)

Where children were identified as having special educational needs it was not always clear from the information held on the project files whether these schooling concerns had been formally acknowledged prior to referral. In some cases children had been formally given an educational statement or had been assessed as having special educational needs but in others the needs of children had not been officially recognised. Project workers were aware of the difficulty that some families had experienced in accessing appropriate educational support for their children and one of the key project interventions was to assist families in liaising with schools to ensure that where children had special needs these were formally recognised and appropriate support provided.

At the point of exit from the project, marked improvements were noted in relation to children in sixteen out of the forty-four families. In addition to the four families who were referred with no schooling concerns, six other families exited the projects with all children attending school with no problems. Of the sixteen families where improvements were identified, there were seven families in which children's attendance at school had markedly improved. Further positive outcomes were achieved in relation to truancy and of the nine families in which children were playing truant at the time of referral, truancy was no longer a problem for five families by the time they exited the project. Of the six families with children who were permanently excluded at the point of referral in four families the children had been reintegrated into mainstream schooling and were attending with no problems of non-attendance at the point where the families exited the projects. Only two families were identified as having children who had been permanently excluded at the point of exit, with one further child having moved from a temporary exclusion to a permanent one. Notwithstanding these improvements, it should also be noted that for ten families' school attendance remained problematic throughout the period of the project interventions and for other children the schooling situation had stayed the same, not improved, or, in a minority of cases, worsened.

## 4.6 Young people's views of the project interventions

Five children and young people aged from ten to seventeen were interviewed in order to gain some understanding of how they had valued the project intervention. Three girls and two boys agreed to take part in semi-structured interviews with the permission of their carers. They had been in contact with the project for periods of two months to two years.

The young people were clear that they valued practical interventions that addressed their specific needs. Many of their comments were about the availability of the project worker and the good relationship they had with them.

*"If we ever need help with something she'll pop down to the house"*

(Service user – child)

Education was a major theme of the children's responses. Assisting with getting to school and supporting or representing children at meetings associated with school attendance was mentioned frequently. This appears to be an understandable worker strategy, given the data above identifying the high level of educational needs of these children.

*"...she helped me to start going back into school because we were getting bullied...then (worker) came along, she started getting me back into the routine of going back in..."*

(Service user – child)

The young people were able to identify specific interventions with themselves and their families that had been helpful. This included family relationship work from the descriptions given, for example:

*"(worker has helped us to)...show each other that little bit more respect."*

(Service user – child)

Practical boundary-setting included more direct control through communication with parents:

*"..advised reducing TV and going to bed on time..."*

(Service user – child)

There was also reference to direct work with the young people, through being taken out and given the space to discuss problems. Referrals to other agencies, such as a specialist mentoring service, were welcomed. The young people all rated their project workers highly and struggled to think how they could have been more effective in their intervention, although this may reflect the lack of expectations held by the young people of their workers.

There were occasional criticisms by families about the project's intervention with their children and it was not possible to ascertain the children's views as their lives were in some flux, including an inability to maintain interview appointments, having moved away, or having been looked after by the local authority. Parents who were critical (a small number) seemed to view workers as indulging the child, rather than directly challenging them. This may indicate a need to be clearer with parents about the nature of interventions with children.

All the young people considered themselves to have been anti-social to some extent, although rarely as much as they felt others viewed them. They could identify that their behaviour was defined differently by different people:

*"I don't really do anti-social behaviour...I never been arrested' '(If) 0 is not anti-social ...and 10 is the most anti-social person in the world, where are you?"  
"2...for cheek"*

(Service user – child)

*"If 0 is not anti-social at all...and 10 is...big time anti-social...what score would you give yourself...?" "About 5." "So who thinks you are 10?" "My mate's Dad."  
"Where would your Mum put you?" "Nowhere." "Where would they (Police) put you on that scale?" "About 5."*

(Service user – child)

## Summary

Support for parenting is demonstrated through all the practices of the projects, not just those designated as specifically to enhance parenting skills. Individual assessment is helpful and there needs to be recognition of the emotional and practical support required to attend programmes. Parents often express strong feelings of failure and this can affect motivation. There is no evidence that a specific theoretical parenting programme is most effective. Confidence building should be a key element of any intervention. Services will need to recognise that families are predominantly headed by women and that gender is a factor to be considered.

Working with children was a valued part of the project involvement, particularly in establishing and maintaining educational provision. The small group of young people were interviewed to add a qualitative dimension to the data. Their views supported those of other contributors in identifying practicality, availability, and consistency as being central to a positive experience. The importance of education reflects their age and project resources were appropriately targeted at negotiating and servicing re-integration into school. Children valued the opportunity to talk with project workers in circumstances that allowed them to do this, including promoting discussions around relationships and behaviour. Children can accept that they have behaved in ways that are anti-social and absolute denial has been rare. However, they are aware of some of the complexities of being labelled anti-social and have a sense of fairness about this.

## Chapter 5

### The risk of homelessness and the role of referral and other agencies

Projects were established with the specific aim of working with families who had either been evicted or were facing the threat of eviction as a result of ASB. In this section of the report we start by examining:

- The threat of homelessness, both direct and indirect, at the point of referral.
- The referral process and the different tenure of households when they were referred.
- The forms of intervention and the range of different agencies working with families prior to their referral to the projects.

#### 5.0 The risk of homelessness at the point of referral

One of the key objectives of the family support projects is to prevent repeat cycles of homelessness and family breakdown arising as a result of ASB. Across the sample of service users the risk of loss of home was acute with only fifteen families (10%) found to be free from the threat of homelessness. Of the remaining families at the point of referral, just under one in seven (14%: twenty households) were living in temporary or non-secure accommodation (eg non-secure accommodation provided by local authority homelessness services or lodging with family/friends).

Excluding those who were already living in non-secure accommodation nine out ten (89%) households had some form of threat to their tenancy. We have defined threat to tenancy broadly, to include warnings (both verbal and written) from the landlord about conduct, and action to tackle behaviour such as an acceptable behaviour contract (ABC) or anti-social behaviour order (ASBO). Although these latter may not be a direct threat to the home, non-compliance may result in eviction action by social landlords. It should be noted here that the threat to the home may not necessarily have arisen as a result of ASB, but could also have occurred for other reasons, such as non-payment of rent<sup>20</sup>, which might have triggered service of a notice of seeking possession (NOSP). The way in which rent arrears could interact with ASB to create an acute threat to the home was illustrated by one of the project managers:

*“The mum got a suspended possession order in court because of her rent arrears, which I felt increased her risk of losing her tenancy tenfold, because this particular housing association has got very robust procedures in view of anti-social behaviour, they’re very public about it, and they won’t tolerate it, and all this sort of stuff. And I explained to her, ‘Having a suspended possession order for rent arrears gives them a way of evicting you without having to get any evidence for anti-social behaviour.’ They can say, ‘She’s missed x number of payments and that’s it. There’s no ifs or buts, you’re out.’ And she was missing payments you see. This is what was concerning me. I said, ‘They will quite happily evict you, you know’.”*

(Project manager)

<sup>20</sup> At the point of referral to the projects 59% of families were reported to be in debt, the most common form of which was rent arrears – see further chapter 3

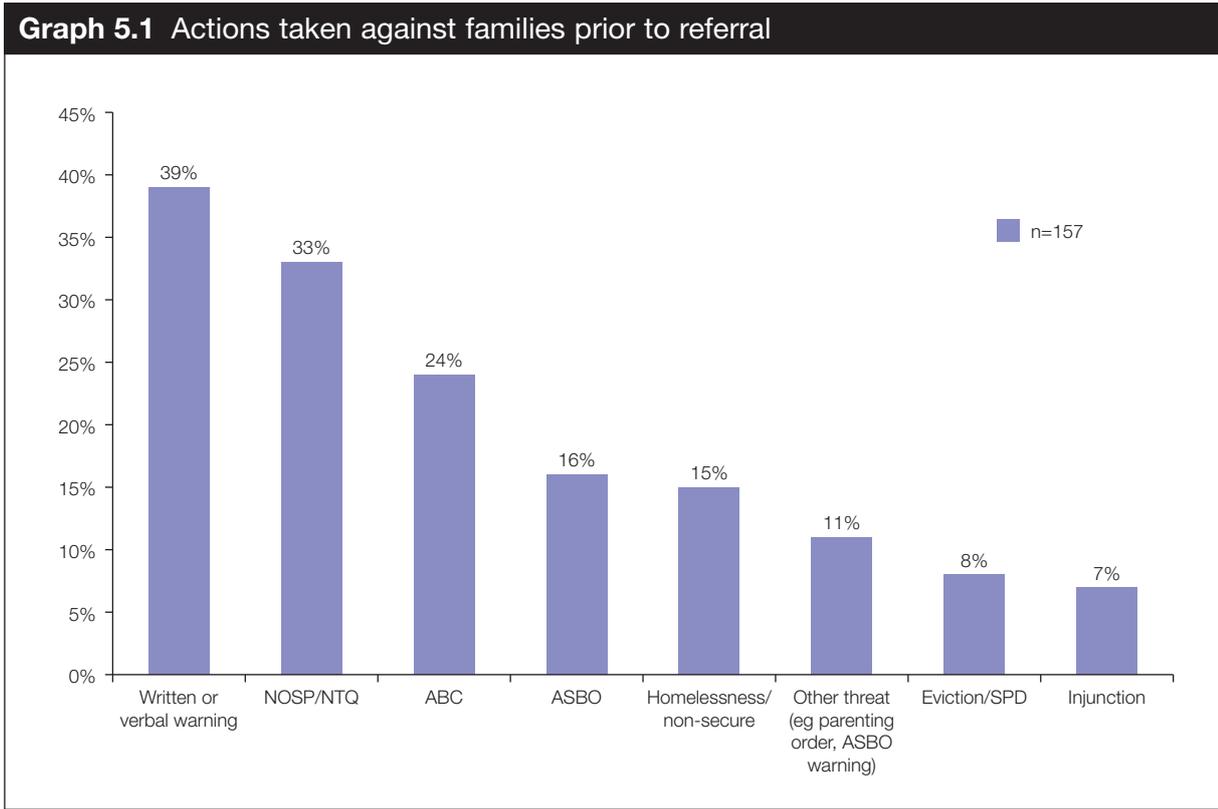
Notwithstanding the remit of projects, fifteen households were identified where there was no threat to the home. In one of these cases there also appeared to be no issue of ASB (see Chapter 2), therefore it can perhaps only be described as one, which slipped in “under the radar”. Certainly project managers referred to cases where agencies had sought to make inappropriate referrals, although these had become less frequent as the projects matured (see below).

A further partial explanation for referrals of families whose homes were not at threat concerns the small number of owner-occupiers (three) working with projects. In such cases, although agencies may be involved and ABCs and ASBOs may be obtained, there can be no direct threat of loss of the home from the behaviour, as there is no equivalent to repossession for ASB that applies to tenants.

Of the 118 families where a direct threat to the home was identified, 46% were subject to one type of intervention that threatened their tenancy, while over a third (39%) were subject to two, and 14% to three or more, interventions.

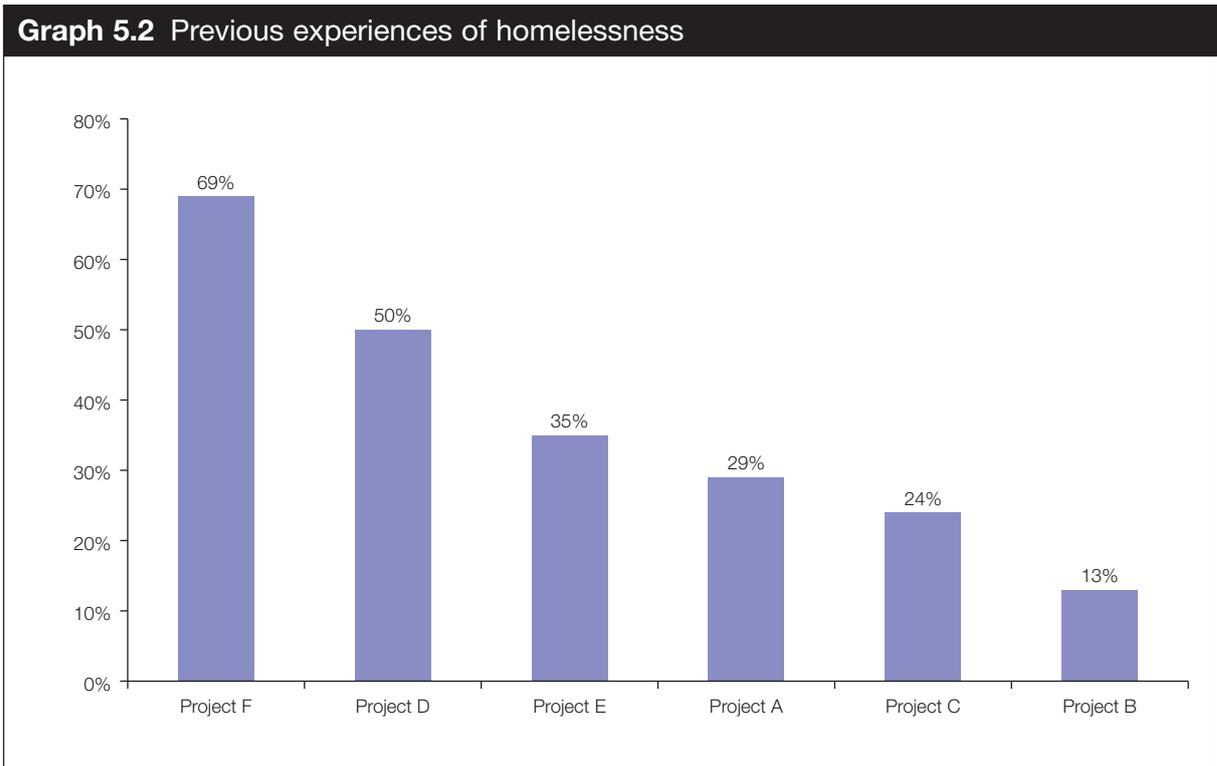
- In total, 72% (113) of families had received a written warning, verbal warning and/or a NOSP/Notice to Quit (NTQ). Of this cohort of 113 families, 54% had received verbal or written warnings and 46% were subject to a formal NOSP/NTQ – this represents a significant increase when compared with the 2003/04 findings, in which only 17% of families had been subject to a formal NOSP at the point of referral.
- Over the period 2003 – 2005 there appears to have been a small increase in referrals involving families where either ABCs or ASBOs had been issued, with 24% of families in 2004/05 containing at least one child who was the subject of an ABC, compared with 22% in 2003/04. In a further 16% of households, at least one person, usually a child was subject to an ASBO, compared with 14% of families subject to ASBO action in 2003/04.
- 8% of families were the subjects of eviction proceedings. In the first round of data collection (2003/04), a higher proportion of families (21%) was subject to either a Suspended Possession Order or eviction order at the point at which they were referred to the projects, compared with only 8% for the 2004/05 cohort.
- 7% of families contained members who were the subject of an injunction.

Over 2003-2005, the change to a higher level of NOSPs/NTQ but a lower level of actual court orders indicates that projects may have been successful in getting referrals at an earlier stage in proceedings, prior to legal enforcement action being commenced. This may in turn impact on the ability of projects to work with the families (see Figure 5.5 below which identifies the optimum points of referral). Graph 5.1 summarises the actions taken against families prior to their referral to a project.



Although only 14% were homeless or at immediate risk of homelessness at the time of referral, families case files indicated that very high levels of previous experiences of homelessness were associated with services users, with over a third of the sample having experienced homelessness in the recent past. While it was not always clear over what time period the homelessness had occurred nor whether families had experienced statutory homelessness or had simply been living in non-secure accommodation, these figures appear to be far greater than the English average. Between April 2004 and March 2005, 5% of homelessness applicants accepted by local authorities as being in priority need had experienced statutory homelessness within the previous two years<sup>21</sup>. Interestingly, the proportion of families who had had previous experiences of homelessness differed significantly across the sample of projects (see Graph 5.2 below). For example, in one project only 13% of households had previous experiences of homelessness, compared with 69% in another project. Some of the differences may be a reflection of differences in information recorded by projects, so the apparent differences must be considered with some caution.

21 P1E Data provided by the ODPM February 2006



Notwithstanding the impact of different recording practices, the possible reasons for these differences were discussed with project managers, who felt that they were likely to be the result of a number of inter-related factors. They reflect the particular referral policies developed across the six projects; with some projects seeking referrals at an earlier point than when homelessness is imminent or has already occurred (this was particularly true for those projects without a core unit). For other projects, however, one of the target groups for intensive support projects was precisely those households who had previous experiences of homelessness and part of the remit of the project was to break the cycle of repeat homelessness. The different levels of prior experience of homelessness may also be a reflection of the different ASB strategies adopted across the six localities, with some having a greater emphasis on possession action backed up by the provision of Intensive Support, while others favoured the use of ABCs and ASBOs, or other forms of early intervention, to prevent the need to take possession action.

While some families interviewed had in fact lived in their current accommodation for some period of time and were very rooted in their community, the two case studies below illustrate paths through homelessness more typical of those entering core units.

**Case Study: 1**

Since January 2001, Jane Brown and her two children aged 13 and 5 and her new partner had been the subject of complaints arising as a result of family and neighbourhood conflict. Jane had had a very chaotic lifestyle and had moved six times within the previous four-year period. Jane married in July 2003 and complaints of harassment to neighbours, verbal abuse, and pets threatening children were compounded by fights between Jane's new husband and her eldest daughter, culminating in Jane's husband being arrested for assault, although no charges were brought. As a result of this behaviour, the family was referred to the project in January 2004 and were initially provided with outreach support. However, three months later, due to the continuing conflict between Jane's eldest daughter and her step father, Jane (who was now pregnant) left the family home with her two children. They were provided with temporary homelessness accommodation by the local authority and then rehoused in a sole tenancy. Jane's husband subsequently moved into this accommodation and fights between him and the eldest daughter started again. The family was once again threatened with homelessness. In order to avoid this, Jane, her husband and her younger daughter moved into project core residential accommodation in September 2004. Jane's eldest daughter decided not to move into the core accommodation with the rest of the family and instead moved in with relatives.

**Case Study: 2**

Jenny Andrews was referred to project D after allegations of young people hanging about her house, aggression and intimidation towards neighbours. She had a history of drug use. By the time she moved in to the Core Unit at the project, her two daughters (aged 12 and 14) had gone to live with other relatives. Her move into the Core Unit was the fourth property she had lived in during a four-year period. Jenny volunteered to move into the Core Unit, following unsuccessful action by her landlord to evict her. Prior to moving into the Core Unit Jenny had been living in a LA tenancy for the previous 15/16 months. She had moved into that property from a local authority hostel for the homeless where she had been living for 7 months. Her move into the homeless hostel had been precipitated by domestic violence at the property she had been occupying for about 2 years previously, also let to her by a social landlord. Jenny ascribed the domestic violence to excessive drug taking by herself and her partner.

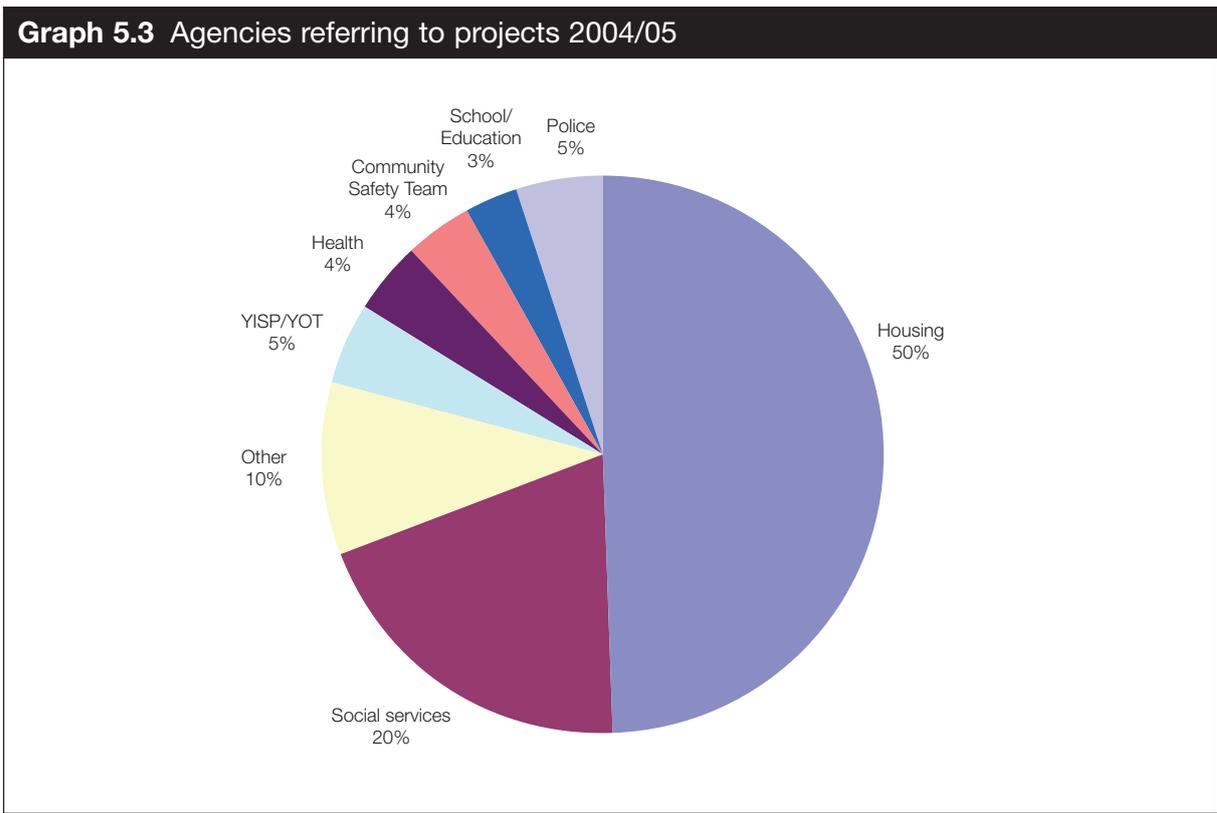
Since moving into the Core Unit, one of Jenny's daughter's had returned to live with her, and she was hopeful that the second would do so in the near future. Although her partner had not really engaged with the project (he was in rehab for his drug use), she was hopeful that their relationship would improve. Asked where she hoped to be in a year's time Jenny replied:

*"...in a family home. I have been in, in a family home, family like unit, me and the kids and partner beforehand, do you know what I mean, so I know what it's all about and it's just getting used to it all again."*

In practice however, after some months Jenny disengaged from the project interventions and moved out of the project Core accommodation into a private rented dwelling.

## 5.1 The referral process

By 2004/05, when the projects had been running in some form for around two years, they had all been successful in developing good relationships with local community safety and housing agencies and were receiving referrals from an ever-increasing range of agencies, as shown in Graph 5.3.



When compared with the referral patterns noted in 2003/04, interesting changes were recorded in the range of agencies referring families to projects. While social housing providers remained the most common referral agency, there had been an increase in the proportion of families referred by social services, with one in five families (20%) being referred by social services in 2004/05, compared with only 9% in 2003/04. In one out of ten families, other voluntary agencies had been involved in the referral process or indeed the family had self-referred to the project. The issue of self-referrals was explored in more depth in the interviews with service users, many of whom confirmed that they were acutely aware that they needed help but had found it difficult to access, as the following comments illustrate:

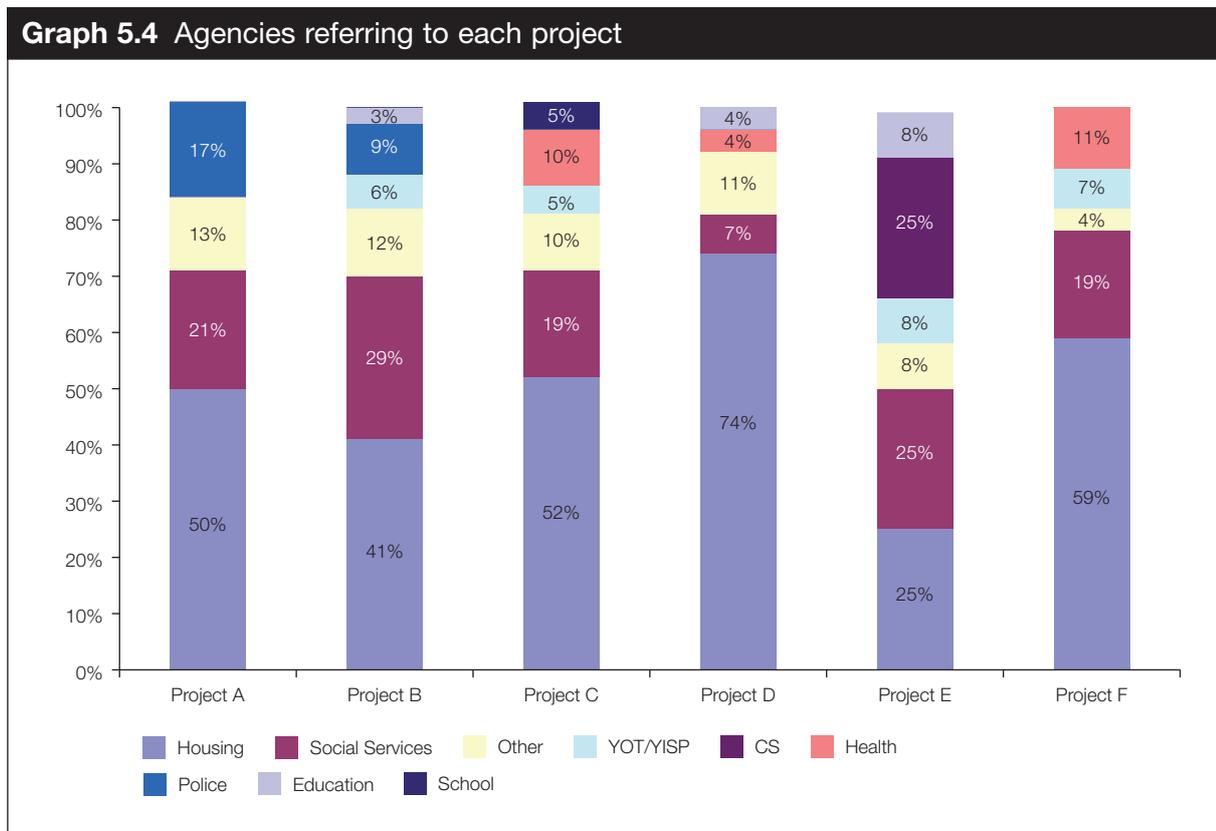
*“It was myself, I, I’d seen it in the paper and I had a tenant support worker at the time, got in touch with him to see if I could go on the [project]... I needed help ... me son had just gone through a load of sexual abuse and that come as a big shock, then there was drug abuse ... I needed help but....I wasn’t getting the help that I needed, ... I needed to be able to stand on me own two feet again and get back to normal.”*

(Service user – outreach)

*“It was brought to my attention about [the project] – it had a bit of bad press in the tabloids and I thought, ‘you can only try it’ and it’s done wonders for me.”*

(Service user – outreach)

The range of agencies referring families to projects was found to differ across the six projects, as shown in Graph 5.4. These differences are to be expected and may reflect each project’s particular local context and place within partnership arrangements. Some projects received referrals from a wide range of agencies, whereas others had a high proportion of referrals from one particular agency. Project D, for instance, received three-quarters of its referrals from social landlords, in contrast to Project E, which received only one-quarter of their referrals from housing. The predominance of housing in nearly all the projects reflects their early inception, which in all cases was in partnership with the major social landlord operating in the area. It is harder to assess why some projects have subsequently been more successful at diversifying in terms of the range of referral agencies. It is clear, however, that success in securing referrals is a two-way process. The projects have to “sell” their services to agencies, and agencies have to accept the need and usefulness of the service.



While all projects had sought to establish criteria and referral protocols, there remained inherent difficulties in this. First was the need for other agencies to be aware of the projects and the basis on which they worked. One housing team leader in a referring agency noted that when she moved jobs to work in a different district in the authority there was a much lower awareness of the role of the project:

*“I’ve just been given this huge list of all these children that are up for acceptable behaviour contracts and anti-social behaviour orders. ...I just sort of said...: ‘I think we need to maybe get in touch with National Children’s Homes as well’, only because of where I’ve worked before really.”*

(Stakeholder – housing)

Projects sought to advertise their work and make agencies aware of what they did, although turnover of staff meant that there was a constant need to reinforce this work:

*“We have had a lot of inappropriate referrals in the past, I would say that’s reduced because ... we have proper leaflets now that we send out and you know, I encourage people to phone before they make a referral to have a quick chat to check whether it is an appropriate referral.”*

(Project manager)

There was recognition from both referral agencies and the projects, however, that they needed to retain a degree of flexibility in the referral process:

*“It’s not set in stone ... we’ve deliberately not tried to fix too many criteria because from my experience if we start saying, ‘well you need to do this checklist’ then people just won’t refer and they’ll be put off.”*

(Stakeholder – housing)

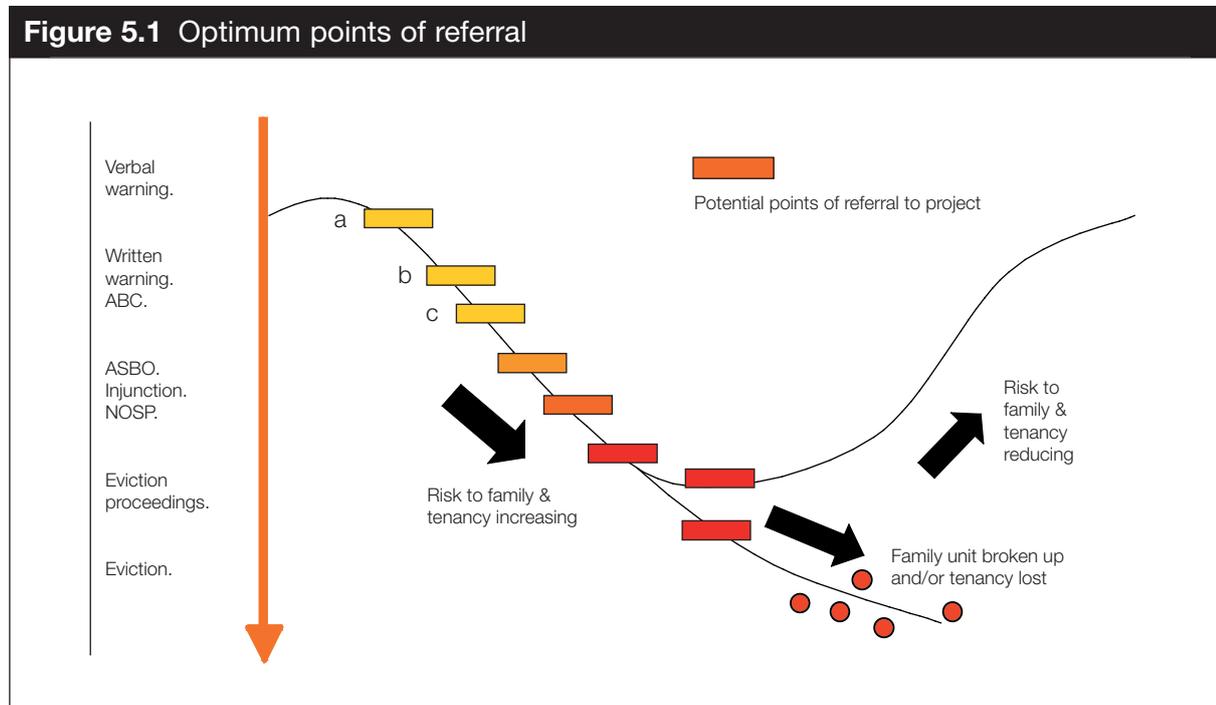
This was linked to a view that each family was different, and you could not prescribe when the projects might be an appropriate response to problems. Retaining flexibility may, however, mean some referring organisations find the process unclear, and that referrals are reliant on personal relationships. A balance is therefore needed between rigid criteria and flexibility in referring.

Sheffield High Support Project operated an Admissions Panel comprising of the project manager and staff as well as senior officers from referral agencies. A number of advantages to this approach were identified:

- The appropriateness of each referral was discussed in depth.
- The involvement of agencies in the admissions process resulted in close multi-agency working and an enhanced awareness of the work of the project.
- The seniority of staff members on the panel ensured decisions were based on a higher quality of information than the project workers could access.
- Greater awareness of the remit and ways of working adopted by the project was fed back to inform referral decisions.
- Such a process resulted in a range of stakeholders giving a resource commitment to the process.

The optimum point at which families are referred to the project was one raised by a number of the project stakeholders and project managers. As noted above, there seems to have been some movement towards referrals at an earlier stage in potential proceedings to lose the home. Discussions with project managers indicated that there were a variety of points at which a referral could be made (see Figure 5.1 below). At the beginning of the process is the fact that some form of complaint has been made

about the family. This may then lead to interviews, and potentially to formal warnings. If the complaints are about the tenant's children, ABCs may be entered into and, if necessary, an ASBO. If the behaviour continues, a NOSP may be served, followed by court proceedings. The emphasis, which emerged from both project managers and stakeholders, was the need for early referrals, before the NOSP stage, particularly in relation to outreach work, which was perceived as "preventing behaviour escalating".



The optimum point for referral for outreach work was identified as being early in this process (points a, b or c in Figure 5.1). The problem here is to identify that there is a risk of homelessness, even before there may have been any formal proceedings. In a number of areas, there was a recognition that initially referral to the project had come at too late a stage:

*"Initially, the first cases, they...mostly went to court...and we realised then, this isn't working. People weren't engaging because of all of a sudden we were working with the project. And then there's a housing officer there serving a notice on the property. So it defeats the whole object, they're saying: 'well...the agencies are supposed to be working together but they weren't' So we got back to the tenants and said where's it going wrong and that's when we identified...we were referring it too late..."*

(Stakeholder – housing)

In one area, the recognition that cases were being referred too late has led to the inclusion of a question on the procedure flowchart for housing officers asking whether the case is appropriate for a referral to the project, prior to any notices being served.

Thus, there was recognition that, to be effective, referral agencies must be encouraged to refer cases early on:

*“I mean one of the ways in which we would promote referrals to the project is to say, that ideally really we’re set up as a preventative service...If somebody referred a family to us, where they’re going to be evicted in three weeks, and then they say, ‘So can you get in there and work with that family?’, you know, we’d pick that piece of work up, but realistically, you know, what are your chances of getting access to the family, getting in through the front door, establishing the relationship and changing some serious behavioural issues in three weeks?”*

(Project manager)

The case study example provided below illustrates the sense of failure and frustration experienced by both service users and project workers when referrals were made too late for the interventions to achieve maximum potential.

### **Case Study: 3**

Amanda Chapman, her partner, and four children were referred to project A after an eviction notice had been served. One daughter hadn’t attended school for some months and had learning difficulties, two sons were completing time in a Young Offenders Institution at the point of referral and mum was also coping with learning difficulties. The family were living in a property surrounded by empty and boarded-up houses on a rundown housing estate that was soon to be demolished. A housing transfer had been refused due to complaints regarding Amanda’s sons.

The family were known to numerous agencies who were not working together to provide the support the family needed and the family was described as one which had ‘slipped through the net’, despite being clearly in need of support. Although the family kept appointments and were willing to engage with the project, the legal process was so far advanced at the time the referral was made that project workers were unable to intervene to stabilise the tenancy.

The family were evicted and moved into an unsuitable housing provision at a relative's home, where all four children had to share a bedroom. The house was in a different local authority area to the project and so the project worker was reluctantly forced to close case. It was felt that, had they been referred to the project sooner, project workers could have intervened positively with the family and potentially avoided the eviction.

For those projects with core or dispersed units, the optimum referral point may be later. When families are either being asked to give up their existing accommodation to move into non-secure accommodation and/or are being asked to undertake the type of intensive supervision which takes place in core units (see Chapter 7), a more severe risk to the home may be required to effect engagement with the project. The families referred to the core units, were involved in greater levels of ASB and had a greater threat to the home. Such families were often described in terms of being more “chaotic”, “dysfunctional” or “challenging”. Referral processes need to be able to distinguish between those families who need the more intensive work involved in core accommodation and those who can benefit from outreach work, and the optimum points for referral for each.

One final issue, which emerged in relation to referrals, was recognition by some managers and stakeholders of an increasing problem of families in the private rented sector, who may indeed have been evicted and excluded from social renting.

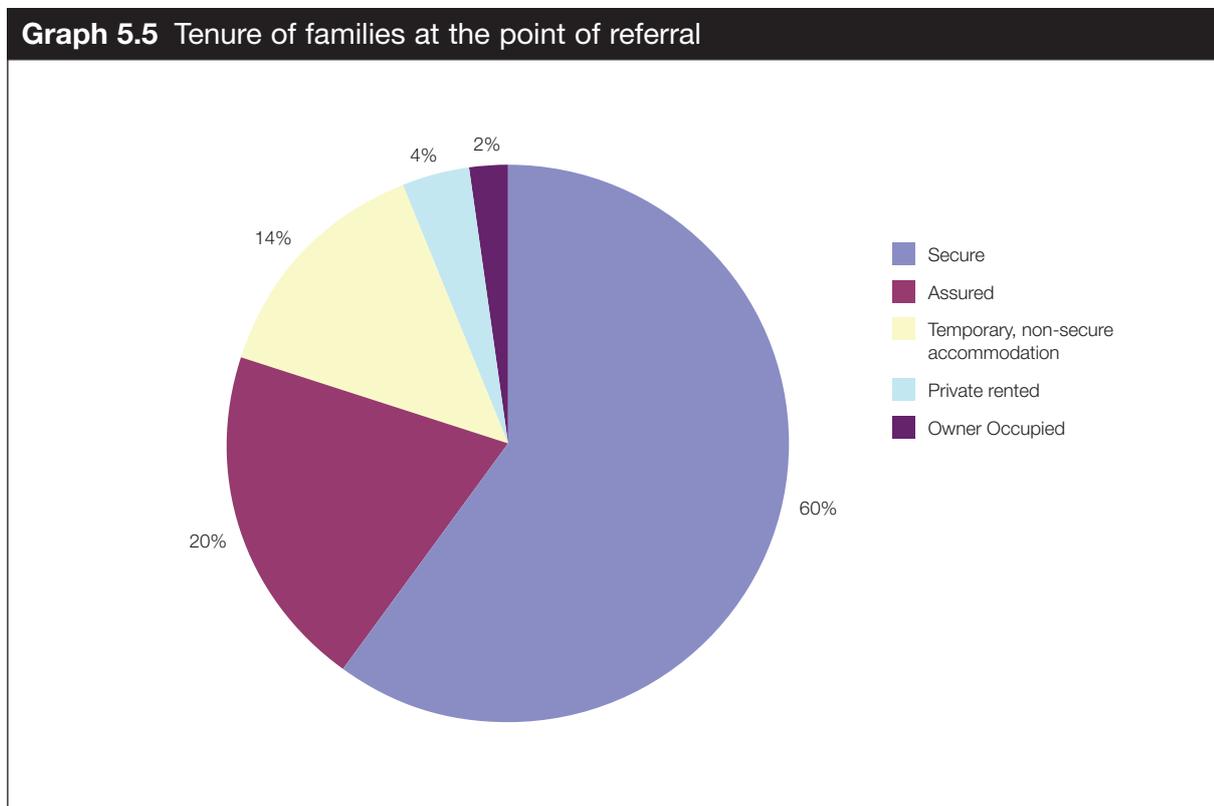
*“The really difficult chaotic families that we still get involved in, whose children still can come into care, end up in the cheaper end of the private rented housing market and private terraced houses..... Buy to let...and are not really bothered landlords...”*

(Stakeholder – Social services)

Such families are more difficult for referral agencies to identify, and such identification may take place at a later stage, where behaviour has escalated. In this area, the work of local authorities and projects to connect with private landlords is still at a very early stage.

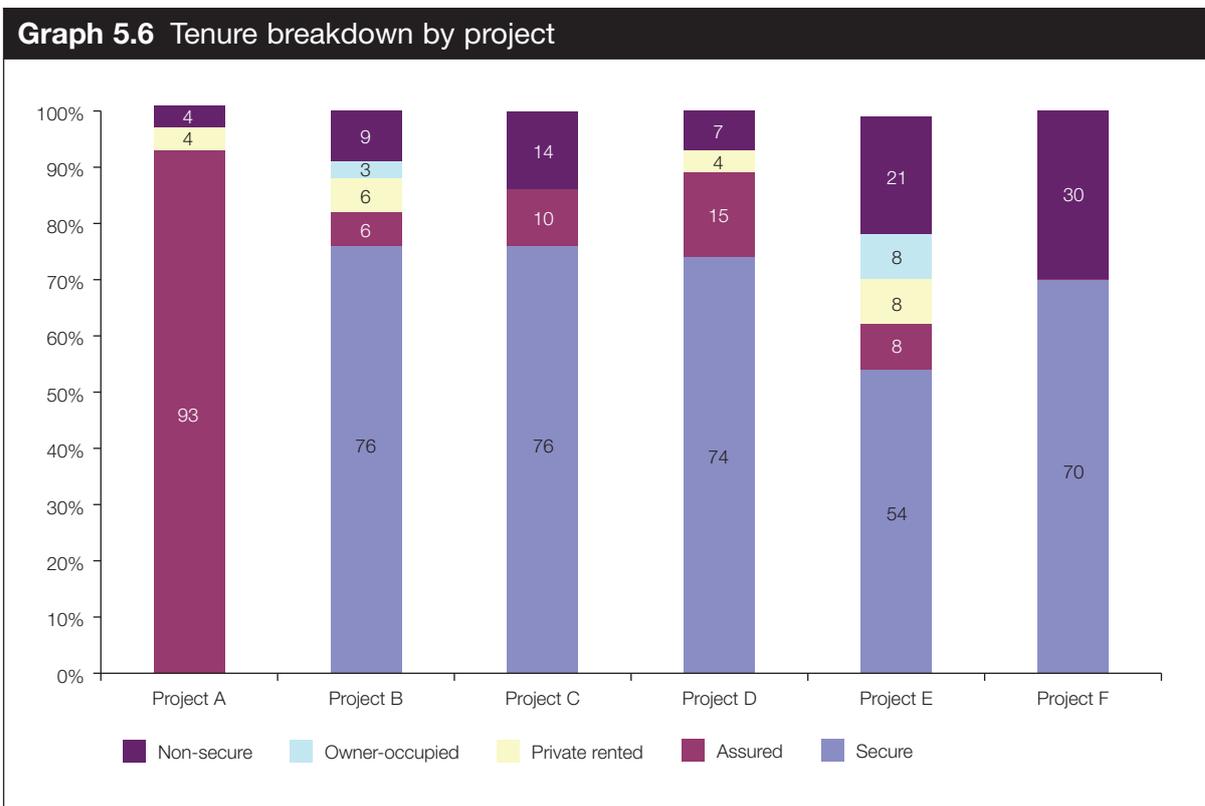
## 5.2 Tenure<sup>22</sup> of households at the point of referral

One important difference between families was the tenure, which they held at the time of the referral. The vast majority of families were living in social rented housing at the point of referral, with only three households owning their own home. Graph 5.5 shows that six out of ten families referred to the six projects were secure tenants of local authority landlords and a further 20% were renting property from registered social landlords as assured tenants. 14% were in non-secure accommodation (eg temporary accommodation provided by local authority homelessness services or lodging with family/friends), while 4% were renting from private landlords.



<sup>22</sup> Tenure of households was established in 155 out of the 157 cases.

There were differences in the breakdown between projects as to the tenure of families. In one project (Project A) this simply reflected the fact that the authority’s stock had been transferred to an RSL, and accordingly, the majority of their families were assured rather than secure tenants. More diverse ranges of tenure pattern were found, however, where projects had a range of referrers. Thus Project E received only 25% of its referrals from housing (see Graph 5.4 above). This led to Project E having the most diverse tenure mix amongst all the projects, as illustrated by Graph 5.6 below.

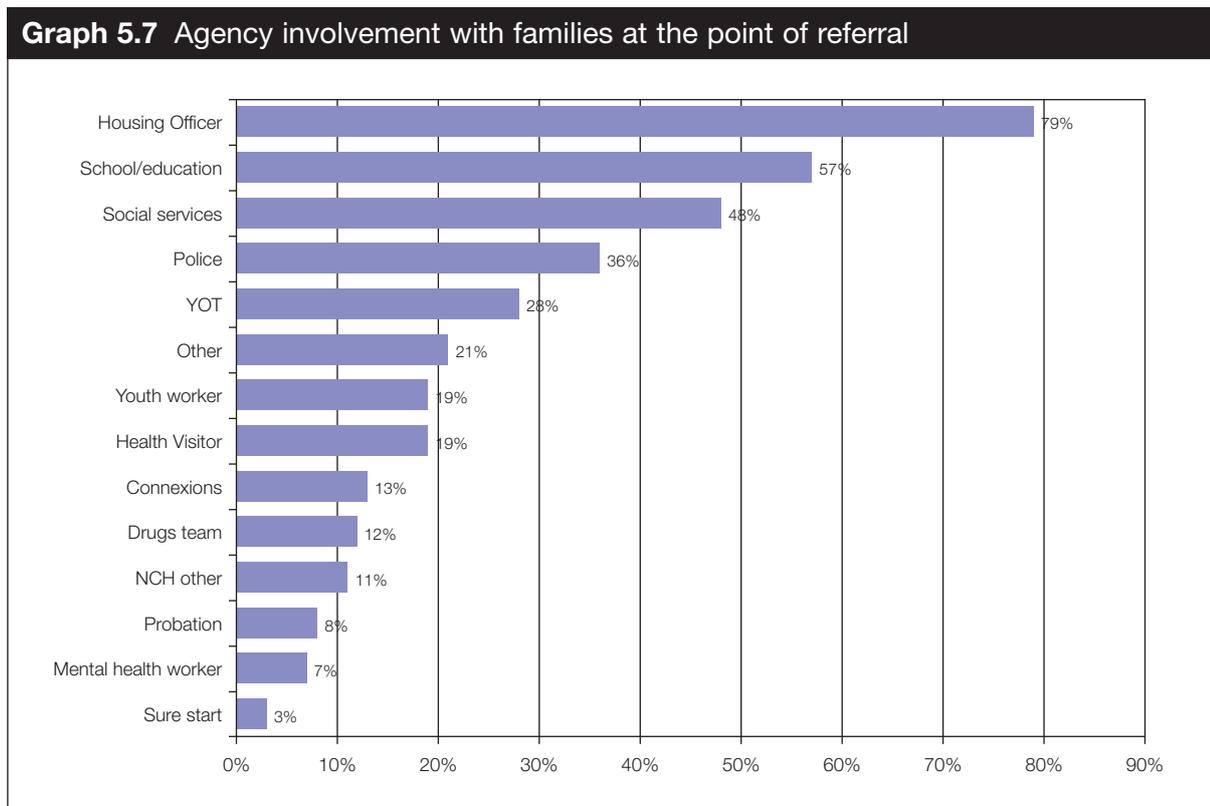


### 5.3 Agency involvement with families at the point of referral

The fact that a family was referred to a project did not mean that there was no prior input from agencies trying to tackle the problems with which the family presented. The data monitoring exercise tried to capture the level of agency (statutory or otherwise) involvement with the households at the point of referral to the projects. It was rare for families to have no involvement from any other agencies, and most had three or more agencies involved.

Number of agencies involved with family at referral	Proportion of families
0	4%
1	8%
2	20%
3	24%
4	21%
5	16%
6+	8%

Graph 5.7 below shows the level of agency involvement at the point families were referred to the projects for a range of different organisations and also which agencies were most likely to be involved with families at that time.



Not surprisingly, the agency most likely to be involved with the households was the landlord, with housing officers having contact with almost eight out of ten families (79%). Given the high level of schooling problems among children and the support needs identified within the families referred to the projects, it is perhaps to be anticipated that school/educational personnel were involved with 57% of families. Just under half (48%) of households were receiving social work intervention. The police were also identified as having a major role to play and were involved in 36% of households at the point of referral, while just over a quarter of families had YOT involvement.

As noted above, around half of the families were involved with social services in some form. In a number of cases families had sought help from social services and said it had been refused. Some explanation of this was found from stakeholders and project managers, who were very aware of the “high threshold” at which many social services departments have to operate before they intervene. As two stakeholders commented:

*“Like most children’s social services, we have found ourselves in the position where the threshold at which we operate for involving social workers with children and families has got steadily higher and I think we probably say now that our social work teams don’t get involved with very many families unless there are child protection issues or we’re on the point of looking after the children.”*

(Stakeholder – Social services)

This in turn has left the space which referral to the project could fill:

*“There was a gap in support and intervention provision which wasn’t able to be plugged and delivered from mainstream partner agencies, i.e. education, youth offending teams, and this was providing something different and I think what we were trying to move away from was that we didn’t want to have this reputation that all we were doing was basically hitting people over the head, for want of a better expression, and using legal remedies without having given people the opportunity to engage and modify and change their behaviour.”*

(Stakeholder – ASB team)

What was less clear from the scrutiny of project records was exactly what form the involvement of different agencies had taken and the extent to which previous interventions had been co-ordinated. In some families, while a wide range of different agencies may have had some involvement, no single agency had taken a lead role to co-ordinate action and to keep other partner agencies informed of what types of intervention were being deployed. All too often interviews with individual family members revealed there to be a sense of being let down and that *“nobody seemed to understand anything about it”*. This was also reflected by some of the project workers and managers, who also acknowledged that some families had been *“let down...very badly, by other agencies.”* Reflecting the difficulty many families had experienced in accessing appropriate support, a number of families self-referred to the projects, as noted above. Details of changes that had occurred in the number and type of agencies working with family members at the point at which families left projects are outlined in Chapter 6 below.

## Summary

This chapter has examined the threat of homelessness at the point of referral, the referral process itself, and the agencies involved with the families at the point of referral.

While only 14% of families were actually or immediately at risk of homelessness at the point of referral, unsurprisingly, given the remit of the projects, some risk to the home was present in the vast majority of cases. As the projects have matured, referrals are coming at an earlier stage of action to deal with ASB, so that between 2003/04 and 2004/05 fewer families were referred who were actually subject to some form of order for possession (only 8% in 2004/05, compared with 21% in 2003/04). More commonly, families had been subject to a verbal or written warning from their landlord about their behaviour (present in 49% of cases). In a third of cases, matters had proceeded to a notice of seeking possession (NOSP) or notice to quit (NTQ).

Even though only 14% of families were homeless or at immediate risk of homelessness, over a third of families were reported by project workers as having had previous experience of homelessness in the past although rates of experience differed between projects.

Social landlords remained the largest referrers to projects, but the range of referral agencies had increased between 2003/04 and 2004/05. In particular, a greater proportion of referrals were coming from social services departments. The diversity of agencies referring families to projects was found to differ across the six projects. These differences are to be expected and may reflect each project's particular local context and place within partnership arrangements. It is clear, however, that success in securing referrals is a two-way process. The projects have to "sell" their services to agencies, and agencies have to accept the need for and usefulness of the service.

All projects had sought to establish criteria and referral protocols, and it was recognised that inappropriate referrals had been made at an early stage in the projects. There was a concern, however, that referral criteria did not become too rigid. A primary concern was ensuring that referrals were made at a sufficiently early stage, and projects had sought in outreach cases to encourage these before steps to evict families were taken. Where families are being offered core accommodation, referral may come at a later stage in the eviction process.

The families referred had predominantly come from social housing, although again over the life of the projects greater diversity had emerged, with increasing numbers from private rented housing, and a small number of owner-occupiers. Those projects with a diverse range of referral agencies also tended to display a more diverse range of tenure amongst their clients.

Unsurprisingly, at the point of referral, nearly all families (96%) had some sort of agency involvement, with this being the involvement of their landlord in nearly eight out of ten cases. In over two-thirds of families (69%), three or more agencies were involved at the point of referral. After housing, those mostly commonly involved were education (57%), social services (48%), and police (36%).

Some families felt that prior to referral to projects they had been let down by other agencies and this was also reflected in comments from some projects workers and managers. In a few cases families had sought but been refused help by social services, which was generally explained by the very high thresholds social services applied before they were able to intervene in child protection cases.

## Chapter 6

### What do projects do?

#### 6.0 Multi- agency working and the multi-disciplinary nature of projects

The model of provision employed by the six projects was based on the work developed by the Dundee Families Project and involved some or all of the following types of intervention:

- Outreach support to families living in their existing accommodation.
- Outreach support in dispersed tenancies managed by the project
- Intensive support in core residential accommodation managed by the project.

Details of the number of families offered these different types of intervention during 2004/05 are outlined in Table 6.0 below:

<b>Table 6.0 The types of support provided by projects 2004/05</b>		
<b>Basis of support</b>	<b>Number of families N=157</b>	
Core	6%	4%
Dispersed	14%	9%
Outreach	123%	78%
Core and outreach	3%	2%
Outreach and dispersed	9%	6%
Core and dispersed	1%	1%
Core, outreach and dispersed	1%	1%

Of the 157 cases reviewed in the 2004/05 case monitoring exercise, the majority of households (78%) were supported on an outreach basis, 15% were provided with outreach support either in dispersed tenancies managed by the project or in their existing homes and eleven (6%) households were supported in a core residential setting for at least some of the time they had worked with the project.

Whatever the basis of support provided to families the projects all shared the core aims of preventing homelessness and ASB, addressing unmet support needs, promoting social inclusion, and increasing community stability. These aims are difficult to realise and all-encompassing and in pursuing them one of the central challenges for the projects has been how to mediate and liaise with agencies to access accommodation, to renegotiate threat of eviction, to support health and or educational needs of parents and/or children, and to address criminal and/or violent behaviour.

In the following chapter of the report we explore:

- The aims of the project interventions and the different ways in which project staff help families to achieve positive change.
- The underlying values that inform project practices, the range of different types of support provided, and the particular approaches that project workers find effective.
- The development of multi-agency interventions and families' perceptions of the way in which the project interventions differed from those provided by other agencies.
- How projects evaluated the impact of interventions and the factors, which influenced the decision to close a case.

## 6.1 The purpose of the project intervention

The prevention of homelessness arising as a result of ASB was seen by a number of interviewees as the fundamental aim of project interventions. Retaining a sense of clarity about this overriding purpose was not always easy when working with families who present a wide range of support needs:

*“It’s easy to get steered away, I think, into dealing with other issues around families ’cos there are so many issues around educational attendance and child protection issues, which is why you have to keep a firm focus on what’s happening with the family, whether they’re still actually committing anti-social behaviour.”*

(Project manager)

While all agreed that preventing repeat cycles of homelessness due to ASB was an important function of the project interventions some project staff had developed a more nuanced understanding of the project aims in which preventing eviction was a symbol of the wide range of interventions designed to maintain the family, prevent removal of the children, reduce problematic behaviour, and address other specific needs. As the following excerpt from interviews with external stakeholder illustrate the projects were seen as providing a much more intensive service than other relevant agencies were able to do, with project interventions focused on identifying and managing the problems and problematic behaviours of the families.

*“It is plugging gaps in what should be there anyway.”*

(Referrer – Community safety unit)

### A new way of working?

Very interesting views were offered by project staff and other stakeholders on the question of whether the projects represent a new form of intervention. One project manager voiced a perception that the work of the project is not anything revolutionary, but simply welfare support provided through the lens of ASB:

*“I struggled when I first came because I thought well we’re not, what are we doing that’s so revolutionary here? We’re doing some family work and, you know, that’s different with, you know, the different angle of the tenancy issues and the antisocial behaviour...So they think that what we’re doing is just so amazingly revolutionary and new and to me it’s like what I’ve done for a long time.”*

(Project manager)

A similar sentiment was expressed by a social worker who had worked in a mother and baby unit. S/he felt that the projects were addressing the same kind of support needs and so the content of provision was exactly the same. The only difference was the underlying rationale, shifting from one of child welfare to one of ASB:

*“Twenty years round, we’re back to where we were then except that that was run by social services and it was, its main focus if you like was on, it used to be called the Mother and Baby Home.....it was a home for people that needed support parenting children to break the cycle of the children then becoming parents while they were still children and all that that brings, all the vulnerabilities and now what’s known as anti-social behaviour which then hadn’t got that tag.”*

(Stakeholder – Social services)

## 6.2 The development of a framework for project practices

The development of effective practice within the projects was initially focused on the expressed intention of the five NCH projects to introduce a narrative theoretical approach to working, based on the application of principles articulated by Michael White (White, 1989). The Sheffield High Support Service was outside this overarching organisational framework and did not have the same explicit philosophical and practice position. The introduction of narrative ways of working was led organisationally by NCH, who took the opportunity to consider how such an approach may be used effectively with people who were viewed as being marginalised and stigmatised by the processes of the current discourses on ASB, as well as providing a philosophical and practice coherence that would create a distinctive identity for these projects.

However, in practice there have been difficulties in sustaining the commitment to the introduction of this approach, which have raised questions about the desirability of implementing a single model. First, the introduction of new models of working is organisationally problematic and when a fundamental philosophical move is proposed requires a long-term commitment to change. The need for training and a common outlook can be subject to serious pressures, particularly when, as in this case, staff are from a wide range of disciplines and experiences. Second, professional practice in social work (probably the closest professional discipline to the projects) is often justified in functional terms without reference to a single theoretical perspective. The value of adopting a more pragmatic approach to interventions was recognised by

NCH and was seen as important by project managers and workers when describing their practices.

*“I’ve never been a fan of having one model of work for that, I always prefer to sort of have a more eclectic mix of...all the things that...you’ve tried.”*

(Project manager)

There was also a growing appreciation of the range of knowledge and skills staff from different disciplinary backgrounds brought to the projects. This was viewed as a strength allowing for identification of the appropriate response to the multiple problems of the families. There were initial concerns by project managers that differences in previous occupational cultures of staff may hinder the development of a common approach. However, this was not borne out in practice. Indeed, given the nature of the projects as providing social support within a housing context, the inclusion of staff from social work, housing and other backgrounds was viewed as helpful, as each brought useful knowledge to the projects.

Interestingly, there were no observable differences in practices between the NCH projects and the Sheffield High Support Service, which suggests that the flexible project practices were informed by the presenting problems of the families within a specific organisational context, rather than by the application of rigid pre-existing models.

### 6.3 The Centrality of Values

Although there was no overarching theoretical model of working, across the six projects it was apparent that there were a number of underpinning values, which informed the success of interventions.

#### Being listened to

The Interim Evaluation Report highlighted how service users valued project workers’ ability to listen to them with out being judgemental (Nixon et al, 2006) This theme was reiterated by project workers, who recognised the need of families to tell their stories and to be heard:

*“...obviously part of our work is about gaining their trust and listening to them to try and identify what the causes of their problems are so that we can...work on those.” (Project manager)*

*“I think it’s just being able to listen and talk...not just to go in all guns blazing, just to go in and say ‘Right, okay, we’re here to help. How can we help you? This is what we can offer, is this going to be of any use?’...You are not just going in and saying ‘Right, you’ve got to stop this behaviour...”*

(Project worker)

**Case Study: “I don’t know what you’ve done, but it’s marvellous”**

At the point of referral to the project, a family comprising a single mother, three children and her partner were described by the local neighbourhood community beat officer as having ‘gone off the rails’. No single agency had ‘had taken ownership of the problem’ and as a result the family had ‘fallen through the net’. The problem behaviour started when the family moved into private rented accommodation located in a neighbourhood with a good reputation. The eldest daughter, who was pregnant, was in a violent relationship with a drug dealer; the younger daughter was exhibiting poor behaviour at school and was bullying others. The son, who was suspected of taking part in a number of thefts and burglaries, had spent some time in care. When he returned to live with the family he did not get on with his mother’s new partner and as a result the mother’s partner moved out. This event was described by the community beat officer as ‘sending Mum into turmoil. She ended up not going to work. Started drinking, having parties, trying to get another fella really, having people around.’ Shortly afterwards, the daughter lost her baby due to a cot death. Over eighteen months numerous complaints were made about noisy parties, allegations of drug dealing from the premises, reports of people threatening neighbours with baseball bats, and cars coming and going at all times of day and night. At the point of referral to the project, the neighbours, who were described as ‘highly motivated educated people’, had made numerous reports to the police, the local MP, and the local paper and wanted the family moved.

The project worker worked closely with each member of the family to address the underlying problems. The son was assisted in getting a job as a YTS mechanic and was helped with budgeting skills. The mother was provided with support in developing parenting routines and structures. A system of rewards was established to address the younger daughter’s aggressive and bullying behaviour. Over six months, the behaviour of each member of the family completely changed to the extent that the local beat officer received letters from the neighbours praising the work of the project in the following terms: **“I don’t know what you’ve done, but it’s marvellous”**.

Source: Community Beat Officer

The skill of listening emerged as a strong core value of all the projects and was identified by project workers as underpinning the perceived successes of the subsequent work.

**Not being judged**

Service users were clear about the underlying values of the workers in not judging their situations in a pejorative way. They were acutely aware of the realities of their circumstances and that they had labels based on their behaviours and their problems. Often there was acknowledgement that their behaviours had been problematic, but they were at pains to be seen as more than their problems. Workers who demonstrated a non-judgemental and open attitude were seen to have credibility and the families had confidence in their commitment to helping them:

*“[Project worker] didn’t talk down her nose at me...didn’t, you know, make me feel uncomfortable.”*

(Service user – outreach)

Some service users considered that 'being believed' was a central part of not being judged. This raises questions about the position of workers in being seen to collude with the problematic behaviour of service users, but also perhaps reflects the clear complexity of the process of becoming a family described as being 'anti-social'. Where many service users had a sense of injustice at the narrow story constructed about them. Their rejection of many of the claims about their ASB; their own experiences of being subjected to ASB, and the high level of multiple and severe problems in their lives led to relief that project workers were able to view the whole circumstances of the families.

### **Accessibility and consistency**

Workers were found to be most helpful when they were seen to be committed to the families through their actions. It is clear from the body of this report that the families had high levels of need and the responsiveness of the project workers was viewed as practically and symbolically useful. The value placed on accessibility was reinforced by some criticisms from service users. In particular, changes of workers could make accessibility difficult through lack of continuity, which was noted by some of the service users. Consistency was valued by referrers, who were aware of the limitations of other services for the families:

*“Consistency of support...was far better and far more useful to them (families) than a range of social workers dipping in and out of their case...”*

(Stakeholder – Housing)

### **Honesty**

Service users valued the straightforwardness and openness of project workers. Many were in considerable crisis and appreciated the information that was given to them in a clear and unambiguous way, even when it was difficult. The importance of clarity and honesty were reinforced by project workers, who felt that these qualities were essential to gaining the trust of family members:

*“If I say that I’m going to do something I carry it through, even if it ends up with a negative result...I think that’s how you build up the trust with them...”*

(Project worker)

Reflecting the importance that families placed on emotional support, the large majority of interviewees highly rated their relationship with their worker/s, with the majority rating the relationship as ten out of ten. Many described project workers as friends, and “brilliant” was a word used prolifically to describe the family members’ relationship with their project worker.

### **Challenging**

The projects were established with the explicit expectation that they would challenge the behaviour of family members in order for them to achieve change. This was clearly reflected in the underlying principles informing relationships between project staff and service users:

*“...I do very much promote a culture of we’re not messing about, we are going to challenge behaviour.”*

(Project manager)

‘Challenging’ was seen as desirable, although it was often difficult to specify. It appeared to be a general or particular element of the direct work that encouraged service users to take responsibility for their actions and to understand the consequences of their behaviour from the perspective of others. It was seen as a defining concept for the identity of the projects and was contrasted to the approach of other agencies.

#### **Case Study: Challenging young people**

A family consisting of a mother and five children, aged 21, 18, 17, 10 and 8, was referred to the project by their Housing Association landlord as a result of serious problems caused by loud music, youths congregating at the property, the state of the garden, poor school attendance, and rent arrears. At the point of referral the family were subject to a Suspended Possession Order and the younger children were not attending school. The mother was suffering from severe depression and the three older boys, two of whom were subject to ASBOs, were described by the project manager as *‘pretty much dictating what’s going on in the property. It’s their friends that are congregating in the garden, noise etc.’* The project worker helped the mother develop routines employing a reward system to ensure that the two younger children returned to mainstream education. The mother and younger children fully engaged with all the project interventions, however, the family, remained at high risk of eviction due to the older sons’ continuing ASB. The project worker encouraged the mother to ‘challenge’ her older sons by informing them that their behaviour was threatening the family home. Following a number of sessions on boundary setting, the older children began to realise the seriousness of the situation, with the eldest son saying, *“Right, just tell us what we need to do to keep the tenancy. We don’t want to move. We like living here.”* The project worker was then able to work with the whole family to devise an action plan for change and over the six months that the family had been working with the project the ASB reduced dramatically and the family are no longer threatened with homelessness.

Source: a Project Manager

Stakeholders tended to see challenging as being ‘practical’ and ‘realistic’, demonstrated through working in partnership and in being able to make decisions that were difficult, including the eviction of tenants where appropriate:

*“...it wasn’t what people would say really sort of cuddly social worker stuff, she (project worker) was very practical.”*

(Stakeholder – Housing)

The development of ‘challenging’ practice models was also seen as vital to ensuring that the interventions reflected projects’ responsibilities to the wider community and not just to the families in question. Project managers were keen to point out that, while providing emotional support and building relationships of trust is a core element of the support provided by project workers, relationships with service users are not ones founded on friendship, despite the recognition that service users may see it that way. At the same time some project managers felt that in order to gain the trust of service users an element of befriending might not necessarily be a bad thing. As one manager explained:

*“I mean I think sometimes the workers really go that one step further with people in a way that I didn’t do when I was a social worker and sometimes think ... that maybe, you know, it’s right, you do need to just give the little bit of yourself a bit more.”*

(Project manager)

Challenging, however, was also a term employed to refer to the need to adopt a firm approach with families that involved clearly explaining the severity of their situation and ‘challenging’ them to make the necessary changes to avoid negative consequences. This challenging process was assisted in one project by calling multi-agency meetings.

The focus on challenging families helped managers to situate the projects somewhere between support and enforcement, and to resist the description of being a ‘soft’ option. There was a clear perception, therefore, that projects cannot be easily ‘pigeon-holed’. Managers indicated that the projects were a mixture of what was referred to by one as “support” and “housing” and by another as “support and challenge.” This reflects a common understanding of housing-led approaches to dealing with ASB as being more challenging and focused on enforcement action, in contrast to social services approaches, which are perceived to be more focused on prevention and support. One project manager suggested that families will often not realise that projects are challenging them, as it is not done in an aggressive manner, but in a way that would more likely to be perceived as help. However, another suggested that the challenging element of the projects’ intervention might be one of the reasons why some families disengage.

Project workers also used the language of challenge to indicate that they were always clear with the families that ASB was the reason for their involvement. There was a general concern that practice should be ‘firm but fair’, to deal with the problematic behaviour but also to offer support as well:

*“You need to be non-judgemental, patient, understanding but not a walkover...”*

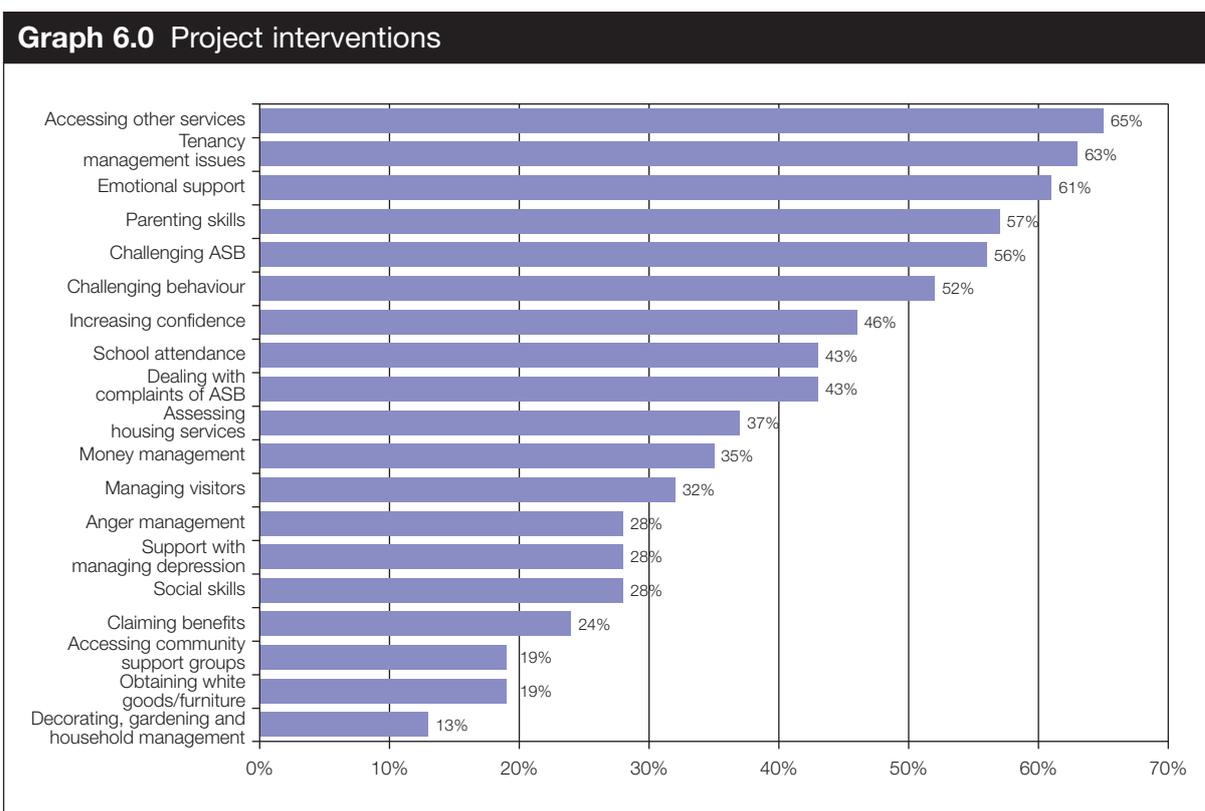
(Project worker)

In taking such a clear stance about not wishing to be seen as another ‘soft’ option, there is the concern that useful practices may be downplayed or avoided due to their perception as ‘not being challenging’. This language forms a function of defending the projects against accusations of working with ‘undeserving’ service users and of being seen to be in a powerful position of authority over the families. It serves an image function of being useful in establishing credibility with agencies and the public. Families rarely used the language of challenge, probably for the reasons outlined above, although they did identify that some of the expectations were hard.

## 6.4 The specific types of intervention used by project workers

Over the period 2004/05 54 cases were closed across the six projects. Analysis of the specific interventions employed to help these families affect change indicated that reflecting the range of support needs identified within households, most commonly

project interventions focussed on facilitating family member’s access to other services. This was provided in nearly two-thirds of households (65%). Other types of support provided included help in developing tenancy management skills (63%); provision of emotional support (61%); parenting skills training (55%); challenging behaviour (52%); and challenging ASB (56%). In only 43% of families was dealing with complaints of ASB mentioned on case files as a required form of intervention, which perhaps reflects both the commitment of family members to disengage from disruptive behaviours, and the success with which projects workers were able to challenge behaviour. Graph 6.0 shows the main interventions undertaken by the projects.



The range of possible project interventions was grouped into the following themes for further qualitative analysis. They form the key tasks of the projects and indicate the skills required by workers.

**Inter-agency liaison and negotiation**

A common form of support provided to service users involved project workers liaising and negotiating with housing providers and community safety agencies on behalf of service users to help deal with ASB issues. According to project workers, this sometimes meant putting across the family’s side of the story; explaining to family members the meaning and implications of actions being taken and keeping track of legal proceedings. The need for negotiation often reflected the tense nature of existing relationships between agencies and the service user, which was underpinned by a sense of powerlessness in the face of professionals (see below). Feelings of powerlessness were often exacerbated by factors such as service users’ mental health or the large number of different agencies in their lives which they had to manage.

This aspect of support was highly valued by many families, who often had little understanding about legal processes or for single women heading families, who found the process onerous and welcomed some support and general encouragement.

*“When we first went to that meeting, that feller said, ‘He’d already put in for an eviction’ and he hadn’t, he was lying. [The project worker] found out they wasn’t going for an eviction, they was going for a Notice to Seeking Possession which ...[the project worker] said, ‘Is different,’ and you see I didn’t know any of this. I didn’t, I wouldn’t have known anything what anything meant or, and [the project worker] has been in touch with like my housing’s referred it to another housing. So this other housing’s dealing with it and [the project worker’s] been phoning her and, whose dealing with it and asking her questions and then [project worker] has been telling me, because I’ve wanted to know all these things. There were questions I needed answering but didn’t know who to ask.”*

(Service user – Outreach).

For families where eviction proceedings were well advanced or who had already been made homeless, support was provided to help service users find a new home and families were offered practical assistance with moving house. Assistance could also extend to intervening or making contact with other agencies, sometimes for very practical reasons, such as registering with a doctor or a dentist or claiming social benefits. The families often had involvement with several statutory agencies and it was important to make and maintain contact with these. Projects were aware of the tensions raised by this role, as they may find themselves in conflict or disagreement with agencies over particular issues:

*“...the Health Visitor will say she is coming and then not come...and we’re...challenging that and saying ‘But you said you were going to come and the family waited and you didn’t.’ So we become the advocate for the family...”*

(Project worker)

Early agreement of the roles of the project and the other agencies involved was seen to be useful, as there were concerns about the duplication of resources and sharing important information, particularly around issues of child protection:

*“We could be duplicating things...or stepping on their toes sometimes.”*

(Project worker)

The level of antagonism felt by families towards statutory agencies, particularly social services cannot be overstated. This may have been because of the legal need for social services to intervene in ways which the family found problematic, the way in which this was undertaken, or through images of how social services operate. The families often had extensive histories of involvement with services which, for whatever reason, led to these negative perceptions. In this context project workers had to tread a fine line in providing families with a supportive environment whilst also ensuring that the needs of children were fully recognised. Developing close relationships with social service departments was identified by a number of project

managers as being essential to ensure that appropriate measures were taken to safeguard the safety and well being of children and included where necessary instigating care proceedings. Project workers' responsibility to ensure the safety of children was acknowledged by some service users as a legitimate part of the project intervention as one mother explained:

*"I don't like social workers much (because of previous experiences)...and it would kill me if my kids were taken away...[Project worker] said... 'if we see anything...we see you battering your kids or something like that, we're not going to go behind your back...we're going to tell you first.' And I thought that's brilliant."*

(Service user – Outreach)

The ability of the projects to inhabit a safe space whilst maintaining statutory responsibilities and authority is a key learning outcome of this evaluation.

### **Well-being and developing confidence**

The high incidence of general emotional and specific medical and mental health needs of adults and children some of which were directly linked to the complaints of ASB have been outlined in Chapters 3 and 4. Some of these needs had been previously identified and were receiving formal input, but others reflected the stress, depression, resignation and lack of motivation experienced particularly by (predominantly) women as heads of the families:

*"As I say, every single family that I'm dealing with has got sexual abuse, physical abuse...drink and drugs or a combination of all the lot...they're so damaged it's unbelievable, emotionally damaged."*

(Project worker)

The vulnerability of families was recognised by projects, and working in ways that motivated service users was central to practice. Gaining confidence was often seen as a pre-requisite for successfully helping families deal with the multitude of difficulties they faced and in empowering families to take appropriate responsibilities, including managing their ASB. Health, and particularly mental health, was a recurring theme that required addressing in the practices of the projects:

*"I suffer from hearing voices, and I used to play my music loud to drown the voices out. But the neighbours don't understand ...and I can't expect them to."*

(Service user – Outreach)

Linked to helping family members feel more in control of their lives some service users were encouraged to use 'anger management' techniques. In general terms anger management is a focused, cognitive, behavioural, mainly group work approach that is used to challenge people who have been violent. Some of the projects accessed external programmes, others provided in-house direct work. It has not been possible to determine the efficacy of such programmes within the projects or to consider content and integrity due to the lack of baseline information on typologies, risk prediction, and the small samples involved. Those who had used such programmes however, generally felt they were beneficial:

*(Referring to Anger Management Programme) “So first when I walked in...it was like punch them. But now I’ve got to that stage where I just say ‘Turn around and walk away.’ So I’m getting pretty good at it.”*

(Service user – core)

## Financial Management

The experience of financial difficulties could be categorised either as situations where families had developed debt due to circumstances beyond their control or as those where it was perceived that financial management required attention. In both cases, the projects would assist in negotiating with agencies (such as housing) to manage any debts, for example through a repayment agreement. Direct work would be offered to those families who struggled to manage their budgets. For some workers this was a common experience:

*“(I’ll) check their benefits as well, because a lot of the time people aren’t claiming what they are actually entitled to.”*

(Project worker)

*“Debt was the big issue, because...I stopped paying everything. Not intentionally, but I just got myself so wound up and like I said I’ve had depression quite a bit. And I just, just didn’t know what to do.”*

(Service user)

Although many of the families clearly had financial difficulties, it is important not to assume deficit on the part of families who may have experienced adversity beyond their control. However, practical assistance in negotiating with debtor agencies was considered to be valuable by those struggling with multiple debts.

## Practical interventions

The families were often in a state of chaos with multiple difficulties. There was a general sense from the families that they appreciated the practical actions of the projects in helping them. This was recognised by the project workers, who often viewed it as part of the strategy to gain their trust. This led to some tensions and defensiveness on the part of the project workers, who wished to be seen as having a professional role which may have been tarnished by undertaking less valued tasks.

*“Half probably of what we do with the families we shouldn’t really be doing, but there isn’t anybody else to take it onboard. And by doing these little things, it helps build up a lot of the trust.”*

(Project worker)

The image of the projects is a recurring issue throughout the evaluation, where workers were sensitive to accusations that they may be a ‘soft’ option. This may have led them to devalue actions which service users found extremely helpful, both practically and in developing a trusting and productive relationship.

*“I mean [worker] will come in and stick some washing in and we’re cleaning the house up now. And [project worker]...painted two bedrooms while I’ve been in the hospital. I mean that’s cheered me up.”*

(Service user)

The interim report reflected on findings which suggested that many service users, despite being in need of support, were initially apprehensive about being referred to the projects and felt they had little choice over the decision to accept the referral (Nixon et al 2006). After a considerable period of contact time with a project and with the benefit of hindsight, in the second round of interviews service users were asked to reflect again on their feelings about having been referred to the projects. Reinforcing early findings, families expressed very positive views about the nature of the intervention provide and were happy that the referral had been made. Many families had been at crisis point and were desperate for help. It was in these cases in particular that the projects had provided invaluable and timely support and had secured their full engagement:

*“Until I talk about it, I forget like, how bad it was...I couldn’t even see further to the next day, I couldn’t see, well I couldn’t see, oh God, living, never mind anything else. All I wanted, in my mind, is that I wanted the kids to grow up so that I could do away with myself once they were safe. That’s how I felt, now, honestly, that is honestly, that’s all I had on me mind. I’ve just got to get our kids past a certain age and that’s awful really because I love my kids that much that I realize me actually doing that to myself would ruin their lives really.”*

(Service user – Core)

*“You’re already frightened at the beginning, letting somebody, you think that they’re invading, do you know what I mean, but when, if you just give them that little chance, you’ll find that the support that they’ll give you and the help they do give for yourself and your children, it makes, it makes life a lot easier and a lot better.”*

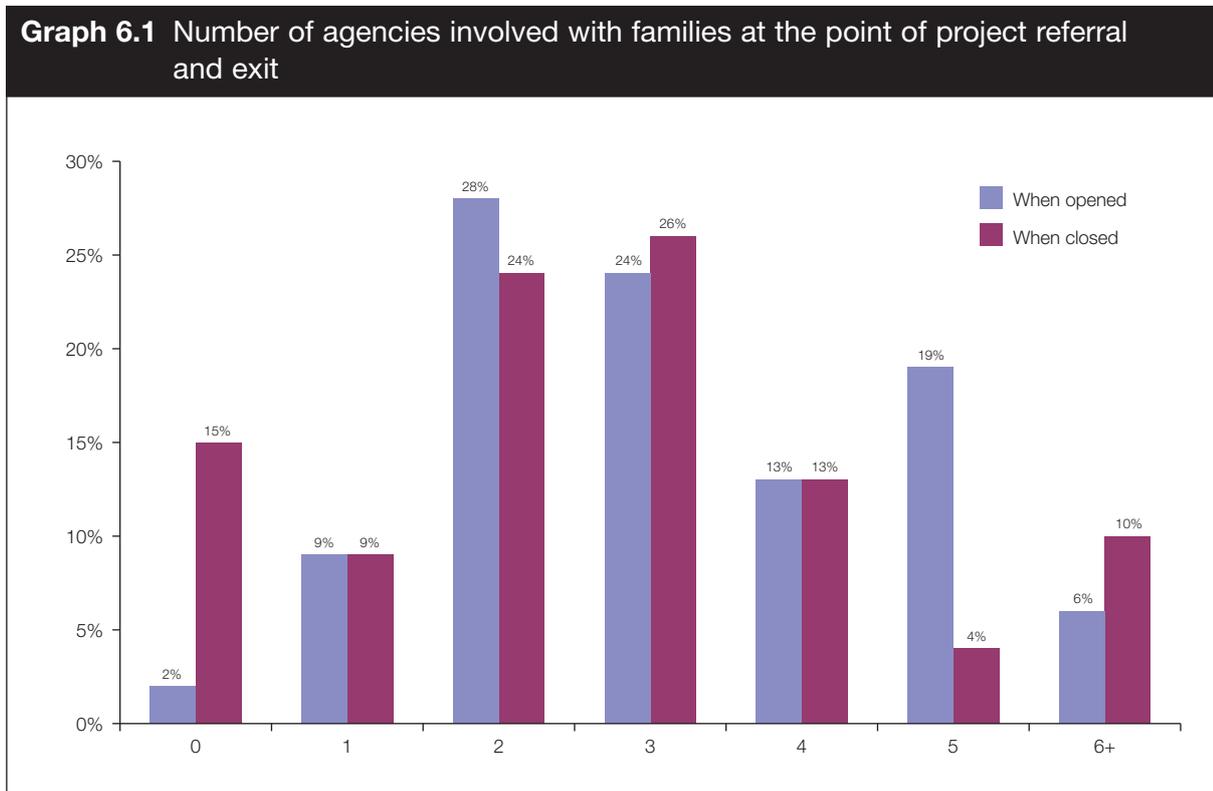
(Service user – Outreach)

## 6.5 Multi-agency involvement with families

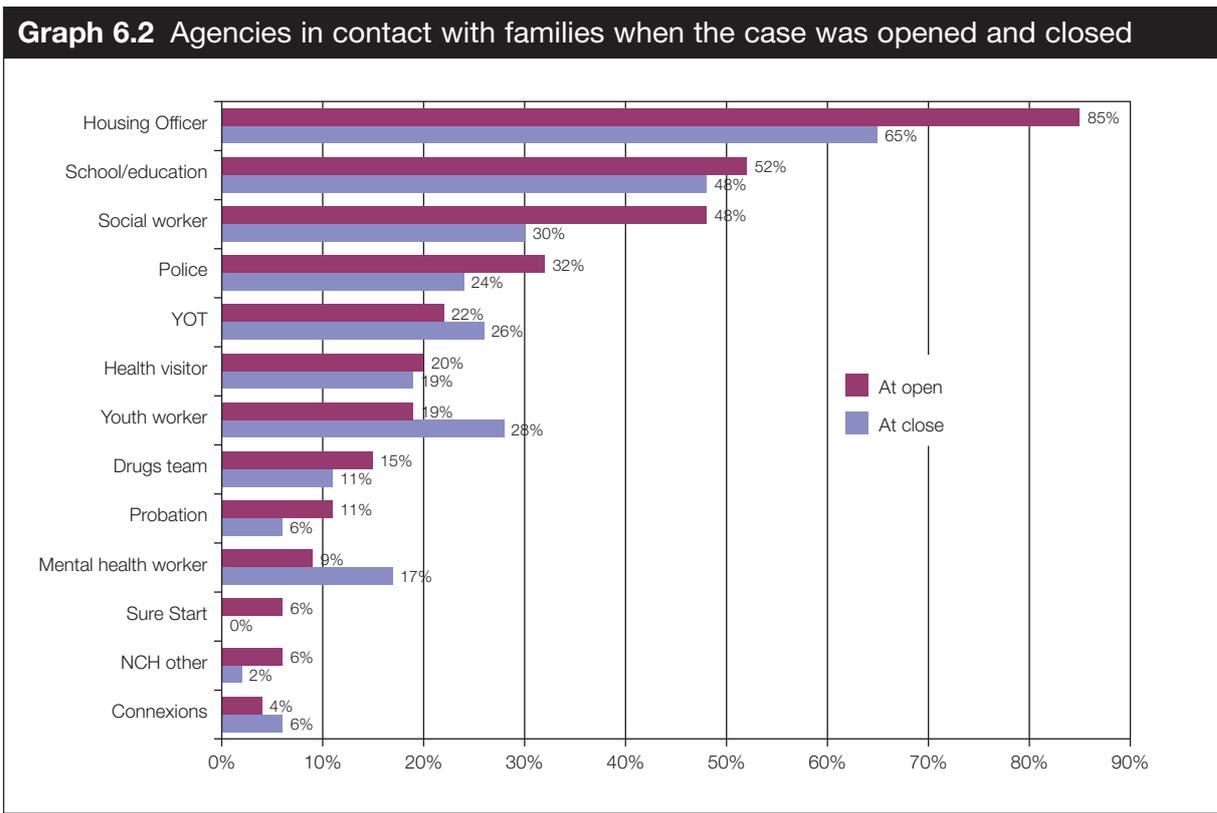
Families working with projects are amongst the most deprived and socially excluded in the country. Not only did they have multiple support needs but there was also evidence to suggest that they had found it difficult to access appropriate support from other agencies (see Chapters 2 and 3). In this context many of the project interventions were designed to ensure that family members were able to successfully engage with other agencies that could offer appropriate help and assistance. Data collected from fifty-four families closed case files was subject to further analysis to explore changes that had occurred in the number and type of agencies involved with families when their cases opened as compared with the number involved at the point of exit.

Overall, in four out of ten (44%) cases the number of agencies involved with family members had decreased while in just under a quarter (24%) of cases agency involvement had increased and in the remaining third of cases (32%) no change was noted in the number of agencies working with the family. Families’ need for support

from external agencies was found to vary from family to family. The number of agencies involved with the households ranged from 0 to 9 with on average three different agencies working with families when their cases were closed. The biggest change in the number of agencies involved with families occurred in the proportion of families who required no input from other agencies at the point at which they left the project. This figure rose from only one (2%) family when cases were open to eight families (15%). Graph 6.1 shows the changes in the number of agencies involved with families when the cases started and ended.



Over the period that families were working with projects not only were changes noted in the number of agencies they were involved with changes also occurred in the type of agency working with family members. A detailed comparison of the level of agency involvement at the start of the project intervention and those found at the point when families exited projects are shown in Graph 6.2 below.



While social landlords, schools, social services and the police remained the key agencies families were most likely to have on going contact with a greater diversity of agency involvement was noted. At the point at which their case was closed smaller proportions of families had on going contact with housing officers (-20%), schools/education (-4%), social services (-18%), and the police (-8%). On the other hand a higher proportion of families were in contact with mental health workers (+8%), youth workers (+9%), Youth Offending Team workers and Connexions at the point at which their case was closed. These findings suggest that the project interventions are successful in reducing the need for input from core statutory agencies such as the police, social landlords, social services and education while at the same time increasing service users access to more universal services to promote health, and well being such those provided by mental health agencies, and youth workers and Connexions. Given the high levels of concern over the health and well being of family members, particularly children and young people (see Chapters 3 and 4) these findings represent encouraging indicators that the projects were successful in putting families in contact with agencies that could address the underlying causes of problem behaviour.

### 6.6 Service users’ views on how project interventions differed from those provided by other agencies

Service users consistently valued the project and the workers through reference to their images and experiences of statutory agencies, particularly social services and housing. Comparisons between the project workers and statutory social workers were made, with the projects being seen as more accessible, less stigmatising, and having a different approach, despite recognition that the projects had authority and

responsibilities similar to that of the agencies they criticised. This perception was occasionally ambiguous and the comparison was not an absolute binary opposite, however, the families appeared able to accept the child protection remit of the projects and workers:

*“They (project) have a more humane and sensible approach...I’m like many others who see social services there to judge you. It’s like social services bring to mind pressure and with (the project) its not.”*

(Service user – Outreach)

The projects and stakeholders were also aware of the strength of feeling held by the service users about statutory services and recognised the importance of having a service that had some independent status. Interestingly even where the project was run and managed by the local authority, service users saw their project worker as being ‘independent’:

*“...a lot of these families feel as though they have been let down...by other agencies. And when you first go in there it’s ‘Oh God, not another one’.”*

(Project worker)

Stakeholders/referrers were clear that they had limited resources and welcomed the opportunity to refer to the projects. Social services referrers were aware of their poor reputation with service users and took this into account in their expectations of them. There was some evidence that the threshold for intervention from social services was at such a high level of risk to the children that parents were frustrated when their early approaches for assistance were refused.

*(Parent approached social services after her son’s behaviour deteriorated, eventually leading to imprisonment) “Only thing I got out of them ...he’s not a child at risk, he’s well looked after, he’s fed and clothed, he’s not neglected.”*

(Service user – Core)

The projects expressed some tentative criticisms of statutory agencies in cases where it was felt that the agencies had withdrawn resources when the project became involved.

*“The only problem that I do find, and it is quite common within the service is that, once we’re actually involved, some social service workers tend to forget they have got a client anymore and everything is left to us.”*

(Project worker)

## 6.7 The decision to close a case

In reaching a decision as to when to close a case all projects used a standard case closing procedure which included sending formal written notification to the family that the project intended to withdraw support. This provided families with a proposed exit date but also allowed time for the service user to appeal against the project’s

decision to withdraw support. In some projects the decision as to when to close a case was informed by an upper time limit on the number of months (usually twenty-four) that a family could work with the project, although this appeared to be flexible and was rarely the primary reason on which the decision to close a case was made. Usually, families exit projects because they were deemed to have fully participated in project interventions and the support of the project was no longer required. However, in some cases, project managers made the decision to close a case because the family had failed to engage with the project:

*“There’s two outcomes really, there’s the outcome where the family have turned round and they’re, they’re getting on with their life, the kids are in schools, parents have done all the parenting classes, they’re looking after their kids how they should be looking after ‘em with the boundaries in and the rules in and everything’s running smoothly and they don’t need our help anymore. That’s one outcome. The other outcome is for the family that will not comply with the support plans, they won’t engage, they won’t do any of the parenting classes or any of the other referrals to other agencies that we might suggest. Basically they’re not working with us, we can’t force ‘em. And in that instance they would be turned back over to the area office or evicted, unfortunately.”*

(Project manager)

Interviews with project managers and workers explored when and how they decide it was appropriate to close a family’s case. With regard to cases where a family had engaged, this revealed how, despite the projects’ core objectives of preventing homelessness and reducing ASB, indicators of case ‘success’ are dependent on other factors associated with problem behaviour, and differed with regard to individual families/family members. Furthermore, given the multiple support needs within referred families, case closure did not come at an easily identified point (e.g. when an immediate threat of homelessness has been removed) within a linear trajectory of change. Therefore, when it comes to closing a case, a number of factors were taken into account. Commonly, the tenancy support plan (TSP) informed the process of reviewing the extent to which the aims and objectives had been met. In addition, however, project workers also described knowing intuitively when a family was ready to exit a project:

*“I think it just varies. I think what we’re starting to look at now is when we’ve achieved the outcomes that we set out to from the original plan, and then, well you just, sometimes I think you just get to a point where there might be no more we can offer, or if other agencies have got involved sometimes there’s too many people involved..... Or like with some of the others, the tenancies are secure, you know, it’s no problem, there’s not been any more complaints for a certain length of time, people are happy, you know..... It’s usually decided with the TSP, but you can sort of tell in a way.”*

(Project worker)

The point at which cases were closed also appeared to be informed by judgements about the extent to which any positive change is sustainable. This reflected a view that the support provided by projects was about more than short-term, crisis

management. There may therefore have been cases where, although complaints of ASB may have reduced, project managers felt it was appropriate to keep a case open if outstanding support needs (which might have led to problematic behaviour and tenancy issues in the first place) remained unresolved. The formal closing process, and its somewhat subjective nature, was something that a couple of project managers were reviewing at the time of the interviews to ensure that the right decisions were being made. This meant trying to move towards a more standardised and accountable process:

*“Well we just used to sort of decide we’d done it and I think that there’s an issue when we weren’t sure whether we really should close a family down because there were lots of strident mental health needs, and what we were trying to decide was, ‘is there still a risk to the tenancy here or is the family actually just not going to get evicted because there aren’t any more complaints and therefore we just need to let mental health services deal with them’, you know. So how much of what’s going on for this family is a potential risk to the tenancy? And then the only way we could think of doing it was to go back and revisit that initial assessment process.”*

(Project manager)

Although the decision as to when to close a case was usually made in negotiation with family members there were sometimes differences of opinion. One manager explained how families might feel ready to exit the project, often since short-term objectives have been met, but project staff may have the view that long-term change has not been achieved and feel that the case should remain open:

*“I think sometimes anti-social behaviour’s a bit kind of cyclical...You get families that are kind of doing all right for two or three weeks and then bang, you know, something goes off that kind of like, for ten days they’re just like the centre of attention on the estate and then it calms down again and we’ve maybe had one or two of those families where you know, after about five or six weeks of keeping fairly stable we’re kind of in the process where we’re thinking, ‘Right, we’ve got a platform to build on here in terms of creating something with sustainability’ and they turn round as a success.”*

(Project manager)

Some service users expressed mixed feelings about having intensive support withdrawn, with some even feeling distressed about the prospect of losing the support provided by the project. This was a result of the strong and intimate relationships built between service users and project workers that some families found difficult to let go:

*“Yeah, I was made aware [that the project was going to close her case] by NCH and [project] yeah, that they’d be discontinuing, you know, my case, kind of, you know in the New Year. I mean although I found, I was glad in a way, you know myself, ‘Yeah I’m glad’, but it was a sad feeling as well because I’d made, well, I was with people who I trusted like, you know.”*

(Service user – Outreach)

Where their cases had closed, service users were confident that they could contact the project in the future if they felt the need. None of those interviewed whose cases had already closed had done so however:

*“I knew when it closed, if ever I needed anything or I needed to talk, talk to anybody and I, I knew that I could still, you know, phone’, I’d got to know them that well I could phone them and you know, they’d be there to listen to me.”*

(Service user – Outreach)

## Summary

The projects were valued as a resource to deal with the multiple problems of the families, including ASB. Statutory services indicated that they had limited resources to manage the complexities of the referred families. The projects were viewed as being a challenging option for families to change their behaviour, although not all referrals were primarily for ASB or involving those at immediate risk of losing their tenancies, and child welfare was a significant determinant. Thresholds for acceptance onto the projects were flexible to accommodate the needs of families and services.

The projects worked within a culture of values that respected the families and was successful in engaging them in changing their behaviour. The different knowledge, experience and skills brought into the multi-disciplinary project teams were viewed as strengths and allowed for a broad range of responses to the multiple needs of the families. The projects occupied a space between statutory and voluntary provision in ways that families found helpful. Authority was maintained within a context of care.

The families were appreciative of the ways in which the projects approached them, with a respectful working relationship providing the basis for change. Key aspects of this were: being listened to; not being judged; accessibility and consistency; and honesty. Families had previously had difficult relationships with statutory services and the projects were seen as different from and more accessible than formal provision, although this was more about working practices than the status of the organisation.

The projects had a crucial role in inter-agency working and negotiation, given the high level of institutional involvement in the lives of the families. Families often had a plethora of statutory agencies (Housing; Social Services; Youth Offending Teams; Social Security; Health; Education) with which they had to engage and their limited resources made this problematic. The projects were able to manage this process and to maximise the effectiveness of services for the benefit of the families.

Direct work with families included acknowledging the health, particularly mental health, needs of the families and constructing support plans appropriate to the individual circumstances of the families. The families were often headed by single women who were struggling with a history of adversity. Projects recognised that gender played a role in how the families functioned and how they may change their situation. Empowering families through confidence and skills building appeared to be significant in promoting positive change.

Changing behaviour is a complex matter that needs to be addressed within the individual contexts of the families. Challenging anti-social behaviour can be done directly within a context of addressing the spectrum of needs of the family. Families make sense of intervention within their framework of experience, and often view project workers as 'friends' who offer support but can also be critical. Practical assistance was valuable to many families, given their adverse circumstances, including financial management advice where appropriate. Lack of financial resources appeared to be more significant than domestic financial mismanagement.

## Chapter 7

### The experience of living in core residential accommodation

In addition to working with families in their own homes, three of the six projects provided a more intensive form of intervention based around residential core units. These were flats housed within projects' premises and managed directly by projects. Families living in core accommodation are required to adhere to a set of rules and regulations which vary between projects. However, they usually comprise of a requirement for children and adults to be in the accommodation at a set time in the evening, restricted access in and out of the project building where the flats are located, and visitors by permission only, together with specific rules deemed appropriate for particular families. In core accommodation, project workers support and supervise family members daily. For example, most families are visited each morning to ensure that they are out of bed and that the children are ready for school, with projects undertaking several observation visits during the day.

While each of the three projects providing core accommodation adopted different referral criteria, it was clear that families referred to the core units tended to have more complex and multiple needs than those provided with outreach support. This chapter provides a profile of the characteristics of families provided with residential support and outlines:

- Levels of homelessness and referrals to residential support.
- The health and support needs of family members.
- Service users' perceptions of the value of residential support.
- Project managers' and key stakeholders' views on pros and cons of residential provision.

Further information on the costs and benefits associated with projects providing both residential and outreach support is provided in Chapter 9.

#### 7.0 Which families are provided with residential support?

Over the period 2004/05, eleven families were provided with support in core residential accommodation managed by three of the projects. Data collected from these families' case files, combined with interviews with six families<sup>23</sup> living in core residential accommodation, have been drawn on to explore which families were provided with this very intensive form of intervention and to identify differences between this cohort of families and those provided with support on an outreach basis. The evaluation has also sought to establish whether the outcomes associated with families provided with residential support differ in any way from the outcomes associated with supporting families in their existing home. In order to control for differences in project modes of operation and forms of intervention, the following comparison between those living in core accommodation and those provided with

<sup>23</sup> Seven adults from six families living in core accommodation were interviewed in 2004, three of these families took part in repeat interviews twelve months later, the remaining three families had disengaged from the projects and could not be contacted.

support on an outreach/dispersed tenancy basis has been restricted to the three projects that operate both a core and outreach/dispersed service, resulting in a sample of 88 households in total. Additional data collected from interviews with project managers, project workers and key stakeholders have been drawn on to further explore the role residential accommodation can play in the provision of intensive family support.

It should be noted that, due to the small size of the sample of households (eleven) living in core residential accommodation, it has been impossible to undertake a statistical comparative analysis profile of families receiving outreach support and those provided with more intensive residential support. However, the evaluation findings suggest that there are important differences between families provided with residential support and those receiving outreach support which merit further analysis and comment.

### 7.1 Levels of homelessness and referrals to residential support

Referrals for residential support tended to be made at a point where families were either homeless or at acute risk of becoming homeless. The eleven families living in core project accommodation were three times more likely to have been served with an eviction notice or Suspended Possession Order at the point of referral compared with those provided with outreach support. At the point at which the eleven families were offered residential support, six gave up secure tenancies to take up a residential place with the project, while the remaining five households moved from either insecure private rented accommodation (one household) or non-secure tenancies, having been found homeless at the point of referral (four households). The high incidence of homelessness associated with families living in project residential accommodation is also reflected in the evidence which suggests that families offered core support were more likely to have suffered repeat cycles of homelessness in the past, with proportionally more families (over half, six families) reporting that they had previously experienced homelessness compared with just over a third of families supported on an outreach basis. The value of providing families who are in crisis with stable, supported accommodation was identified by a number of project stakeholders as one of the benefits of providing residential support:

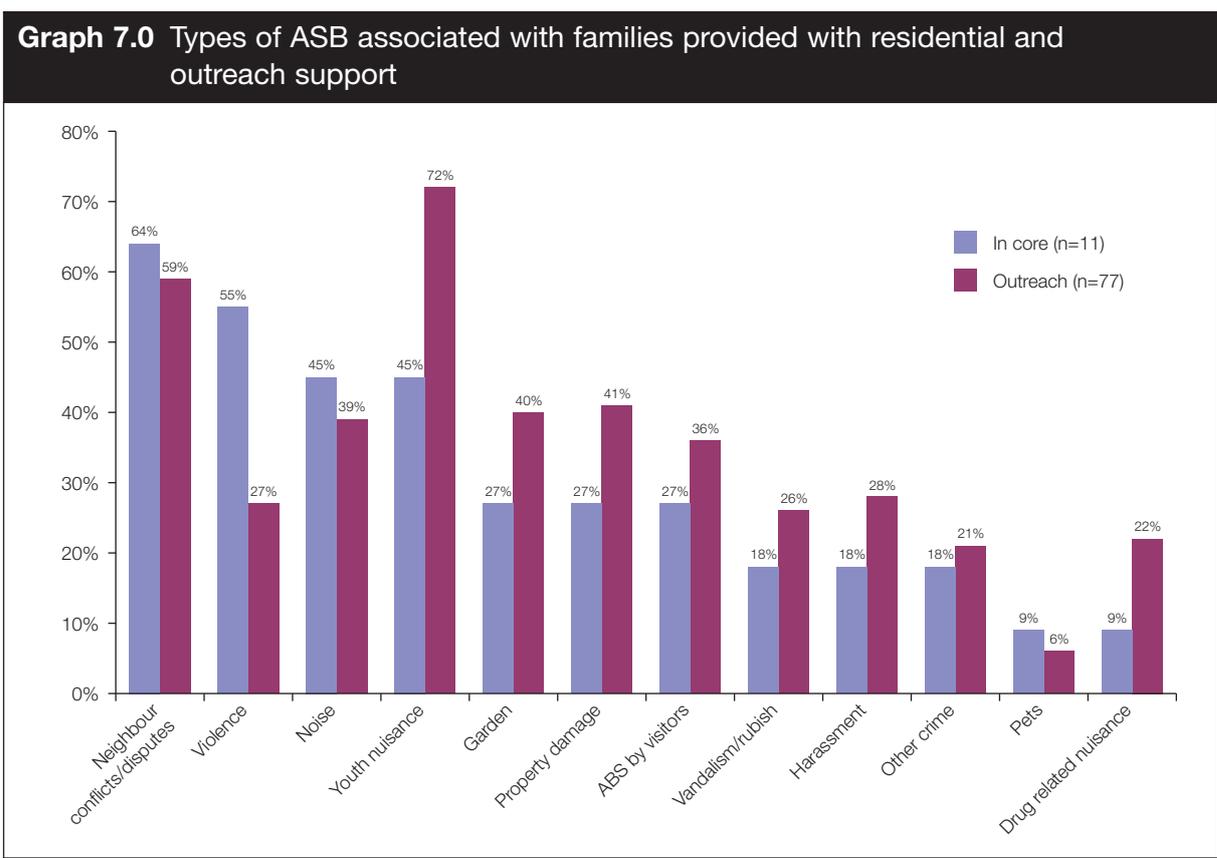
*“I think the difference [between core and outreach support] is obviously where the core is where the family have failed, that they’re already in crisis ..... children very often on the cusp of being taken into care..., so it’s not prevention work, it is recovery work...where as the dispersed is very much prevention – people are heading down a certain path and you want to prevent them continuing down it.”*

(Stakeholder – Community safety)

The number of types of ASB that families living in residential accommodation had been associated with at the point of referral ranged from 0 to 11. Surprisingly, no complaints of ASB were recorded on one family’s case file, while on another case file complaints focussed on only one form of ASB. For these families, while there had been the occasional allegation of ASB associated with members of the household, the

main reason for the referral was to address complex unmet support needs. It should also be noted that both these families had been referred to residential support services during the initial project set-up period, when referral and admission procedures were still in the process of being developed. When asked why these families had been provided with residential support, the project manager(s) acknowledged that the decision had been informed in part by resource constraints and the need to ensure that residential places were taken up without delay.

The relatively low level of ASB associated with these two families appears to have been exceptional. It was more common for families referred to core accommodation to have been associated with four or more different types of ASB, with one family the subject of complaints about eleven different types of ASB.



Although the sample of service users living in core accommodation is too small to enable any generalisation to be drawn, the data indicate that those provided with residential support were more likely than those offered outreach support to have been the subject of serious complaints over a considerable period of time. In particular, families living in core accommodation were found to be less likely to be the subject of complaints about youth nuisance, drug related nuisance, property damage, and the condition of the home, but twice as likely to have received complaints regarding violent behaviour, as shown in Graph 7.0. This infers that the behaviour, activities or events that had led to complaints of ASB were very serious in nature. A more detailed analysis of the types of behaviour associated with families provided with residential support was facilitated by data drawn from in-depth interviews with six families living in project core accommodation. The behaviour of at

least one family member in each of the six households was found to be criminal in nature and had involved violent attacks as well as threats and intimidation.

Interviews with project managers running residential services were used to explore in greater depth the basis on which families were offered residential or outreach support. While each of the three residential services had slightly different referral criteria, a common theme identified by all three project managers concerned the very high levels of need associated with families exhibiting the most challenging behaviour, which could most effectively be met by a more intensive intervention.

*“I do think the core is necessary because when we just had the floating support service there were a few families that we just, we ended up, we were just going round in circles because the floating support, it’s not enough. And their needs were so high that we were doing twenty-plus hours a week just on one family. Only to just keep it ticking over, not to make any progress.”*

(Project manager)

Referrals to residential provision were prioritised for families who had committed persistent and often violent ASB and who were considered by referral agencies and project managers to be at the more extreme end of the spectrum of ASB. It appeared that, although moving into core accommodation is essentially a voluntary option for families (as is the choice to accept a referral more generally), the decision to move into a residential unit is restricted. Indeed, at the point of referral to project core accommodation most families were in quite desperate situations and had limited options available to them.

*“They have got a choice. It’s made clear to them that they don’t have to have the service, but there are consequences of deciding not to accept the service, and one of those is that their home provider might just decide to pursue an enforcement and take that all the way to eviction unless, with or without our support, they make changes and stop it.”*

(Project manager)

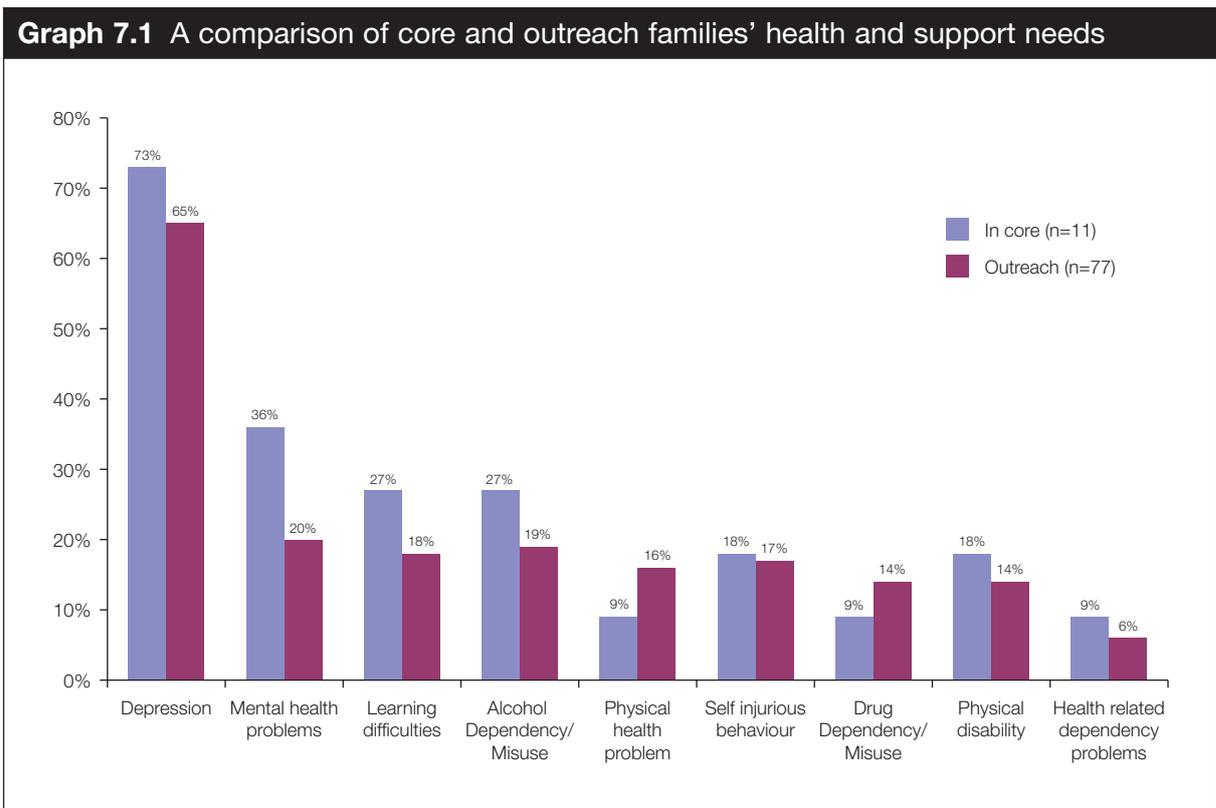
As a result of the constrained choices available to families provided with residential support, they were seen by project managers as carrying with them higher risks of potential failure. For example, one project prioritised residential support for families who were deemed to be intentionally homeless and who had little option but to agree to work with the project if they were to have the opportunity of gaining a secure tenancy in the future. While this approach was thought to be influential in persuading families who might otherwise have been reluctant to work with the project, it also carried a high risk of failure for both family members and for the project.

## 7.2 Core families’ health and support needs

While all the families referred to Intensive Support Projects were characterised as having multiple and inter-related support needs that had been manifest over a long period of time, the range of health problems and support needs associated with

families living in residential accommodation was particularly acute. For example, children of families living in residential accommodation suffered from a greater propensity to have learning difficulties, a slightly higher level of drug-related health problems, and higher levels of self-injurious behaviour compared with those provided with outreach support. A similar pattern of acute needs was associated in connection to adults living in core accommodation, with a higher proportion of adults also identified as having learning difficulties, higher levels of depression, mental health problems, and alcohol or drug misuse. The high level of support needs associated with families living in core accommodation was confirmed in interviews with families, with both adult and child family members likely to suffer from a combination of mental health problems, including severe depression resulting in suicidal tendencies, alcohol or substance misuse difficulties, learning difficulties, ADHD, and school exclusions. The incidence of family violence was found to be slightly lower in families living in the core accommodation, with seven out of the eleven families (64%) subject to current, or a history of, domestic violence, compared with those provided with support on an outreach basis, where family violence was reported as being an issue for fifty-three (68%) families.

Graph 7.1 illustrates the extent to which the level of support needs amongst those living in core residential accommodation was more acute than those found amongst families provided with outreach support. It should be noted that the percentage comparison outlined in Graph 7.1 are based on a small sample of households.



Despite the evidence that families referred to core accommodation were particularly vulnerable, the number of agencies involved at the point of referral was similar for both those supported on a core and an outreach basis. At the extremes, one family

had no agency involvement, while another had contact with eleven. More commonly, families living in core accommodation had previous contact with on average up to three other agencies, with families most likely to have contact with a social worker or health visitor at the point of referral.

Given the very high levels of violence and support needs associated with families provided with residential support, it is not surprising that project workers assessed there to be a higher risk of family breakdown for families living in core accommodation compared with those on the outreach support programme. For example, proportionately more of those living in core accommodation (just under half) were considered to be vulnerable to family breakdown compared with those in receipt of outreach support (one third). The frequency with which family members' living arrangements changed is illustrated by the experiences of the six families who took part in the in-depth interviews. In three of these families, one or more child was living with relatives or friends at the point of referral, while in a further two families changes in the family composition occurred while the family was provided with residential support. In one case a teenage child moved out of core accommodation to stay with relatives, while in another an adult child moved into the project accommodation to rejoin the rest of the family. While these changes in living arrangements were freely negotiated and so perhaps are misleading to describe as 'family breakdown', they indicate the frequency with which family compositions changed. A further indication of the fragile nature of relationships that characterised families living in core accommodation was project workers' assessment of the likelihood of one or more child of the family being taken into care. Families living in core accommodation (just over half) were more than twice as likely as those receiving outreach support (a fifth) to be assessed at risk of children being taken into care. It should, however, also be noted that project workers considered one of the advantages of the provision of core residential accommodation to be that they were able to more accurately identify when children were at risk and take appropriate action. In a small number of cases, project managers had recommended that children living in core accommodation were taken into care.

### 7.3 Service users' experiences of living in core residential accommodation

More detailed data about the circumstances and views of families provided with residential support were obtained from six families who agreed to take part in the evaluation study.<sup>24</sup> Analysis of this qualitative data confirms the key findings from the case monitoring exercise. Families were found to be most likely to be headed by single parent women (five out of the six interviewed). All of those interviewed had chaotic housing histories and were either homeless or subject to Suspended Possession Orders at the point of referral. Levels of violence in the home were very high, with four of the six mothers having been subjected to male violence, most frequently from teenage sons. In addition, in one family the father had also been subject to violence from his teenage step-daughter.

Interviews with service users living in project core accommodation explored how family members felt about living under strict supervision and regulation. Many

24: Members of three of these families were interviewed both at the point of moving into the residential accommodation and 12 months later; the remaining three families disengaged from the projects and it was not possible to make further contact with them.

families described how they had found the rules strict and difficult to live by at first, but had gradually become accustomed to them over time. Furthermore, the rules seemed flexible and service users were allowed to come home late for special occasions. No family seemed to vehemently resent the rules and regulations with which they were expected to comply:

*“I mean at first it was a bit of shock having to stay in at ten o’ clock. They changed the time, it was eleven o’ clock they told me, then they said ten o’clock. But I mean that first month I got that many warnings, ’cos you can’t get in on time. And it’s hard to.. you’ve got to change into a routine. If they gave you a bit more time to get the routine going yourself. I mean from day one it was like.. god, it was like a prison, you know what I mean? But I’m used to it now, sort of thing. I don’t go anywhere.”*

(Service user – Core)

What was perhaps an unexpected finding is that a number of families interviewed said they enjoyed living in the core accommodation. There is some evidence that this was in contrast to their previously multi-problematic lives, which had been characterised by instability and limited access to resources (Nixon et al, 2006). Although living in core accommodation brings with it restrictions on freedom, paradoxically, this enabled some families more freedom than they had experienced previously. In some cases families had previously lived within environments characterised by risk, vulnerability and volatility and as a consequence, living in core accommodation enabled service users to feel safe. One interviewee described how she did not want to leave the core accommodation and worried about her case closing:

*“I like it because it’s a, it’s a place of safety, because of the security reasons obviously and ... I know it’s not like your own home but ... it instils a sense of security and the people here are quite nice, easy going.”*

(Service user – Core)

Other families enjoyed the on-hand support that living in core unit afforded them:

*“Good for the kids... like if they’re having a moment flip out – we’ve got a key worker who comes in, has a sit and a chat and if they don’t want to talk to me there’s somebody else there. And if I say something they say no, somebody else backs me up and its that, you know, ... It’s taking control of them again, really.”*

(Service user – Core)

## 7.4 Outcomes associated with residential interventions

While analysis of the outcomes associated with families living in project core accommodation is limited by the fact that over the evaluation period only three residential cases were closed, additional qualitative data drawn from repeat interviews with family members, all of whom had lived in core accommodation for over twelve months, indicate the extent to which families felt that they had changed.

At the point at which service users were initially interviewed all families, even those who subsequently left the project prior to completion of their support plan, clearly articulated that they had found the experience beneficial in some way. Most commonly, adult family members said that they felt happier, stronger and more confident that they would be able to avoid difficulties in the future. Parents were also clear that living in a more structured environment was a positive experience for their children and that, as a result of the help provided by the project, they felt their parenting skills had improved. As one mother explained:

*“I’ve a lot better relationship with [my teenage son]. I have never, it’s been years since we’ve been able to have a proper relationship...I mean it sort of, the difference it made really, the parenting, is that and I ended up being more the parent instead of the friend. When the kids were sort of saying to me, ‘You’re sad’, it felt good because I know that I were doing me job properly.”*

(Service user – Core)

Many adult service users were also clear that having access to day-to-day support and guidance had enabled them to address long-standing health needs and had given them the support necessary to seek further help from other agencies (see boxed case study below).

Notwithstanding these achievements, it was also clear that residential interventions did not suit all families. The consequences for families of failing to engage with residential interventions were very serious and could result in the family becoming both homeless and unable to access social housing. Equally, however, not all families were able to sustain living in the very highly structured environment provided by the projects. Over the course of the evaluation, three families disengaged from project interventions and were either evicted from or left core accommodation. The reasons why these families disengaged were explored with project managers, who identified the following reasons: in one case alcohol dependency led to one member of the family being asked to leave the project and as a result the rest of the family withdrew from the project interventions; in the second case an incident involving arson resulted in the family moving out of the core accommodation; while in the third family, the mother decided that she no longer needed the support offered by the project and was therefore given a notice to quit:

*“We served a notice to quit because she said, and we discussed it at length, that she no longer needed our support, which means you can’t stay in the accommodation. You can’t have one without the other. So when we served the notice to quit I explained to her, the reason I was serving the notice to quit was because she’d made it clear to us she didn’t want the support any longer and, you know, if you don’t want the support you can’t have the flat.”*

(Project manager)

**Case Study: The experience of living in core residential accommodation**

A single mother with four children aged from 18 to 12 was offered residential support following her eviction from a secure LA tenancy. Prior to starting to work with the project, the family had a very troubled history. The mother suffered from OCD and severe depression. Two of the children had been diagnosed with ADHD, one had been excluded from school, while the other, who also suffered from a bone tumour, was very withdrawn and had suicidal tendencies. One of the sons had moved out of the family home due to his violent and abusive behaviour towards his mother. The two eldest boys had become closely involved with a criminal gang operating on the estate where the family lived and the family were the subject of numerous complaints about gang fights, noisy threatening and abusive behaviour, and criminal damage. Gang warfare resulted in the family becoming the target of retaliatory action involving criminal damage, intimidation, and burglaries, culminating in the mother being raped by a gang member. At this point the family moved into emergency Refuge accommodation in a nearby town. Subsequently, the family were evicted from their LA secure tenancy as a result of rent arrears and at the point of referral to the project were living in temporary Bed and Breakfast accommodation. Initially, the mother was very reluctant to accept a residential place with the project, but felt she had no choice. The project interventions focussed on helping the mother to establish boundaries and routines, along with self-esteem and confidence building work. Project workers also helped the mother ensure that her children returned to mainstream education and addressed their physical and mental health needs. Separate support plans involving personal development work and anger management were drawn up for each of the children. Shortly after starting work with the project, the mother described how being provided with residential support had had a dramatic impact on the whole family: *'It has brought us together closer. It was the best thing that could ever happen coming here, because I think I was going under, definitely I was I was just slowly sinking... I don't think I could go on without having support here. I mean I feel safe you know what I mean and they are like friends they're not like workers... I don't feel confident enough to be on my own, I really don't.'*

Addressing the deep-seated problems affecting family members took time. After being provided with intensive residential support for over 12 months the mother described how moving into core accommodation had given the children a chance to start again, *"Nick, he is like he's got his normal childhood now, if you know what I mean, he's like going to school and coming home and going out to play basketball."* She really valued the way in which the project had helped her develop her parenting skills and establish clear boundaries for the children. She did not mind the rules and close supervision, indeed she described this aspect of the residential support as being a positive feature, enabling her to feel safe, and she expressed relief that she no longer experiencing that *'churning stomach'* and the fear of *"'what's going to happen next' feeling, I feel more secure I suppose."* The mother summed up the benefits of the support provided to her in the following terms: *'what they've actually done here is made me feel good about meself. I've never felt good about meself for a long time, you know, in anything with the kids, nothing. But you see, that's, that's why I say, I even had the confidence to go for a job, because I felt that I was worth to get a job and you know, I could do this and I could that. And I wouldn't have thought none of that before. I felt like I was a piece of shit, really... I was more of a ...always a victim if you know what I mean.'*

## 7.5 Pros and cons of core and outreach provision

As the preceding section of the report illustrates, families living in core residential were very positive about the experience. It must also be recognised, however, that not all families were able to adapt to living in project core units and all three projects running this type of intensive intervention had been forced to evict families. In the light of these experiences, the evaluation team were interested to explore with project managers the perceived pros and cons of operating with and without a core unit.

Given the relatively short time that projects had been providing residential services and the limited number of families who had been supported in core accommodation, most of those interviewed felt it was too early to be definitive about the advantages or disadvantages of providing core accommodation. Moreover, one project manager found it difficult to say for certain whether the outcomes achieved with those families living in the core accommodation could not have been met had support only been provided on an outreach basis. Nevertheless, project managers were clear that outreach support was simply not intensive enough for some families. In this context, the provision of a residential service was seen as providing project staff with an additional method of intervention with families who had made little progress and who were considered to require a greater intensity of intervention.

In comparison to outreach work, core interventions involved developing different ways of working with families. Contact is more regular and also, as one project manager described, more flexible. Whereas outreach work requires planning and structure to ensure visits are productive and purposeful, contact with families in core units is unplanned and impromptu, often initiated by service users themselves, who are close by and drop into the project office to seek assistance or guidance. This 24/7 support, in turn, allows project workers to develop a different kind of working relationship with service users living in the core accommodation, with perhaps a greater focus on parenting, household management and behaviour management, rather than simply on the tenancy management:

*“I suppose with outreach and dispersed you have to be a lot more structured and you work with them and make sure that when you go out you go with a set purpose. Whereas with core you can be very much on the spot, just pop in, check up, see if everything’s okay. I think the thing is with core is that people feel they can come down and come and join the office and ask for help whenever they want and we don’t always have that same relationship with, with the other clients.”*

(Project manager)

The frequent contact between core service users and project workers also resulted in project workers gaining greater insight into the underlying causes of the problem behaviour than was possible on an outreach basis. In one instance, this allowed a serious child protection case to be picked up that the project manager felt might not have been identified if the project were just providing outreach support:

*“Well, we’ve found with core that even though we think we know a family, ’cos both families that came in we’d done community support for eight, nine, ten months, actually we find that really we don’t know much. You know, they get here and they’re under so much surveillance and scrutiny that we find out loads.”*

(Project manager)

Another manager also described how the relationship project workers had with families is qualitatively different, in the sense that they are not only providers of support but also have to enforce tenancy conditions. This can potentially give rise to a conflict of interest, which requires careful management.

It was generally agreed that the decision whether or not to establish residential interventions is context-dependent and not a generic requirement for all family support projects. Some project managers saw no need for core units, as they could not readily identify sufficient families who might benefit from such a service. A further key disadvantage acknowledged by a project manager with experience of operating a core unit concerned the complex staffing requirements to ensure night support cover, together with security staff and cover over the weekends.

It is clear that the costs associated with the provision of a core unit can add considerably to the costs of a project (see Chapter 9). A summary of project managers’ views on the advantages and disadvantages associated with core units are outlined in Table 7.0 below.

**Table 7.0** Project managers' views on the pros and cons of a core unit

Advantages	Disadvantages
<ul style="list-style-type: none"> <li>• Gives the project a high profile locally;</li> <li>• The unit can include office space and rooms suitable for holding meetings or running activities and classes for core and outreach families;</li> <li>• Enables the project to work very closely and intensively with a challenging family (e.g. through the imposition of curfews and by having staff on site 24/7);</li> <li>• Easier to establish good routines and discipline, as staff are on hand early in the morning and late at night, when support is most often required;</li> <li>• Can help a family by moving it from what may have become a very tense situation locally (e.g. violence; drug dealing);</li> <li>• Can give a family a 'breathing space' to come to terms with their problems and to start to address them in a safe environment;</li> <li>• Can provide accommodation for families who are intentionally homeless;</li> <li>• Facilitates the identification of children at risk and enables intensive monitoring of child protection.</li> </ul>	<ul style="list-style-type: none"> <li>• A high local profile may cause problems within the immediate community in which the unit is located (which may require a security guard to be on site at night);</li> <li>• A core unit can become a target for local community unhappiness and there may even be a campaign to close the service down, which absorbs a considerable amount of senior staff time;</li> <li>• May not be possible to find a suitable building in an appropriate area;</li> <li>• Can be very difficult and expensive to staff appropriately (e.g. relief staff need to be available for night cover);</li> <li>• May need to rely on agency staff to a considerable extent (who tend to be expensive, non-continuous and harder to manage, as they may not be 'tuned in' to the underlying support philosophy);</li> <li>• Need high levels of security to control access in and out of the building, but this can make it look and feel institutional;</li> <li>• Staff working in the public areas (and others using them) may be at risk if access is not managed effectively;</li> <li>• The families who would benefit most are often too large to be accommodated in the core;</li> <li>• If a core can accommodate more than two families, there is the potential for the 'wrong mix' of families to be living there, which is likely to be counter-productive;</li> <li>• If residents of the core behave badly, this adversely affects relationships with other local residents;</li> <li>• Families can become dependent on the support structure (and expect the core "to do their parenting for them") if they are in the core for too long;</li> <li>• Accommodation tends to be relatively inflexible and may be void for periods of time, which reduces financial viability;</li> <li>• 'Political' risks are high and there may be a 'fad' element to such provision.</li> </ul>

## Summary

Providing the most ‘challenging’ families with highly structured residential support was seen as one of the toughest elements of project interventions. The potential benefits of this type of intervention were recognised by project managers, other key stakeholders and, indeed, families themselves. However, it was also acknowledged that the provision of residential support was both very resource intensive and a high-risk activity, with residential accommodation only suitable for a limited number of families. One service user who had lived in project core accommodation for over 18 months felt that, in order to benefit from residential interventions, family members must be committed to change:

*“I think people who are actually wanting to move on with their lives and be in control and... for some reason, whether it be because they’ve not got a partner, whether their kids have got, you know, behavioural problems or whatever, to be able to like, you know, support ‘em, and move on and have a life really.”*

(Service user – Core)

Project Managers identified a range of advantages and disadvantages associated with core residential provision and concluded that the decision as to whether or not to develop this expensive form of provision could only be determined by reference to local service priorities. They felt that a core unit should not be seen as a generic requirement for all family support projects.

## Chapter 8

### The impact of project interventions

*“The support I got was a hundred percent and I couldn’t have asked for anything better and I just hope that it continues and everybody else who they work with can get this, the support and everything I’ve received.”*

(Service user – Outreach)

As the preceding chapters of the report have demonstrated, intensive family support projects are targeting interventions at some of the most disadvantaged and needy families in the country. ASB is only one symptom of the dysfunction of these families, with ill health, school exclusions and family breakdown all contributing to the marginalisation of the family members. Given the levels of need associated with families referred to the projects, it could be anticipated that project interventions would be only partially successful. This was not the case. The study findings in relation to outcomes at the point at which families left the service indicate that, for the vast majority of families, the projects had helped them achieve remarkable changes. Although no single model of intervention was identified, with each of the six projects crafting interventions to reflect local priorities and practices, the evaluation found there to be no discernable differences in the outcomes achieved across the sample of projects.

- In more than eight out of ten families (85%), complaints about ASB had either ceased or had reduced to a level where the tenancy was no longer deemed to be at risk at the point where the family exited the project.
- Moreover, project workers assessed that in 80% of cases families’ tenancies had been successfully stabilised with an associated reduction in the risk of homelessness.
- While it was beyond the scope of the evaluation to carry out an independent assessment of the impact of these changes on the wider communities in which families lived, in 88% of cases project workers assessed the risk to local communities had either reduced or ceased completely by the time families left the project.
- Project interventions to support children were framed within the Every Child Matters Outcomes Framework and over the evaluation period significant improvements in children’s health, well-being and educational attainment were recorded (see Chapter 4).

The reasons why the projects were so successful in meeting their aims and objectives are examined in greater detail below. Data collected in the 2004/05 case monitoring exercise, together with findings from in-depth interviews, have been used to critically examine the practical consequences of intensive family support. The chapter draws on data collected from fifty-four closed cases files to provide evidence about the extent to which the project intervention impacted on:

- levels of ASB complaints;
- the risk of eviction and the stability of the tenancy;

- the risk posed to the community;
- the risk of family breakdown.

The analysis compares the outcomes achieved by households who ‘engaged’ and actively co-operated with the assessment process and the aims of their support plans, with outcomes achieved with families who ‘disengaged’ prior to completing the agreed programme of work.

These statistical data are supplemented with the findings derived from the analysis of in-depth interviews with service users, project managers and workers, and key stakeholders. At the time the second set of interviews were conducted with service users, all families had been in contact with the projects for between six and twenty-four months.<sup>25</sup> Some of the service users’ cases had either closed or were very near to being closed, while in other instances concerns about the family’s behaviour and/or tenancy remained and there was no clear indication of when they may leave the project. In all cases, however, interviewees were in a position to reflect on the impact of the intervention and give an account of the effect the project has had on their lives. During semi-structured interviews, participants were encouraged to provide detailed explanations of their experience of and feelings about intensive family support.

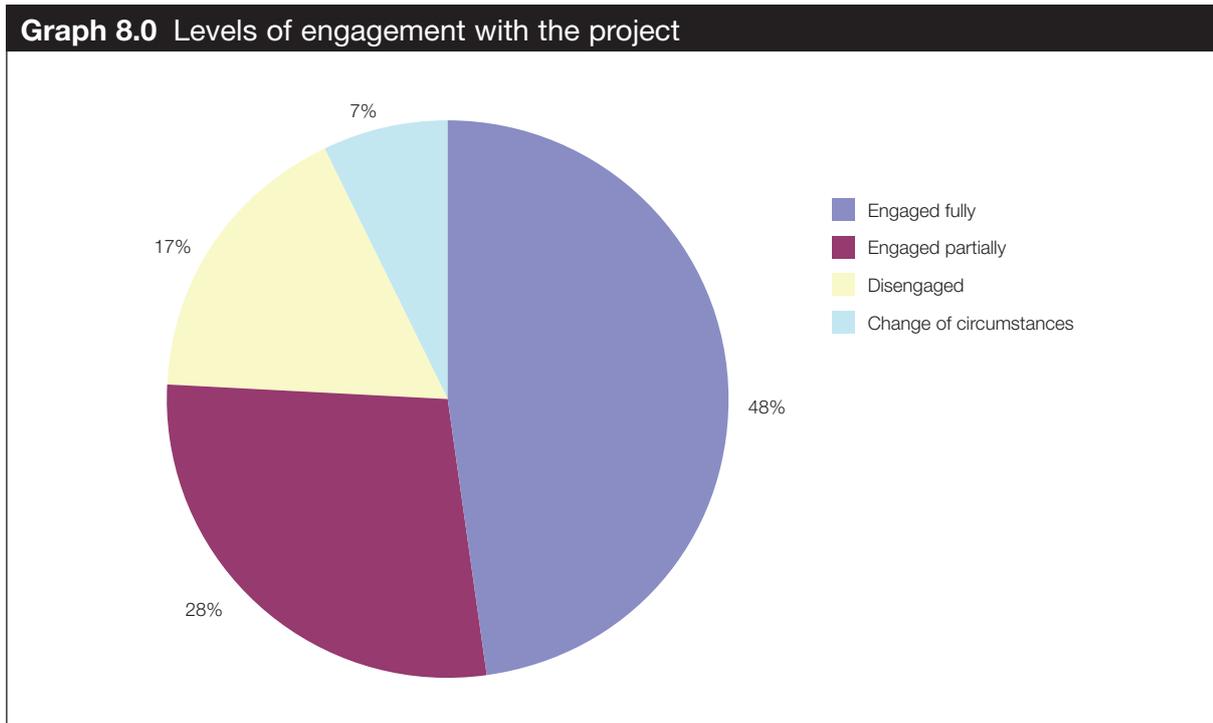
## 8.0 The level of engagement achieved by the projects

Within the twelve-month review period, fifty-four families’ cases had been closed by the six projects. A general indicator that can be used to measure the impact of interventions is the extent to which project case records indicate that the family engaged with the support plan. The following criteria were used to measure the extent to which the family had participated in the project interventions:

- **Fully engaged** – families who were actively co-operating with the assessment process and the aims of their support plans.
- **Partially engaged** – families whose active co-operation with the assessment or the aims of the support plan fluctuated (reduces or increases) over time.
- **Disengaged** – families who did not maintain appointments over a period of time or who attended appointments but were not considered by project workers to be actively working on the assessment or support plan. Disengagement of family members over a period of time led to closure of the case.
- **Changed circumstances** – children no longer living with the family; children reach the age of 16; family move out of the area; alternative services are found; more appropriate arrangements are made (see case study at end of section 8.7).

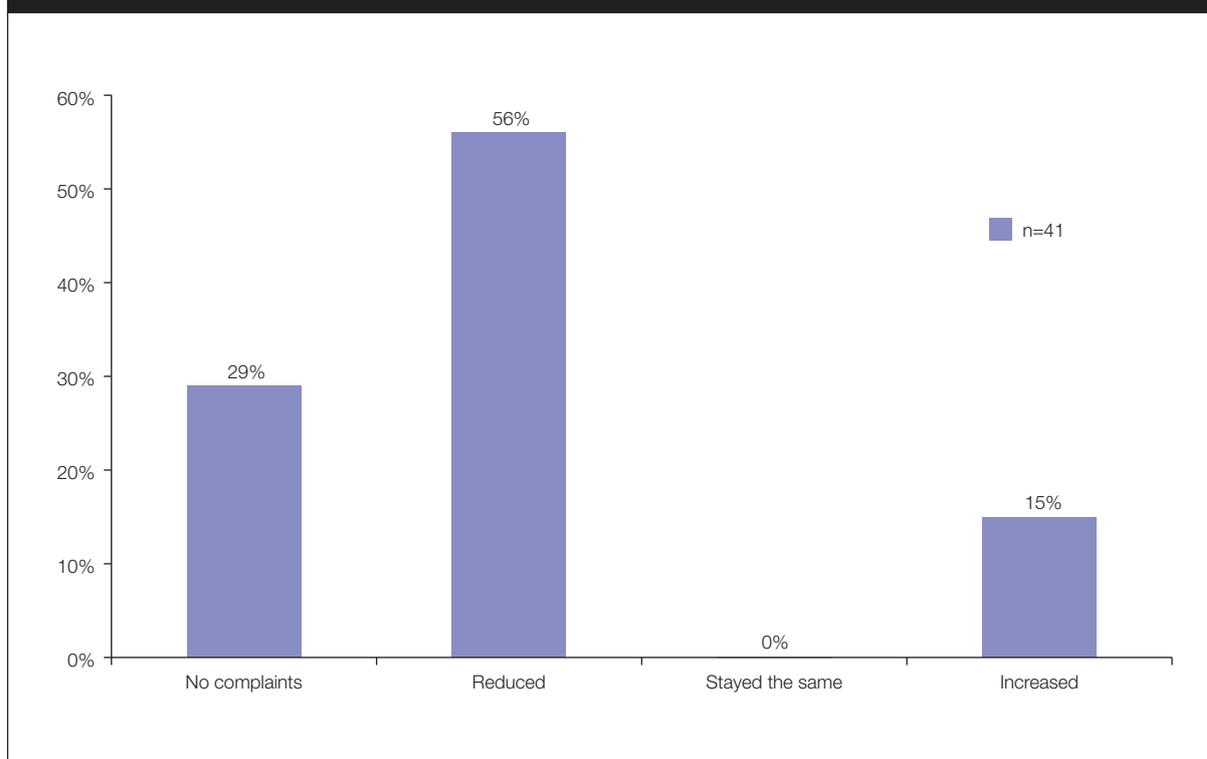
Of the fifty-four families, twenty-six (48%) were identified by project workers as having ‘engaged’ fully with the projects, with a further fifteen (28%) identified as having ‘partially engaged’. Nine households (17%) had disengaged from the project prior to completion of the agreed programme of work. In four cases, the family’s circumstances had changed, meaning they were no longer eligible or no longer appropriate for the project’s support. These proportions are shown in Graph 8.0 below.

<sup>25</sup> Except for one family who had worked with the project for less than six months.



### 8.1 Impact of project interventions on the level of ASB complaints

All six intensive support projects shared a key aim – to assist families sustain and stabilise their tenancies by helping them change their behaviour to ensure they are no longer the subject of ASB complaints. For families who had partially or fully engaged with project interventions at the point at which they left the projects, very significant improvements were noted in relation to the level of complaints. In 29% (twelve families) there had been no recent complaints of ASB made against the family, while in a further 56% of cases (twenty-three families) ASB complaints had reduced to the point where the tenancy had stabilised. This indicates that there were positive outcomes with regard to ASB complaints in a total of 85% of all closed cases. There were a minority of six families (15%) where ASB complaints had increased, and for five of these families the risk of homelessness remained very high. These findings are illustrated in Graph 8.1.

**Graph 8.1** Project workers' assessment of the level of complaints of ASB when cases were closed

Comparing these outcomes to those achieved for families who had disengaged, it was also found that in a small number of cases, ASB complaints had reduced slightly but not to the point where the tenancy had been stabilised, so the risk of homelessness remained high. These findings indicate that, even where families chose to ‘disengage’ from project interventions, positive change can be effected without the help of the project. However, in three cases where families had disengaged, ASB complaints had increased, which suggests that it is very difficult for family members to change their behaviour without the project support.

The vast majority of service users interviewed confirmed that by the time they had left the projects complaints of ASB had completely ceased or reduced significantly as a result of the projects’ intervention:

*“No, no, not had any complaints at all, not like, as I say that’s why I referred him in the first place, because of his antisocial behaviour on the street, yeah, but now he’s, he’s not been like that.”*

(Service user – Outreach)

The changes in behaviour were attributed to a number of different factors, including increased parental control and the development of communication and conflict management skills. Although some initially found attending a parenting course embarrassing and challenging, many service users described how the training/guidance had proved to be extremely helpful (see Chapter 4). Some service users explained that, as a result of attending parenting courses, they had learnt useful new ways and methods of managing the challenging behaviour of their children and conflict within the family:

*“That’s what I found most helpful from it [the project’s intervention] ’cos like I did nursery nursing training and I did like teacher training before I had any children so I thought I knew everything about kids and when you’ve actually got your own and you’re stuck with them 24 hours a day, seven days a week and when you have more than one, all that just goes out of your head and you just start shouting and screaming and...And being just, having somebody to show you the right way or a different way, takes it away and you start to enjoy your family more... I’d completely lost control of the kids completely, they was, they were running wild and I couldn’t, I couldn’t get in control over them again. So I’ve done that, I’ve got sorta like some control back.”*

(Service user – Outreach)

In cases where complaints of ASB were associated with visitors to a house or the behaviour of groups of friends, complaints about behaviour often stopped after a family had been rehoused to a different area away from the friends and neighbours who had played a role in the behaviour that had lead to complaints. In other cases, problems of ASB reduced as a result of a member of the family either being removed from the home or leaving voluntarily. There were also a couple of cases where parents interviewed felt that the behaviour of their children had improved mainly because they had matured, rather than as a direct result of the intervention of the project;

*“I think it’s just reduced naturally. I think as he’s getting older, whether he’s realising because he’s a lot taller than me and a lot stronger as well, so whether that’s anything to do with it, I don’t know.”*

(Service user – Outreach)

This said, even when a positive change wasn’t attributed to the work of the project, the intervention was still deemed to have been invaluable. A couple of parents therefore felt that the project had been of more benefit to them rather than the children.

*“I think I’d have finished up in hospital otherwise, I’d have had a breakdown, I know I would.”*

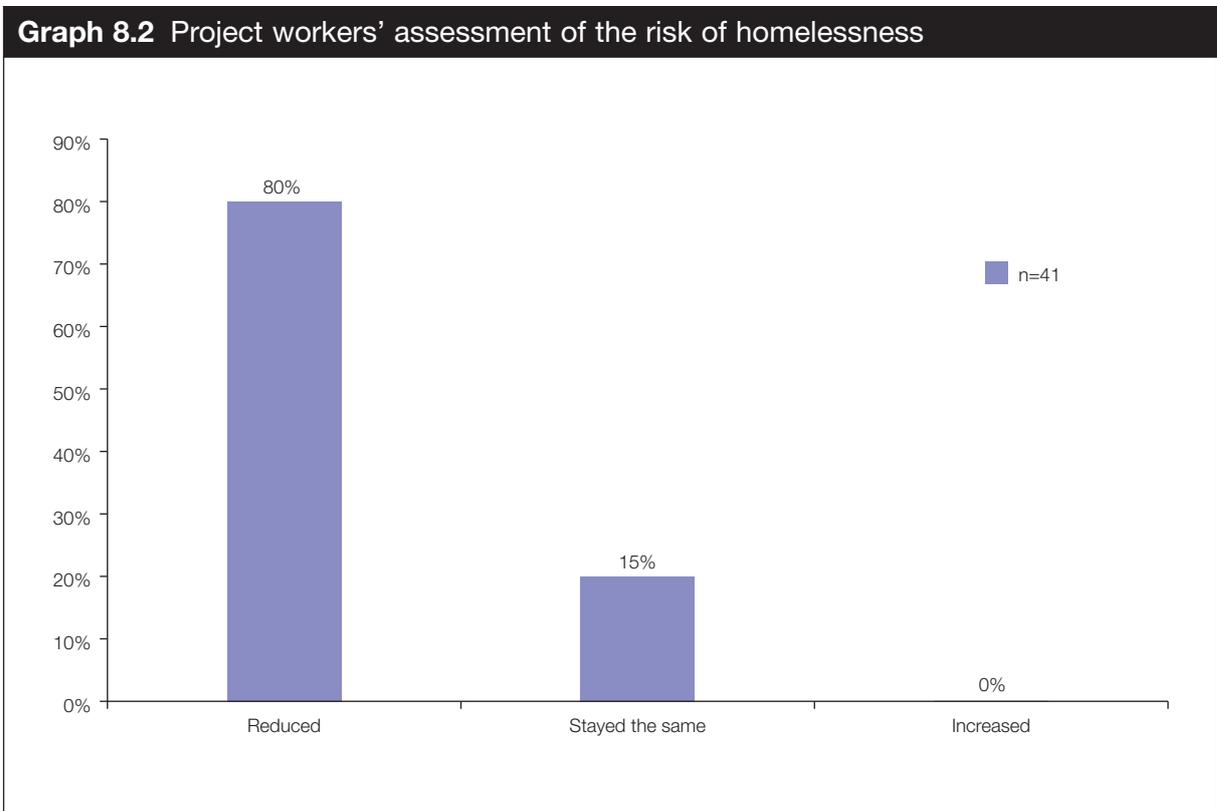
(Service user – Outreach)

## 8.2 The risk of eviction and the stability of the tenancy

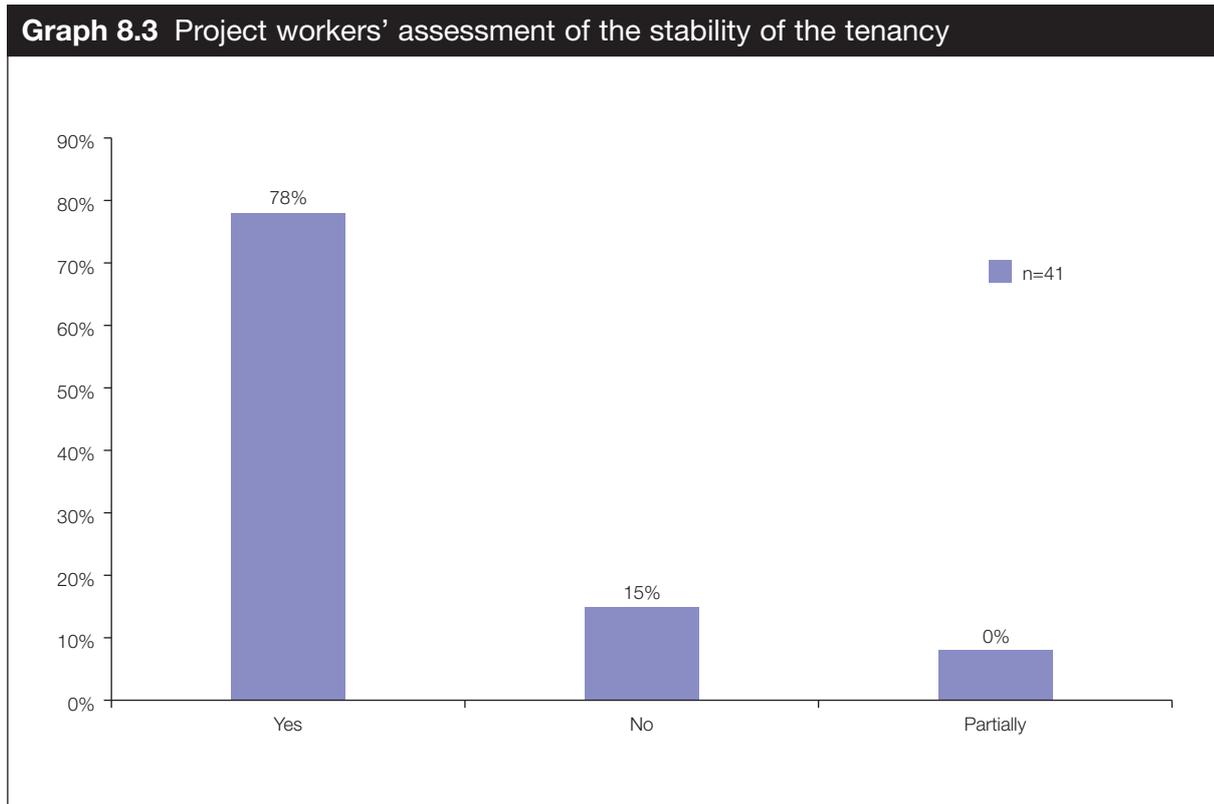
Two key objectives of intensive family support are to prevent households from losing their home and to help families stabilise their tenancies so that repeat cycles of homelessness are prevented. Assessments of whether these aims had been achieved in relation to closed cases were made by project workers.

Families’ risk of homelessness at the point when they exited a project was established in relation to forty of the forty-one families who had engaged partially or fully with the agreed programme of work. Outcomes for these families indicate that the risk of eviction was reduced for thirty-two of these families (80%). In the remaining eight cases the risk of eviction was not affected and in no cases had the risk of eviction

increased. Although the numbers involved are only small, there are clear indicators that where families disengaged or indeed never fully engaged with the projects, the risk of homelessness increased during the period between their cases opening and closing, with six out of nine families having a higher risk of homelessness at the point of exit.



Reflecting the projects' apparent success in reducing the risk of eviction for the majority of families who engaged with the projects, 78% also left the project with a stable tenancy, indicating that the risk of eviction was either very low or non-existent when families exited the projects. Conversely, in eight of the nine cases of families who disengaged, the tenancies of the families remained unstable, and one tenancy was only partially stabilised.



Many of the service users who were interviewed had been referred to a project when they were already homeless or at risk of homelessness (see Chapter 5). This meant that, while some families were in a position where they needed to secure and stabilise a new tenancy, others required help to understand the legal process, deal with complaints and liaise with their landlord to prevent a possession action (see Chapter 6). During interviews, a number of service users explained how a project's intervention had directly prevented them from becoming or remaining homeless and, in turn, had averted further drastic consequences, such as family breakdown and children being taken into care. For them, the impact of the project on their lives both in the long- and short-term was considerable. For others, where the threat of eviction was less imminent, project workers had provided invaluable assistance in explaining legal processes and helping them avoid eviction. This had the effect of reducing the stress and anxiety caused by the distressing threat of homelessness:

*"We would have been split up by social services, I would have been evicted and, I don't know. Probably would have been in homeless by now."*

(Service user – Outreach)

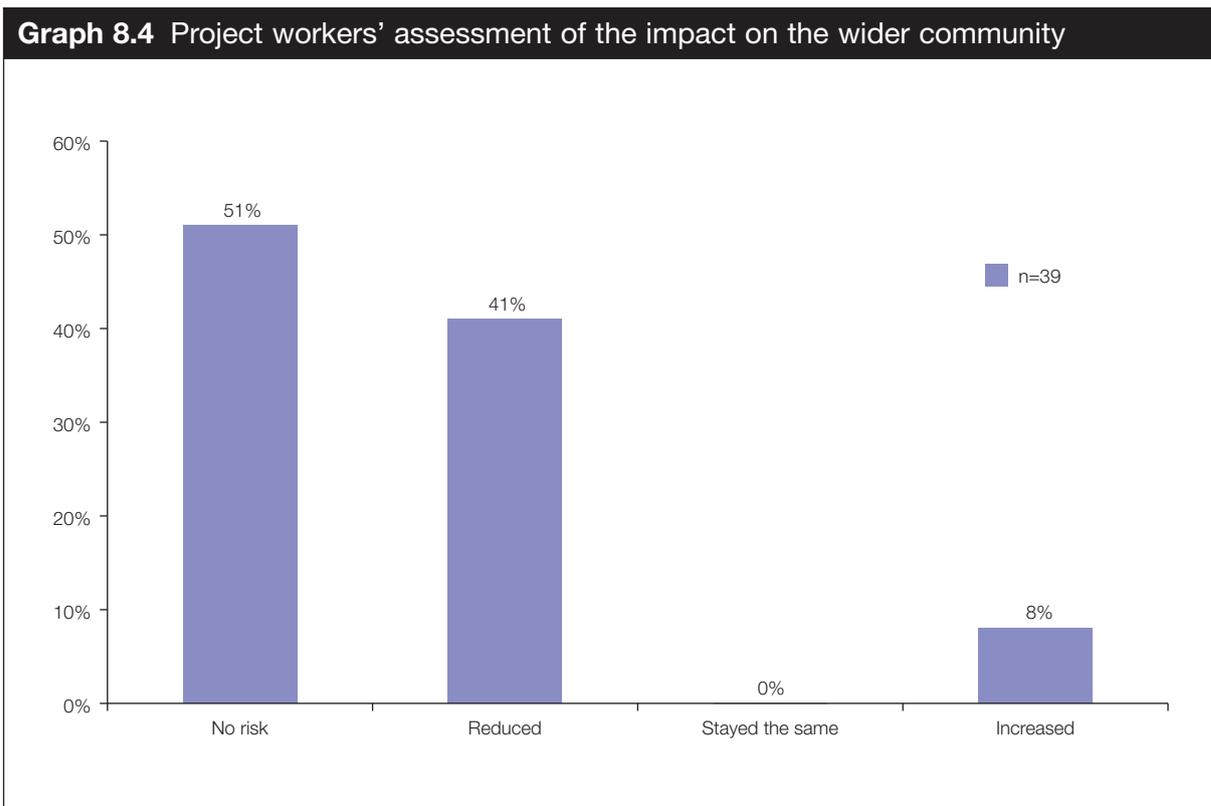
*"It was a good thing that I got referred there 'cos I'd have no house if I hadn't have been referred. I know I would've been evicted, I know I would."*

(Service user – Outreach)

### Impact on the wider community

One of the key aims of the projects is to increase community stability by enabling and supporting families to live peacefully in their neighbourhood. While it was beyond the scope of the evaluation to carry out an independent assessment of the impact of change on the wider communities in which families lived, in 92% of cases

project workers assessed the risk to local communities had either reduced or ceased completely by the time families left the project (see Graph 8.4 below). The reduction in the impact of families’ behaviour on the wider community is also reflected in the decrease in ASB complaints already noted above. Data collected in respect of the thirty-nine families who had engaged fully or partially with the project interventions indicate that, in half of those cases (51%), the behaviour of families/family members was no longer causing a problem for the local community when their cases were closed.<sup>26</sup> In a further sixteen families (41%) impact of the families’ behaviour on the wider community was considered to have reduced over the period that the family was working with the project. There were just three cases where the impact on the community had increased at the point at which families exited the project.



In contrast to these positive findings associated with the project interventions, where families did not engage, the impact of their behaviour on the wider community was judged to have either remained unaltered or had in fact increased.

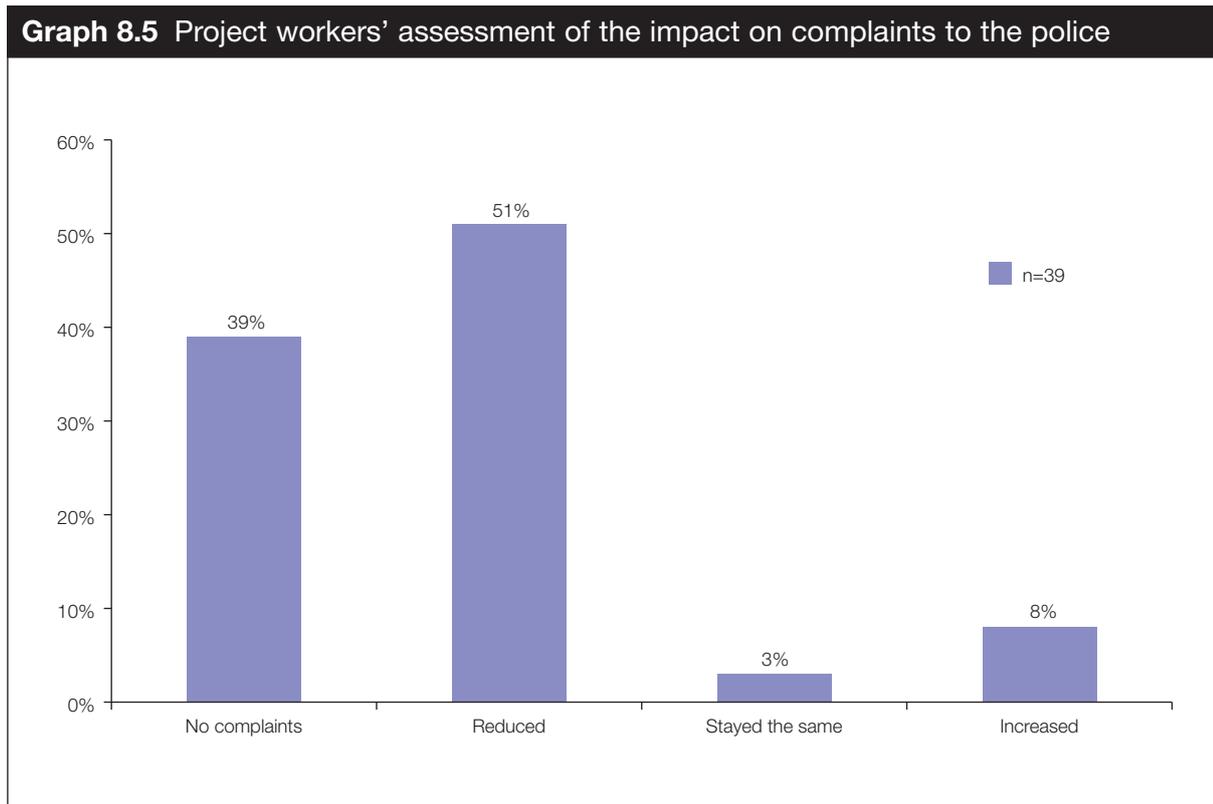
**The impact of project interventions on the level of complaints made to the police**

The data monitoring exercise specifically looked at whether complaints made to the police had decreased at all. Data for this variable were available for 39 of the families who had fully or partially engaged with the project. The findings indicated that in fifteen families (39%) no complaints<sup>27</sup> had been made to the police about the

26 It was not always noted whether the families’ behaviour had impacted in any significant way on the community when they were initially referred to a project and therefore it is impossible to chart changes that had occurred directly as a result of the project interventions but the data clearly indicates that the situation had not deteriorated over the course of support.

27 It should be noted with regard to this figure that in some cases, households were not known to the police when their cases opened and so in those cases a household’s situation will have remained stable over the period of support.

behaviour of family members at the point at which the family left the project. In a further half of families, some improvements in behaviour had been achieved with a reduction in complaints to the police being noted. In 3 families there had been an increase in complaints to the police, again indicating that, in a minority of cases, households exited projects with ongoing problems relating to their behaviour. Frequently, the on-going problems were caused by teenage children who had only partially engaged with the project interventions. In three of the households who disengaged from the project, complaints to the police had increased when the projects closed their cases, in two cases they had reduced, and in another one complaints stayed the same. Graph 8.5 shows these findings.

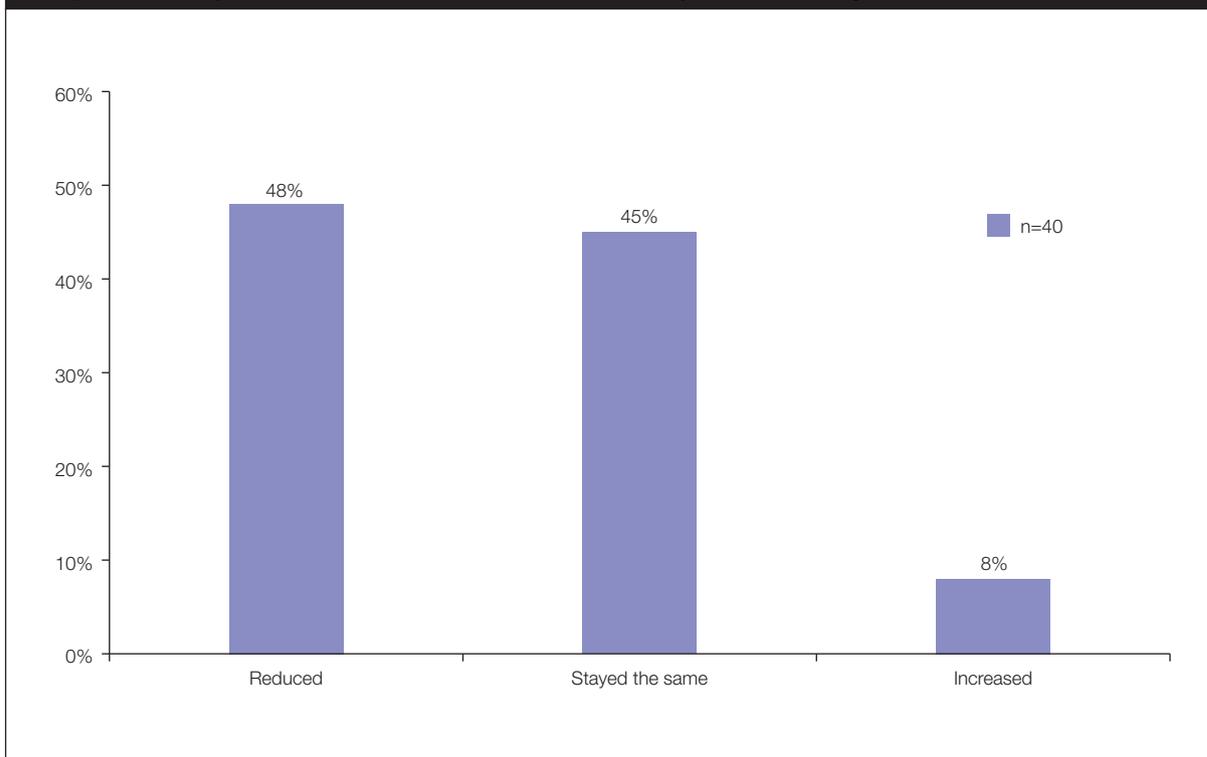


#### 8.4 Risk of family breakdown

A further core objective for the projects is to prevent family breakdown, through preventing eviction and also by helping to strengthen the ways households' function. At the point at which households were referred to the projects, a large proportion of families (64%) were considered to be at a high or medium risk of family breakdown, often due to multiple problems that may not be easy to resolve in the short term. In slightly less than half<sup>28</sup> of the closed cases (nineteen households) the risk of family breakdown had reduced, whilst in 45% of cases it had stayed the same, as shown in Graph 8.6.

<sup>28</sup> Data on this variable were available for forty cases.

**Graph 8.6** Project workers' assessment of the impact on family breakdown



For those who disengaged, in no cases had the risk of family breakdown lessened at the point when their cases were closed. It had increased in three cases and stayed the same in six.

The issue of whether projects directly or indirectly reduce the risk of family breakdown is complex and multi-faceted, but in a number of interviews, service users were clear that the intervention of the project had helped keep their family together, through the prevention of homelessness and the associated risk of children being taken into care:

*“It [being referred] was one of the best things that could have possible happened [...] If I hadn’t had any involvement with the project I fear that I would have been looking back, or in hindsight, yeah, things would have got worse and perhaps, you know, [daughter] may have been taken into care [...] I just think, like I say, if it wasn’t for the involvement of them, yeah, I really don’t know where I’d be now. I don’t know where I’d be at. I really don’t.”*

(Service user – Outreach)

*“I would have lost me home and me and my children would have been, you know, having to go lodgings and the chances are that me children would have ended up having to go and live with other members of me family.”*

(Service user – Outreach)

The provision of parenting courses not only worked to assist parents to manage disruptive behaviour but also helped improve family relations more generally, by encouraging parents to spend more time with their children, enjoy play, and show affection. These strengthened family relations also contributed to the long-term stabilisation of the family unit and may potentially reduce the risk of family breakdown:

*“We’re a family again. From being ripped and torn and, and scattered all about, we’re back together...we feel more of a complete family now, we’re doing family things together whereas we didn’t before.”*

(Service user – Outreach)

This helped one service user ensure that her son was attending school regularly:

*“Yeah, every now and again I have one little argument over it. He did not want to go for some reason but what we always sort it. Whereas before I used to give in, I really did used to give in, I used to think, ‘I can’t send him’.”*

(Service user – Core)

Information drawn from the interviews also suggested, however, that in some cases a positive outcome for both the family as a whole and for individual children was the provision of alternative care arrangements. In some cases this involved children being taken into the care of the local authority, while in other cases arrangements had been made for children to live with other relatives or independently.

*“They are families that would have ended up being evicted and going back through the homeless route time and time again. I can’t, I was just going to say, there are children who’d have gone into care. Conversely, there are children who may have stayed in abusive families as well. So I mean, I think some of the positive outcomes is that we’ve actually been able to protect some of the children from some very unacceptable parenting.”*

(Stakeholder – Social services)

## 8.5 Increased confidence

The impact on service users of the provision of emotional support was often described in terms of confidence building. For some service users, the events that had led them to be referred to the projects had left them feeling devalued and powerless. Many also described feelings of isolation and a lack of support from friends or family. In this context, the provision of emotional support and the development of supportive and trusting relationships with project workers had a particularly important impact on service users (see Chapter 6):

*“I’m glad I did it. It’s something that I needed to do and I know I was grateful for the help at the time because and not only that, it was somebody for me to talk to because like, with me being on me own, with two kids and like all my friends have all got partners, it’s not as though I can just turn up and spill my problems to them, see? So it was great to actually have somebody to talk.”*

(Service user – Outreach)

Service users spoke of the development of their own motivation and strengths, with recurring mention of becoming more assertive in their everyday interactions. In one case, this greater level of confidence gave an interviewee the motivation and courage to return to work:

*“It gave me a lot, give me a lot of confidence, I went into it thinking, this, you know, this is just total, you know, stupid and I just felt like they was sorta like pry, prying into my life, you know, wanting to know exactly what’s going in on in my house, but it’s not like that at all. I first met [project worker] and I was really nervous and we did, we did a, some family nights where me and the children did activities on a we’, once a week. ...At first it was a case of, I said to ‘em, ‘Well look we have to do this, otherwise we could have a chance of losing our house’, but as it’s gone on, me whole outlook of the thing changed, it wasn’t a case of, I’m gonna lose me house, it was more with I got a lot of support with the children.”*

(Service user – Outreach)

Another interviewee described being given back a sense of respect once her neighbours had stopped making complaints of ASB:

*“And not having complaints every day of the week, that was what it was like, just getting complaints off everybody. And that I thought, well I thought I was gonna have that for then next 50 years and not having that, it’s nice, ‘cos you know you, you know you’re not getting slagged off behind your back and nobody’s talking about you. And got a bit, you have, you get a bit of respect back for yourself.”*

(Service user – Outreach)

## 8.6 Improved health and well-being

The changes achieved by families were reflected in service users’ comments on the way in which project interventions had positive impacts on their health. In many cases, project interventions had directly contributed to a reduction in feelings of stress and anxiety, and interviewees indicated that, through the provision of emotional support, their mental health and a general sense of well-being had improved. Many simply described the enjoyment of leading a calmer and more peaceful life:

*It’s just more peaceful. That’s all, that’s all I can describe it, it’s more peaceful. Kids are more easy-going. I mean they still have their music but don’t they all? And we’re all getting on a lot better now.”*

(Service user – Outreach)

In addressing the underlying factors associated with distributive behaviour, in a small number of cases the projects’ intervention impacted more directly on specific health concerns. The improved housing circumstances for one interviewee had led her to stop self-harming and project workers had also encouraged her to significantly reduce her excessive alcohol consumption. A couple of other service users were encouraged and supported by project workers to address drug misuse problems:

*“I just think it was all fantastic. It really was though. I really felt I was with professionals, yeah, and I felt, you know, when I was uneasy at first, and they made me feel very relaxed and very reassured and I think that’s what helped me to recover from being an amphetamine addict quicker.”*

(Service user – Outreach)

One service user who suffers from angina described how the stress of dealing with the behaviour of his son and the persistent complaints of ASB were having a detrimental affect on his health. However, with the help of the project the situation stabilised and he felt this in turn had a beneficial impact on the risk to his health. In a couple of cases, project workers had encouraged service users to have particular health complaints examined:

*“I recently found a lump on me side and [project worker’s] been at it, ‘get to the hospital, get to the doctors, get to the doctors’, so I went to the doctors and they referred me to the hospital and he said, ‘Phone ‘em, see when your scan is, phone ‘em, see when your scan is’, because I’ve had cancer run through my family....He’s pushed me, he’s given me a kick up the backside.”*

(Service user – Outreach)

## 8.7 Partial engagement/disengagement

In 24 cases complaints about behaviour were still prevalent and tenancies remained unstable at the point when follow-up interviews were carried out. In some instances this meant that project workers were continuing to provide what support they could, with the hope of achieving a successful outcome. In these cases, where effecting positive change had proved more difficult, there was often still a recognition that things had improved, if only marginally:

*“From the very beginning, like I say, things were that bad here, I mean, I really needed so much help. Things are not so bad now. Things are not perfect but they’re not as bad as what they was when I first got referred.”*

(Service user – Outreach)

The cases of a small number of families had been closed despite problematic behaviour remaining unresolved. In these instances, there was a view among service users that the project worker had done all they could, despite a successful result not having been achieved:

*“Like they say, there’s nothing more they can do. He’s stubborn, [son], if he don’t want to do something or if he don’t want to speak to anyone, or see anyone, he won’t. So and that was more or less the case half the time, he won’t get out of bed to speak to [project worker], you know, basically he won’t speak to anyone, won’t see anyone, it’s like, ‘I’m doing what I want to do’ regardless of what help was being offered.”*

(Service user – Outreach)

Only one interviewee expressed dissatisfaction with the intervention provided by the project and the project worker assigned to her case.

### **Case Study: Partial engagement**

The family consists of Lesley Carter, a lone parent mother with six children. Three teenage sons are subject to ASBOs and the mother acknowledged that she found it difficult to control the children, as she suffers from a long-term health problem. A NOSP had been served and the family were at risk of eviction, but before possession proceedings were initiated they left their home and moved into temporary emergency accommodation. This was on the advice of the police after they received threats from local residents. It was while the Carters were in interim accommodation that they were referred to one of the support projects. The project workers focused on helping the mother develop her parenting skills, keeping the children to the terms of their ASBOs, and trying to get two children back into mainstream education and the other in employment. Intervention was primarily directed at the mother and the children on ASBOs, as the other children in the household have good school attendance and were not the subject of any complaints.

Despite engagement from the mother, her children's behaviour remained problematic and further complaints were made. Both she and the project felt they had done all they could: *"I think they're actually trying everything aren't they, like with alternative schooling and giving me ideas on how to control them and I do, I've phoned police to breach them, like they told me if they're not in and if they do owt wrong around house, like you know, they'll be swearing at me or like if they'd like kicking off, smashing owt up, I phone police straight away. So I do everything they tell me to do, it just don't always work"*. At the time of the second interview, the family were being threatened with eviction. Lesley was very frustrated at the situation, as she and her other children were settled and happy in the new property and she was desperately worried about what the consequences might be if she lost her tenancy. The situation felt so desperate that she wanted her sons to be removed so she and her other children could remain in the property: *"Just take boys off me for a few months, yeah, so I won't have to be kicked, 'cos I said that, I said, 'right, you two are going to go and' – 'cos it's two of them that's causing trouble – I said, 'I'm gonna ask them then if they'll take you all away for a while, even if it's just a couple of months or something', I said, 'I don't want to be thrown out 'cos of your two, I'd never forgive you', and lose the girls 'cos o' them, I'd never bloody forgive them"*. Soon after, the family were unfortunately evicted, despite the best efforts of the project.

## **8.8 Project staff and stakeholder perceptions of project impact**

During interviews, project managers and workers expressed very positive views about the projects' achievements and pointed to various indicators of success to evidence the impact projects are having on the lives of service users. Success was evidenced primarily by reductions in complaints of ASB, preventing families being evicted from their homes, and introducing stability and cohesion within families more generally. Even where families had been evicted and there have been what would be perceived as unsuccessful outcomes, project managers felt that real and tangible positive objectives had also been met:

*"I think we've achieved reaching some families that have been given up on by other agencies and other people, and that are particularly difficult families to live with, and we've managed to make some progress with them, making them feel a bit more accepted and wholesome and more settled and given the children more stability really. I think that's probably what we've done."*

(Project manager)

Project workers also felt that a key indicator of success was the trusting and effective relationships they had built with families often deemed 'difficult to work with'. Sometimes 'getting through the door' was seen to be a success in itself. Project workers also explained how they know they are doing a good job simply because service users often tell them how much they valued the support they provide:

*"It's 'oh thank you' and 'you've helped me so much with this' or 'you've helped me so much with that' and 'we've never had anybody who's given us this sort of help and support before' and ... that is lovely, it really is. I've had letters, I've had cards off them, lots of thank you cards, thanks. ... Boxes of chocolates at Christmas, which I'm not allowed to accept."*

(Project worker)

Project managers' and workers' views were reinforced by assessments made by key stakeholders. To varying degrees, all stakeholders felt that the project had been successful for a variety of reasons. The perceived impact of the project appeared to be associated with the professional background of the stakeholder interviewed, with some highlighting the projects' success in preventing children being taken into care, and others emphasising the way a project has helped reduce evictions and homelessness, as well as preventing troublesome behaviour being displaced to other areas.

*"I know that that one family I talked about, there was some sort of staggering figures really, there was, I can't remember, there was some eight, ten calls a month about that one household and then when the project went in, there were only three calls in three months and two of those were by the family, one reporting a loss, the other one was just a general enquiry and the third one was somebody who knew this family, had seen them bringing a TV in from a car so it must have been nicked, you know, and that was, there was, it was in no way, anti-social behaviour related, you know, so it just tailed off..."*

(Stakeholder – Police)

## 8.9 Project challenges

During interviews, the project managers and workers talked about the challenges they have faced in establishing the project and making an impact. Funding was one of the key difficulties mentioned most frequently by the project managers. Time-limited funding and the constant pressure to secure further funding were viewed as burdens, not only in terms of the amount of time and effort required to ensure the survival of the project, but also in terms of the difficulties of planning and staff recruitment:

*"We're on a year-to-year sort of contract because they don't do any of these, you know, steady-state contracts like a three-year contract, they're not doing that because they need to be able to assess how the Supporting People part is, is going, I understand that, but you know, if we started off at the beginning of the financial year, April, and we started chasing a pot of money to get an extra worker in, and three months later you manage to find a pot of money, then you, you've got to put your adverts out, and you get, the interview's a month after that, by the time you're sitting down and interviewing somebody, you'll be saying to*

*them, 'Right, well we've only actually got funding for another eight months. You know, would you like to come, leave your present job and come and work for us for eight months in the hope that you know...'. "*

(Project manager)

Building successful partnerships has also proved to be a challenge. It has been necessary for project managers to carve a space for the projects and find acceptance and respect within the local policy community and local partnerships and networks. However, during the past two/three years in which the projects have been operational, both project staff and stakeholders indicated that the projects have been successful in meeting this challenge. They have already built their local profile and are now largely recognised by local agencies and embedded in local partnership networks:

*"I think it's certainly established itself within the network of the range of services that are provided for families, families within the area. It's also undoubtedly prevented homelessness for quite a number of households."*

(Stakeholder – Homelessness).

## Summary

The findings from the data monitoring exercise suggest that, when families who engaged with the agreed programme work exit the project, an extraordinary range of positive outcomes were achieved. It is impossible, however, to determine the extent to which the positive outcomes identified and recorded by project staff as part of the data monitoring exercise are a direct result of the project's interventions, rather than other factors. However, when these data are supplemented with qualitative evidence derived from interviews with service users, the evidence is fairly compelling. It shows that the support provided to families by project workers has been instrumental in helping families achieve dramatic change in their lives.

The research findings suggest that the support provided to families by project workers had been instrumental in helping families achieve positive outcomes, including establishing a secure tenancy, reducing incidents of ASB, preventing family breakdown, and improving levels of health and well-being in families. The findings (both quantitative and qualitative) relating to outcomes for families who had engaged fully or partially with the projects were similar across the sample of six projects, despite the fact that each project crafted their interventions in different ways. Although the six projects employed a range of different interventions, they shared an underlying framework based on intensive interventions provided by multi-disciplinary teams of workers. These teams develop tailored support plans to meet the particular needs of individual members of families, which in turn were instrumental in the development of relationships of trust, which were found to be paramount in helping families achieve change.

## Chapter 9

### Analysis of costs and cost consequences

*“I just feel like I want to shout about it to everybody and say ... what a good thing it is. And really it is, there should be more and I know it’s expensive and everything like that but in the long run it’s worth it because I mean if we’re talking money, which is what ... a lot of services do, they’d have spent a lot more money because I would have had a nervous breakdown, they’d have had to place the kids ... and the family would have broken down ... so it’s worth spending that money to keep ... people together ... I mean it, I would definitely go, I’d even go on telly, and say “God, you know, this is such a good thing, you know.” It’s worth putting money into it, definitely.”*

(Service user)

The analysis of the costs and potential cost consequences associated with delivery of intensive family support project interventions indicates that they offer excellent value for money as they have the potential to reduce considerably the short and longer-term costs of many Exchequer-funded agencies. In addition they deliver many intangible benefits to the families – such as keeping families together and improving their quality of life and their prospects – and to society – for example, by making neighbourhoods and communities safer and more pleasant places.

The approach to the evaluation of the costs and benefits associated with the projects has been based on a cost consequences analysis. This approach identifies and tabulates the costs associated with delivering the six projects and some of their potential cost consequences. It clearly shows what is included and excluded from the analysis and where information is based on quantitative and qualitative data. Due to the complexity of the data no attempt has made to formally combine the costs and benefits into a single measure, but decision makers can use the assembled information to draw their own conclusions.

The chapter starts by presenting the sources of income (including income received ‘in kind’, such as staff seconded from other organisations) and the types of expenditure incurred during 2003/04 and 2004/05. Costs are then presented for two specific ‘units’ of activity for each project. The first unit cost is the average cost per client month (where the ‘client’ is a family household) in 2003/04 and 2004/05. This is calculated by dividing the expenditure in the year by the total number of months of contact with each family provided by the project during the year. The second unit cost is the average total cost per family leaving the project (ie per closed case) during 2003/04 and 2004/05.<sup>29</sup>

To determine whether or not the projects deliver ‘value for money’, it is necessary to consider these incurred costs in the context of the wider short-term and longer-term costs to society (and, more narrowly, to the Exchequer) of failing to sustain vulnerable tenancies and failing to reduce or prevent some forms of ASB. The only other completed evaluation of a similar project addressing ASB, the Dundee Families

<sup>29</sup> Therefore, if 10 households were accepted by a project on 1 April and all 10 cases were closed 12 months later on 31 March the following year, 120 client months would have been provided by the project. If the project had cost £240,000 to run for the year, then the average cost per client month would be £2,000 and the average total cost per client would be £24,000.

Project (DFP) (Dillane et al, 2001), suggested that if the DFP had not been there, the immediate annual costs to housing (management and legal) and to social work (mainly from looking after children in foster or residential care) would have outweighed the annual costs of the DFP itself.

Therefore, this chapter also considers the potential short-term and longer-term costs to the Exchequer and to society associated with tenancy failure, some forms of ASB, and other relevant aspects, such as poor educational attainment and social exclusion. Some of the longer-term costs may be inter-generational. Comparing potential ‘saved’ or ‘prevented’ costs with the costs of delivering the projects enables some conclusions to be drawn about their financial impact and ability to deliver ‘value for money’. Furthermore, schemes of this type cannot be considered in isolation, due to their interaction with other key agencies and their impact on these agencies’ ability to meet their local and national targets. For example, a scheme might also contribute to improving the safety and desirability of communities and neighbourhoods, improve educational attainment and thus lifetime opportunities, promote better health and healthier lifestyles, reduce current and future criminal activity, and result in more functional families and improved child development.

Significant differences were found in the income and expenditure associated with each of the six projects. This broadly reflected the different sizes of the projects and the types of interventions offered, particularly in relation to whether or not the project had a core residential facility. Table 9.0 shows the types of interventions and the facilities offered by each project and the staffing structures.

<b>Table 9.0 Capacity, types of intervention and other facilities provided by the six projects</b>						
<b>Projects</b>	<b>A</b>	<b>B*</b>	<b>C</b>	<b>D*</b>	<b>E</b>	<b>F*</b>
<b>Type and capacity of intervention provided</b>	Outreach: 19 families	Outreach: 23 families Core unit: 4 families (opened in 2003)	Outreach: 20 families; Core unit planned 05/06	Outreach: 16 families Core unit: 2 families (opened Sept 04)	Outreach: 12 families	Dispersed/ Outreach: 14 families Core unit: 3 families
<b>Staffing</b>	Project Manager: 1 F/T Senior Project Worker: 1 F/T Project Worker: 3 F/T Administrator: 1 P/T	Project Manager: 1 F/T Deputy Project Manager: 2 F/T Project Worker: 8 F/T Administrator: 1 F/T Security (agency): 1 per evening Night Support (agency): 1 per evening Cleaner/handyman: 1 P/T Unfilled posts: 1 PW	Project Manager: 1 F/T Project Worker: 4 F/T Administrator: 1 P/T	Project Manager: 1 F/T Senior Project Worker: 1 F/T Project Worker: 6 F/T (2 temp) Security (agency): 1 per evening Cleaner (agency): 1 P/T Unfilled posts: 1 PW	Project Worker: 5 F/T Administrator: 1 F/T Night Support workers: 2 P/T Cleaner (agency): 1 P/T	
<b>Other facilities provided</b>	1 Large room (Meeting/ Play room) 1 Kitchen 1 Small 'interview' room used for 1:1 parenting sessions 1 Disabled Toilet Garden	2 Kitchens (1 for staff, 1 for family work) 1 Large meeting room 4 Small meeting rooms Playroom 2 Activity rooms 3 Offices 2 Bathrooms (1 for staff, 1 for family work) Garden for residents in core	3 Offices 1 Meeting room 1 Family room 1 Toilet area	4 Offices 1 Meeting room (10/12 people) 2 Lounges 1 Playroom 2 Kitchens 2 Bathrooms Garden with decking, seating and play area	2 Offices 1 Bathroom 1 Kitchen 1 Large room (for meetings/ family room)	2 Offices 1 Kitchen 1 Bathroom Garden Car park

## 9.1 Sources of income

Table 9.1 below shows the percentage share of each of the sources of income for the projects. These figures have been calculated from the annual accounts. These accounts show that NCH often carried funds forward to the following year (and brought funds forward from the previous year), which means that the actual amounts of income shown in the accounts for a specific year do not necessarily relate closely to the expenditure during the year (which is considered in 9.3). All of the projects tended to take some time to get established and to recruit their full staffing complement. This meant that surpluses were often available at the end of the first year or two, which the NCH projects could carry over to the following year. Therefore the actual amounts of income presented in the annual accounts are not shown in Table 9.1, as the figures are potentially misleading. However, the range of annual income received by the NCH Projects (after adjustments for funds brought forward and carried forward) was £72,305 – £419,759 in 2003/04 and £112,878 – £599,214 in 2004/05.

The Local Authority-run project was not able to carry money between financial years, which reduced the flexibility with which it could operate. The Department running the project also received several other small grants (eg a grant from the Children's Fund to go towards the expenses of running a parenting course on Living with Teenagers; a one-off Trailblazer grant). However, not all of these funds were spent on activities relating directly to the project and therefore they have not been included in the income breakdown for this project.

**Table 9.1** Percentage shares of sources of total grants/fees income received during year

	A	B*	C	D*	E	F*
<b>2003/04</b>						
Supporting People	100.0%	71.4%	88.6%	77.5%	100.0%	87.0%
LA Social Services	–	11.3%	–	–	–	–
LA Other	–	13.1%	–	16.1%	–	–
Housing Associations	–	4.2%	–	–	–	–
Housing Benefit	–	–	–	6.4%	–	–
Children's Fund	–	–	11.4%	–	–	–
Housing Revenue Account	–	–	–	–	–	13.0%
<b>2004/05</b>						
Supporting People	77.4%	92.4%	100.0%	84.1%	100.0%	87.0%
LA Social Services	–	5.3%	–	–	–	–
LA Other	20.4%	2.3%	–	–	–	–
Housing Associations	–	–	–	–	–	–
Housing Benefit	–	–	–	15.5%	–	–
Children's Fund	–	–	–	0.4%	–	–
Housing Revenue Account	–	–	–	–	–	13.0%
Other Non-Statutory	2.2%	–	–	–	–	–

\*: denotes projects with a core unit for part or all of 2004/05

Source: NCH and Sheffield City Local Authority

Table 9.1 shows that Supporting People provided the majority of the funding, with two projects relying entirely on this source in each of the years. Other income came from a variety of sources, and these other sources often had different objectives and requirements (eg for the provision of activity and performance data), which sometimes conflicted with those of Supporting People. However, there was considerable variation across the Local Authorities where the projects were based in the interpretation and acceptability of how Supporting People funds could be spent (eg on activities for children). The year-on-year reductions in Supporting People funding at a national level (and therefore also at Local Authority levels) led to some pressures on budgets and considerable uncertainty about the amounts of future funding from this source. The Local Authority-run project received some of its income from the Housing Revenue Account, as it was responsible for managing a number of dispersed properties owned by the Local Authority and a core unit as well as providing an outreach service to families remaining in their Local Authority-managed homes. The project received rents from the families in the dispersed properties and the core unit to cover the management and other costs associated with these facilities. In the subsequent discussion of costs, only expenditure relating to the Supporting People grant is considered to ensure comparability across the different types of project. However, it should be noted that taking on the responsibility for managing and maintaining a number of properties has considerable financial implications. Some projects have also received income-in kind (eg seconded staff; rent-free office accommodation), which is discussed below.

Securing funding was a time-consuming activity for the Project Managers and uncertainty about future funding (and therefore job security) put all project staff under considerable pressure. Some projects also received funds from different sources in each of the two years, which influenced how these projects developed. Mainstream funding would not only be greatly appreciated by the projects, but also is essential for their sustainability and further development. However, short-term funding for specific Government initiatives with a similar focus from other Departments (eg a one-off Trailblazer grant) was not necessarily welcome. More than one Project Manager in areas that received one or such grants felt that these were a distraction, as they diverted considerable time and attention from the main project. Furthermore, the associated posts were often very hard to fill, given their short-term duration (eg of 6 – 9 months).

## 9.2 Types of expenditure

The NCH accounts show two main cost categories – direct costs and support costs. Direct costs, such as expenditure on staff, premises and equipment, are shown in Table 9.2, which shows that the range of direct costs for the NCH projects were £62,874 – £365,008 in 2003/04 and £98,154 – £520,186 in 2004/05.

**Table 9.2 Percentage Shares of Direct Costs (actual expenditure, excluding seconded staff)**

	A	B*	C	D*	E	F*
<b>2003/04</b>						
Staffing Costs:	90.6%	87.3%	70.6%	74.4%	93.8%	79.2%
Salaried staff	26.9%	20.7%	80.1%	86.5%	0.7%	–
Temporary staff	69.0%	77.7%	2.7%	8.1%	95.3%	–
Other staffing-related costs**	4.1%	1.6%	17.2%	5.4%	4.0%	–
Finance and Premises	0.2%	4.9%	7.0%	1.5%	0.0%	\$
Equipment	2.0%	3.8%	15.7%	10.1%	1.2%	–
Transport	2.7%	0.3%	2.1%	4.0%	2.2%	\$
Communications	3.6%	2.1%	3.4%	4.0%	1.8%	–
Variable Costs	1.0%	1.5%	1.2%	2.3%	1.0%	–
Other Costs***	–	–	–	–	–	\$
<b>TOTAL DIRECT COSTS</b>	<b>£151,101</b>	<b>£365,008</b>	<b>£62,874</b>	<b>£139,362</b>	<b>£88,864</b>	<b>£251,353</b>
<b>2004/05</b>						
Staffing Costs:	82.6%	86.8%	80.2%	87.6%	81.8%	78.5%
Salaried staff	66.1%	38.3%	86.3%	86.0%	44.0%	–
Temporary staff	28.4%	58.8%	1.7%	6.0%	53.3%	–
Other staffing-related costs**	5.6%	2.9%	12.0%	8.0%	2.7%	–
Finance and Premises	3.5%	7.6%	6.6%	5.2%	9.0%	2.8%
Equipment	4.5%	0.8%	3.6%	2.5%	3.2%	–
Transport	2.4%	1.0%	2.6%	1.1%	3.6%	1.1%
Communications	6.3%	2.5%	4.3%	1.8%	2.3%	–
Variable Costs	0.7%	1.2%	2.6%	1.7%	0.0%	–
Other Costs***	–	–	–	–	–	17.6%
<b>TOTAL DIRECT COSTS</b>	<b>£144,628</b>	<b>£520,186</b>	<b>£98,154</b>	<b>£260,081</b>	<b>£143,705</b>	<b>£251,345</b>

\*: denotes projects with a core unit for all or part of 2004/05

\*\* : training levy, recruitment advertising and interview costs (transport)

\*\*\*: total supplies and services, total 3rd party payments and corporate training

\$: a detailed breakdown for these expenditure categories is not available for 2003/04

Source: NCH and Sheffield City Local Authority

Table 9.2 shows that for all but two of the projects, total direct costs increased considerably between years 1 and 2, as the projects matured. Staff costs account for the majority of expenditure – ranging from about 70% – 90% in the first year and about 80% – 90% in the second year. Some of the Projects made considerable use of temporary staff (e.g. from agencies) during their first year of operation, with the percentage of staffing costs on salaried staff tending to increase in the second year. Furthermore, several of the projects were not fully staffed during their first year, but were during their second year. As projects grew and were able to employ their full complement of staff, they were able to work with more families at any one time and/or to work more intensively with their full caseload of families. The various projects operated over different numbers of hours each day – for example, some projects only operated during weekdays between 9am and 5pm, whereas others worked between 7am and 10pm, and core units required staffing over 24 hours, 7 days per week. In some places staff worked shift systems to cover the required hours. These different arrangements across the projects will influence their staffing costs.

The percentage shares of expenditure on the other categories varied between 0% – 15% during the first year (when equipment accounted for 10% – 15% of the expenditure of two of the projects). The percentage shares of expenditure on the other categories varied between 0% – 10% for each category during the second year.

These figures exclude seconded staff and any other payments in kind (eg rent-free offices). Two of the NCH projects were based in rent-free accommodation during 2003/04 and 2004/05 and one project benefited from two seconded Social Workers (who specifically undertook work with children), with an estimated annual cost to their local Social Services Department of about £40,000. Another project benefits from a seconded Social Worker that it is estimated to cost their local Department about £33,000 per year. A project with a core unit used waking night staff during 2004/05 who were paid for by the local Housing Department (at an annual cost of £92,000). There was also a security worker on duty at this core-unit for twelve hours every night, though it is not known who funded this service or its annual cost. The Local Authority-run project had a YISP (Youth Inclusion Support Panel) worker seconded to its team costing about £30,000 per year. This project also received a considerable amount of ‘free’ input from a Senior Housing Manager, but her time is accounted for within the support costs (see below). The additional costs associated with these payments in kind are considered below.

Inclusion of a core-unit has the potential to have a considerable impact on a project’s expenditure requirements. The projects that have been provided with free office accommodation by one of their local stakeholders have not been responsible for its maintenance and running costs. However, projects with core units are responsible for running and managing these units and for meeting the additional staffing requirements (e.g. staff who are awake overnight; security staff). These buildings not only include office space for project staff but also provide one or more large rooms for group activities and meetings, which give these projects greater flexibility (see Table 9.0). Two of the projects (B and F) included a core unit from the outset and one (D) opened a core unit in September 2004. The NCH accounts do not fully differentiate between expenditure on core and outreach services during the time frame of this analysis (although they do in 2005/06). The accounts for the Local Authority-run project distinguish between the costs of their core and dispersed/outreach services in 2004/05. However, their expenditure figures for 2003/04 must be treated with some caution, as several other streams of expenditure were included in the relevant set of accounts and the quoted figures are only locally-derived estimates.

Support costs (or overheads) are the other significant type of expenditure. These are the monies paid to the parent organisation by each project to cover aspects such as central administration, training and finance. The NCH accounts show considerable variation in the proportion of the total costs comprising support costs for each project (range in 2003/04: 4.3% – 18.7%; range in 2004/05: 13.1% – 35.2%) because the amounts shown in the accounts are based on the initial budgets for each project, not on their final expenditure during the year. NCH estimates that support costs comprise about 18% of the total costs, although their aim is to reduce this to 15% – 16%. However, Supporting People only allow 10% towards such overheads, so NCH has to meet the shortfall from its own resources. The Local Authority-run project estimated that its overhead costs were 20%, so this figure has been applied to their direct costs to estimate their central support costs, which include significant input from a Senior Housing Manager. Support costs are shown in Table 9.3 below.

### 9.3 Calculation of unit costs

The unit cost calculations are based on information from three sources:

- Direct costs for each year.
- Known values for staff-related<sup>30</sup> payments in kind (see above).
- Support costs calculated as 18% of total costs for the NCH projects and 20% for the Local Authority-run project.

The resultant costs are the ‘real’ resource costs of delivering the projects, which are shown in Table 9.3 (though these may still be an underestimate for some of the projects, for example due to the exclusion of rental values for office accommodation provided in kind).

<b>Table 9.3 Real Resource Costs (£)</b>						
	<b>A</b>	<b>B*</b>	<b>C</b>	<b>D*</b>	<b>E</b>	<b>F*</b>
<b>2003/04</b>						
Direct Costs	151,101	365,008	62,874	139,362	88,864	251,353
Staffing in Kind	0	33,000	40,000	0	0	30,000
Sub-Total	151,101	398,008	102,874	139,362	88,864	281,353
Support Costs**	27,198	71,641	18,517	25,085	15,996	56,271
<b>TOTAL REAL COSTS</b>	<b>178,299</b>	<b>469,649</b>	<b>121,391</b>	<b>164,447</b>	<b>104,860</b>	<b>337,624</b>
<b>2004/05</b>						
Direct Costs	144,628	520,186	98,154	260,081	143,705	251,345
Staffing in Kind	0	125,000	40,000	0	0	30,000
Sub-Total	144,628	645,186	138,154	260,081	143,705	281,345
Support Costs**	26,033	116,133	24,868	46,815	25,867	56,269
<b>TOTAL REAL COSTS</b>	<b>170,661</b>	<b>761,319</b>	<b>163,022</b>	<b>306,896</b>	<b>169,572</b>	<b>337,614</b>

\*: denotes projects with a core unit for part or all of 2004/05

\*\* : 18% for projects A-E and 20% for project F

Activity data provided by the Project Managers have been used to calculate the number of ‘client’ (or ‘family’) months’ provided by each project in 2003/04 and 2004/05. These are shown in Table 9.4, which also shows the number of cases closed by each project in 2003/04 and 2004/05, the average duration of these cases (ie the average number of months for which these families were in contact with the project), and the duration range (i.e. the minimum and maximum periods of contact with these families).

<sup>30</sup> Rental values for office accommodation provided in kind have not been estimated.

<b>Table 9.4 Activity Data</b>						
	<b>A</b>	<b>B*</b>	<b>C</b>	<b>D*</b>	<b>E</b>	<b>F*</b>
<b>2003/04</b>						
Client months provided**	175	233	93	183	129	167
Cases closed during year	26	0	9	18	22	7
Average duration of closed cases:						
Months	4.4	–	4.4	6.7	4.9	11.1
Range	1 – 8	–	2 – 8	2 – 13	2 – 11	8 – 12
<b>2004/05</b>						
Client months provided**	161	359	109	214	145	195
Cases closed during year	20	18	14	18	25	
Average duration of closed cases:						9
Months	6.7	17.9	8.4	9.2	4.9	14.0
Range	1 – 20	6 – 39	1 – 24	1 – 21	1 – 16	1 – 25

\*: denotes projects with a core unit for par or all of 2004/05

\*\* : all clients, including those in core units (where applicable)

Table 9.4 shows that there was considerable variation over the two periods in the average amounts of time for which families participated in the projects. This variation is seen both between the projects (especially in 2004/05) and between the two years, with most projects experiencing increased average contact durations in 2004/05. This arose for several reasons, including:

- Some families accepted by projects in 2003/04 needed to be in contact with the project for a longer period due to the severity of their problems (see Chapters 3 and 4).
- Projects improved their ability to accept potentially suitable families, resulting in fewer families dissociating themselves from the projects after a few weeks (see Chapter 5).
- Improved referrals to the projects as local organisations have become more familiar with their work and are therefore referring more suitable (though often more complex) families (see Chapter 5).
- More families being referred to the projects before a crisis point has been reached, enabling the projects to work effectively with these families over a period of time (though it may also take some time to convince these families of their need to participate and fully engage) (see Chapter 5).
- The increasing ability of projects to work effectively with families who are at or very close to crisis point (when families may also be more willing to engage with a project) (see Chapter 5).

The real unit costs for each project are shown in Table 9.5. The total real resource cost for each project (as shown in Table 9.3) has been divided by the number of client months in that year to give the average cost per client month for each project in 2003/04 and 2004/05. This ranges from £813 – £2,034 in 2003/04 and £1,060 – £2,121 in 2004/05 (with different projects with the lowest and the highest values in each year).

The total cost for each case closed in 2003/04 and 2004/05 has been calculated using the activity data and the cost of the months with the project in each year. These have been averaged to give the average total cost per closed case for each project for 2003/04 and 2004/05.<sup>31</sup> This ranges from:

- 2003/04: £3,954 – £5,991 for the NCH projects which closed cases during the year (none of which had a core unit) and £22,663 for the Local Authority-run project (which includes a core unit).
- 2004/05: £4,913 – £12,940 for the projects without a core unit throughout the year and £27,214 – £36,580 for the projects with a core unit throughout the year (with the same project having the lowest value in each year, but different projects having the highest value).

**Table 9.5 Real Unit Costs**

	A	B*	C	D*	E	F*
<b>2003/04</b>						
Avg cost per client month	£1,019	£2,016	£1,305	£899	£813	£2,034
Avg total cost per closed case	£4,506	–	£5,801	£5,991	£3,954	£22,663
<b>2004/05</b>						
Avg cost per client month	£1,060	£2,121	£1,496	£1,434	£1,169	£1,845
Avg total cost per closed case	£7,164	£36,580	£12,940	£10,915	£4,913	£27,214

\*: denotes projects with a core unit for part or all of 2004/05

Average costs per client month have tended to increase slightly in 2004/05 compared with 2003/04 for the NCH projects, though this cost fell by a small proportion for the Local Authority-run project. Many factors influence the average costs, including the size of the project, the hours over which the outreach services operate, whether or not the project includes a core unit (which is likely to increase costs due to significant additional staffing requirements and the building-related costs), and the size of the core unit where one is provided. The smallest project is relatively expensive, as it is less able to benefit from economies of scale. However, larger projects may also be relatively expensive, as they tend to undertake more of the work with families themselves, due to the wider range of staff skills within their team, rather than referring these families to other agencies for some of the required activities. In addition, some projects may accept more complex families than others, who will require more intensive support from project workers. For example, the Local Authority-run project deliberately targets particularly challenging families (69% of its families had previously experienced homelessness, compared with an average of 28% of the families in the NCH projects). In this Authority, other locally-provided tenancy support services work with lower-level ASB and threats of homelessness.

<sup>31</sup> It should be noted that it is not possible to calculate these values from the figures presented in the Tables because they depend upon the number of months in each year during which the family was working with the project.

The average total cost per closed case increased (sometimes considerably) for all of the projects in 2004/05 compared with 2003/04. One of the main reasons for this higher cost is the increase in the average duration of contact experienced by almost all of the projects (as discussed above). The NCH project with the highest average total cost per closed case also had the longest average contact duration with its families (as well as having a core unit). It is not known if this project was working with “tougher” cases who required a longer period of contact than the other projects. However, this project only accepted families that it felt would engage fully with the project, which meant that, unlike in most of the other projects, no families left the project within a few weeks. The Local Authority-run project also targeted interventions at particularly ‘challenging’ families and it too rarely accepted families who did not subsequently engage with the project for several months. These costs and their underlying drivers are discussed further in section 9.7. It should also be noted that the costs quoted above include the costs associated with assessing all of the families referred to a project, some of whom are not suitable or are unwilling to engage. A considerable proportion of staff time may be spent on identifying potentially suitable families and then on encouraging them to participate in the project.

#### 9.4 Short-term cost consequences

*“[The project] must save money, long term, you know, even if we just keep one child out from the justice system that must save. I’m no expert, but I know the costs are vast and that there are savings there.”*

(Stakeholder)

To determine whether the projects deliver value for money it is necessary to consider what costs may have been incurred by the Exchequer had the projects not been available. Some costs would have been incurred during the period when the family was working with the project – these include the costs associated with failed tenancies, anti-social behaviour, foster and residential care for children, and domestic violence. Others may occur later in a person’s life (eg the consequences of poor educational attainment) and there may even be impacts on future generations.

Table 9.6 summarises the main findings from key publications on the potential short-term costs that may be avoided because of the projects and it also presents some local costs in the areas covered by some of the projects. A more detailed discussion of the underlying research is presented in Appendix 2. The longer-term cost consequences are considered in section 9.5.

<b>Table 9.6 Summary of Potential Short-Term Cost Savings</b>			
<b>Affected Stakeholder</b>	<b>Estimated Costs</b>	<b>Source</b>	<b>Comments</b>
<b><i>Tenancy Failure</i></b>			
Landlord costs to evict a tenant	£2,000 – £3,000	Pawson et al, 2005	The authors believe that these figures are likely to be underestimates due to accounting weaknesses
Landlord costs to evict a tenant due to ASB	£6,500 – £9,000		
Costs to a housing authority for vulnerable tenants	£2,100	Audit Commission, 1998	
Costs to housing authority: 'Standard' cases	£1,913	Shelter, 2003	
'Complex' cases	£3,190		
Costs to housing authority	£1,610 – £4,210	Crisis, 2003	
Housing Association in Project A's area	£4,115		Includes Court costs, legal fees, rental loss, re-let costs and officer time
Estimated Exchequer costs in Project D's area	£5,000 plus £23,400 for temporary accommodation (6 months) for homeless family		The £5,000 includes Court costs, rental loss and officer time
<b><i>Anti-Social Behaviour</i></b>			
'Lower' end ASB Vast majority of incidents	£20 – £50 £100 – £10,000	Whitehead et al, 2003	Costs borne by a variety of agencies
'Upper' end ASB	£1 million +		
Daily cost of ASB to agencies in England and Wales	£13.5 million	Anti-Social Behaviour Unit, Home Office, 2003	
Annual costs of responding to and preventing ASB by Rotherham MBC	£3.3 – £4.0 million	Crowther and Formby, 2004	
Annual expenditure on ASB by Leeds Local Authority	£3 – £5 million	Social Exclusion Unit, 2000	
Costs associated with a teenager involved in criminal behaviour	£13,000 for police time, Youth Offending Team involvement and Court appearances; £51,000 for 6-month custodial sentence in a secure unit	Audit Commission, 2004	Drawn from a case study included in the Report
HMP and YOI provision in Project D's area	About £95 per day and £36,575 per year Overall annual cost of at least £50,000		Overall annual cost includes aspects such as tagging and probation

<b>Table 9.6 Summary of Potential Short-Term Cost Savings (continued)</b>			
<b>Affected Stakeholder</b>	<b>Estimated Costs</b>	<b>Source</b>	<b>Comments</b>
<b><i>Foster and Residential Care for Children</i></b>			
Foster care – unit cost per child	£477 per week £24,804 per year	Curtis and Netten, 2005	Personal Social Services Research Unit (PSSRU) estimates
Foster care – Social Services Department, Project F's area	£700 – £900 per week £36,400 – £46,800 per year		Cost depends on need and level of care required
Foster Care – Project D's area	Minimum of £40,000 per year		
Foster Care – Local Authority in north-west England	Average of £392 per week (£269 for local provision and £641 for other provision)	Annual average cost of about £20,500	
Local Authority community home for children	£2,214 per week £115,000 per year	Curtis and Netten, 2005	Includes costs of health, education, social services and Youth Justice
Residential care – Social Services Department, Project F's area	£2,000 – £2,500 per week		These costs may be underestimates for some children, including those with emotional and behavioural difficulties – see discussion below and study by Ward et al (2004) included in Appendix 2
Foster Care – Project D's area	£125,000 – £200,000 per year		
Foster Care – Local Authority in north-west England	Average of £2,710 per week (£2,239 for local provision and £3,266 for other provision) Annual average cost of about £141,000		
<b><i>Alternative Education Provision</i></b>			
For children who are out-of-school in Project D's area	£2,000 – £3,000 per week £150,000 – £200,000 per year		
<b><i>Domestic Violence</i></b>			
Total annual cost to services	£3.1 billion	Walby, 2004	Services include Criminal Justice system, health, social services, housing, and civil legal
Loss to the economy	£2.7 billion per year		
Human and emotional costs	£17 billion per year		

Table 9.6 emphasises the high costs associated with placing children into foster or residential care and with custodial sentences and other provision for youth offenders. It is, of course, not known what costs would have been incurred by any of the children in the participating families had the projects not existed, although the evaluation evidence suggests that many children in families may have otherwise been taken into care. Even though many local authorities are keen to find alternatives to

care wherever possible, where there are concerns about issues such as child protection or neglect, a period in care may be essential. It therefore seems highly likely that a significant proportion of the children involved in the projects would otherwise have been taken into care due to family breakdown. Children with multiple difficulties, complex needs and offending behaviour can cost considerably more than the costs presented above. For example, Ward et al (2004) quotes a cost for one child with complex needs of £211,491 for his Local Authority over a seventy-four – week period (mainly due to multiple placements, including five periods in secure accommodation) and £68,973 for other agencies (mainly comprising £65,221 for YOT involvement and criminal costs, as he refused to attend school or medical appointments). The figures presented above show not only how much time spent in care generally costs, but also how much extra it can cost when children have multiple difficulties and needs. Thus the potential savings to other agencies responsible for care placements and youth offending resulting from the projects, even in the short-term, could be considerable.

Although unit costs are not available for domestic violence, the aggregate costs for the Exchequer and for society are considerable (and are shown for the different agencies affected in Appendix 2). Members of many of the families involved with the projects had experienced domestic violence, either from a partner (current or former) or from a child (e.g. a teenage son on his mother). Family violence in some form was a significant issue for almost half of the families working with the projects (see Chapter 2). Reducing such behaviour is likely to have significant financial benefits for many people and agencies.

A study commissioned by the Office of the Deputy Prime Minister on the benefits realisation of the Supporting People programme (Matrix Research and Consultancy, 2004) showed that preventing family homelessness delivered tangible financial benefits to the Exchequer due to reduced use of health services and crime reduction (see Appendix 2). The authors also cite that there is evidence of many other benefits from working with homeless or potentially homeless families that cannot readily be assigned monetary values. These include an improved quality of life (eg due to improved health, greater independence, and decreased vulnerability) and greater family stability from allowing families to stay together and to deal with other issues in their lives such as education, unemployment, mental health problems, and behavioural problems. Children's health and educational achievement may improve, with long-term benefits, and children may also be less socially isolated and at less risk of bullying if they have stable tenancies and do not have to change schools frequently.

Finally, many members of the families involved with the projects had a variety of health-related problems at referral associated with poverty and low socio-economic status, such as alcohol and drug misuse, obesity, depression, and self-harm. They may be taking prescription drugs for depression and be attending their local Accident and Emergency (A&E) department frequently (eg due to domestic violence). Whilst it is recognised that some additional NHS health-related expenditure may be incurred because of the projects (e.g. leading to referrals for help with mental health problems or drug/alcohol misuse), these additional costs will be very small compared with the likely subsequent costs for the NHS (and other agencies) of not identifying and addressing some of these problems (eg the costs resulting from a mother having a serious mental breakdown).

The following case study illustrates some of the possible short-term cost consequences for the Exchequer for a family not participating in a project. The costs are drawn from the material presented above and in Appendix 2 and are sometimes based on an amalgam of the quoted costs. They should be seen as being illustrative, as such costs may vary considerably in different parts of Britain.

### **Case Study: Potential short-term cost consequences for the Exchequer**

Rachel is a single mother with four children – Matt (14), Kaylee (13), Johnny (10) and Emma (6). The children have little or no contact with their father, who left their mother shortly before Emma was born and is currently in prison for drug dealing. They have lived in their present home for several years, but their tenancy is now at risk because of the behaviour of some of the children. Matt is described as being “out of control” and “unmanageable” by Rachel. He has been involved in car theft, house burglaries and shoplifting, is often drunk, noisy and abusive, and on occasions has hit his mother, once breaking her arm. He has been excluded from school because of bullying, but was never a regular attender prior to being excluded. Kaylee is part of a local group of older teenagers who live on the estate. They are often seen smoking and drinking on the streets and vandalising property. She rarely bothers to attend school, despite Rachel’s best efforts, and is often rude and aggressive. Johnny is hyperactive and has recently been diagnosed as dyslexic. He enjoys school and attends regularly, but is not making much progress. Emma is treated as the baby of the family by her siblings, who tend to spoil her. She suffers badly from asthma, which can restrict her physical activity, and she is very overweight. However, she is friendly and confident and is doing very well at school, which she loves. Rachel is morbidly obese and smokes heavily. She left school with no qualifications and has never been employed. She is prone to bouts of depression, when she tends to ignore the children and let them look after themselves. Consequently the children are often hungry and grubby and the house is a complete mess.

If their current behaviour continues, they will be evicted from their home and the following approximate costs could be incurred during the subsequent 12 months:

Eviction-related costs	£9,000
Six-month custodial sentence in a secure unit for Matt	£50,000
Six months in a specialist (out of area) Children’s Home for Matt	£85,000
One year in a local Children’s Home for Kaylee (who refuses foster care)	£130,000
One year in local foster care for Johnny (@ about £600/week)	£30,000
One year in local foster care for Emma (@ about £600/week)	£30,000
<b>TOTAL</b>	<b>£334,000</b>

It is assumed that the rent for Rachel’s place in a women’s hostel (or other form of temporary accommodation) costs about the same as the rent on the family’s current home and that these are paid for by Housing Benefit.

Involvement with a project could prevent some (or possibly all) of these short-term costs. Although some additional costs would be incurred – for example helping Rachel address her weight problems, depression and smoking and improving her parenting and life skills; intensive involvement of a learning mentor or other educational specialist with Kaylee and Johnny. A dietician may be able to reduce Johnny’s hyperactivity and improve everyone’s diet and weight. The YOT needs to work closely with Matt and may be able to prevent him receiving a custodial sentence. He also needs to learn to control his aggression and his drinking and he should receive some form of education or training, possibly in a specialised unit. If the members of this dysfunctional family can recognise and tackle their problems, this should save considerable amounts of expenditure not only in the short-term but also in the future, as well as improving their overall quality of life and future prospects.

## 9.5 Potential longer-term consequences

*“It’s going to cost quite a lot of money, but you know, how can you evaluate and price what you’re gonna save from ... trying to keep families together ... giving children an opportunity – for instead of their life deteriorating and perhaps, who knows, not being the best of parents, so that it evolves. I’m not saying it always does, but you know, if you can break that cycle, I think, yeah, it’s got to be cost-effective.”*

(Referral agency)

The cost consequences considered above relate to some of the potential short-term cost consequences of reducing tenancy-related problems and ASB. However, it is also important to recognise that problems experienced during childhood are likely to have much longer-term cost consequences. Some examples are presented below.

### The financial costs of social exclusion

Members of families engaging in ASB are likely to experience social exclusion. A study by Scott et al (2002) of the financial cost of social exclusion compared the cumulative costs of public services used through to adulthood by individuals with three levels of ASB in childhood. The study followed 142 children from an Inner London Borough from the ages of ten to twenty-eight years. They were divided into three groups – ‘no problems’, ‘conduct problems’, and ‘conduct disorder’ (i.e. a persistent and pervasive pattern of ASB in childhood or adolescence, where typical behaviours include disobedience, tantrums, fighting, destructiveness, lying and stealing). Conduct disorder behaviour is strongly associated with social and educational disadvantage. The study found that crime incurred the greatest costs, followed by extra educational provision, foster and residential care, and state benefits. Health care costs were smaller. By the age of twenty-eight, the mean individual total costs for each group were £70,019 for the ‘conduct disorder’ group, £24,324 for the ‘conduct problem’ group and £7,423 for the ‘no problem’ group. Thus the costs for individuals with conduct disorder were ten times higher than for those with no problems. The study 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 agencies contribute to prevention, which could be cost-effective.”*

### The costs of poor educational attainment

Research reported by the National Audit Office in a report on improving school attendance (National Audit Office, 2005) includes the following data from a survey of 30,000 16-year olds, which reinforce the importance of reducing truancy levels to improve educational attainment:

- 60% of non-truants achieved five or more GCSEs at grades A to C, compared with 40% of occasional truants and 13% of persistent truants.
- 2% of non-truants achieved no GCSEs, compared with 5% of occasional truants and 25% of persistent truants.

- 96% of non-truants were in education, employment or training, compared with 89% of occasional truants and 66% of persistent truants.

A study by Godfrey et al (2002) provides some preliminary estimates of the costs associated with young people being ‘not in education, employment or training’ (NEET) when aged 16 – 18 years. It estimated the additional costs that would be incurred by a defined group of 157,000 young people who were NEET at the end of 1999 compared with the hypothetical situation that these young people had the same current and future experience as the rest of their contemporaries. Health and crime costs were generally found to be relatively low compared with the costs of educational underachievement, underemployment and unemployment. Two specific case studies based on a hypothetical male and female teenager illustrate how costs can accumulate to about £300,000<sup>32</sup> over a person’s lifetime. Many children engaging in ASB have poor records of educational attendance and attainment, and this is likely to increase their probability of being NEET in their late teens.

### Impact on lifetime earnings

Evans and Eyre (2004) have modelled the lifetime analysis of current British social policy. They constructed models of lifetime income streams (from earnings, benefits and pensions) for people with various lifetime experiences. The analysis shows that, based on the policies in operation when the research was undertaken, people with low earnings throughout their lives (e.g. due to being relatively unskilled) experience many restrictions in terms of access to financial benefits such as owner-occupation and pension schemes. They are “trapped out of opportunity”. This situation is likely to be experienced by many people who are low educational achievers at school. The risk of this may be exacerbated by failed tenancies and ASB during childhood.

## 9.5 Dundee Families Project

The cost analysis and information from key stakeholders during the Dundee Families Project (DFP: Dillane et al, 2001) suggested that if the DFP had not been there, the immediate annual costs to housing (management and legal) and to social work (mainly from looking after children in public care) would outweigh the annual costs of the DFP itself. There were felt to be immediate savings in staff time and resources for a few agencies and professionals, especially housing. For social workers, the overall level of input did not necessarily reduce in the short run, though the nature of their fieldwork input would change. The researchers found that major long-term gains would accrue whenever the probable entry of children to foster or residential care is avoided, or when looked-after children are able to return to their families.

The study also applied cost information to the alternative actions that would have been required had the DFP not been available to its recipient families. These calculations suggested that the DFP saved the Local Authority more money than it required to operate. The authors recognise that their analysis has many limitations – for example, it is based on family problems only persisting for one year and excludes a set of broader social costs “which were impossible to guestimate” – but nevertheless they conclude:

<sup>32</sup> This is the undiscounted value, and equates to about £84,000 when discounted at 6%. This means that a sum of £84,000 would be needed now to deliver £300,000 over the person’s lifetime, if invested with a return of 6% per annum. Thus £84,000 is the Present Value of this required income stream.

*“In summary ... the DFP could be said to have generated approximately £117,600 of savings per annum. At worst, therefore, the [DFP] can be assumed to cost no more than the conventional way of dealing with these families. However, it is more likely that the [DFP] actually generates real cost savings, particularly when long-term costs are taken into account. In addition, it has the potential to deal with families in a more effective way.”*

Furthermore, nearly all of the stakeholders interviewed during the evaluation of the DFP agreed that it delivered three main types of long-term benefits to the recipients who engaged positively:

- Avoiding high cost options (eg children becoming looked after; supported accommodation for the family).
- Reducing behaviours (including crime) with potential long-term cost implications for society.
- Promoting the quality of life of family members.

## 9.6 Tracking Families

The study was not designed to identify and compare the costs of services provided to families by other agencies before, during and after the involvement of the projects. This would have required collecting very detailed information about these services, including frequency and duration of contacts and the grade of staff involved, for several months before, during and after the families' contact with the projects. Furthermore, as explained below, the lack of receipt of a service does not necessarily mean that it is not needed. It is, however, possible to make some comments about the involvement of other agencies. Data on the number of agencies working with the families before and after the intervention were presented in Tables 6.1 and 6.2 in Chapter 6. These tables showed that, overall, agency involvement stayed the same in about one-third of cases, decreased in just over two-fifths of cases, and increased in about one-quarter of cases. Four specific agencies had increased contact with families when projects closed – the YOT, youth workers and Connexions (all of whom work with children), and mental health workers (who work with adults and/or children).

There are several reasons why family members may not have been receiving a key service from another agency prior to their involvement with the project:

- No need had been identified (eg no diagnosis of depression; no formal recognition of a child's dyslexia or special educational requirements);
- A need had been identified (eg for help with drug or alcohol dependency; for special educational provision) but no service was provided locally;
- A need had been identified but waiting lists for the local service were very long (eg for child and adolescent mental health services);
- A need had been identified and a service was available locally, but the family chose not to engage (eg with services to discourage truancy from school, discourage offending and/or reduce alcohol consumption).

In some circumstances, a family's involvement with the project has identified previously unrecognised needs, facilitated faster access to an existing service, or persuaded the family to accept help from other agencies. Therefore the projects may have led to an increase in Exchequer-funded services for some families, though it could be argued that if the families had been able (or willing) to engage with such services sooner, their need for involvement with the project itself may not have arisen. Increased involvement of families with other agencies when their case closes should not be seen as a "failure" by the projects – indeed, in some cases this may be a measure of success.

There was considerable variation in the levels of services received from other agencies, even within the same project, as illustrated by the three examples below.

**Example 1:**

The Williams family had a history of homelessness and were living in temporary accommodation when they were referred to a project after being evicted from their previous home on grounds of ASB. Mary, the mother, has a debilitating form of arthritis and was also suffering with stress and depression at the point of the referral. She was receiving outreach support from the community mental health team. Her two children were attending school and the family was not known to social services. With the support of the project, the family moved into a new home which was adapted for Mary's health needs (e.g. a stair lift was fitted). Through the course of their time with the project, the family's situation stabilised and Mary's management of her depression and stress improved. As a result, the mental health team withdrew their support as it was no longer needed. The family successfully withdrew from the project after 8 months. Since then there have been no more complaints of ASB and the tenancy remains stable. The key worker from the project visited 2-3 times per week initially and once a week during the last month.

**Example 2:**

Rachel was a young single mother with one young child under five years old, and was pregnant with her second child when she was referred to a project. She had suffered repeated episodes of domestic violence in the past and before being referred to the project had been found intentionally homeless after abandoning her previous property on which a NOSP had been served. Rachel was staying with her mum when referred to the project by the local homeless team. Rachel had been receiving help from a housing support worker but this intervention was withdrawn when Rachel abandoned her property. She had also been evicted previously for rent arrears and at the point of referral owed £8,000 in arrears. Rachel grew up in a travelling family and has received limited education. She has learning difficulties and had only very basic reading and writing skills when referred. Her son was identified as a 'child in need' but the family had minimal contact with social services. With the help of the project, Rachel moved to a new property and her key worker helped her secure grants of around £600 in total to help her furnish the house. Rachel resisted support from any other local agencies/services but worked closely with her support worker to help improve her reading and writing skills. She also began attending a short training course run by the local Sure Start programme. Since Rachel has been in the new property she has gained more independence, begun repaying her rent arrears, and has received no complaints of ASB. The key worker from the project visited 2-3 times per week for the first four months, twice per week for the next six months, and once a week during the last couple of months.

**Example 3:**

Helen and John Rogers have four children aged between 5 and 14. Helen suffers from multiple sclerosis and was receiving regular support from a specialist nurse and physiotherapist to assist with her care needs at the point the family was referred to a project. John also had regular contact with a probation officer after receiving a non-custodial sentence for a driving offence. All four children were off the school roll. The family had previously been evicted from a property for ASB and their new tenancy was also at risk. A family support project worked with the Rogers for approximately 12 months. The family home was considered unsuitable in light of Helen's limited mobility and, with the support of the project, the Rogers successfully secured funding from a home improvement agency which supplied specialist equipment and adaptations that better met Helen's care needs. These have improved Helen's quality of life and helped her regain a greater level of independence. The project also facilitated the children's re-entry into education by securing school places for all four children and also enlisting the support of a learning mentor who provided additional support to the family at home. All four children began attending school regularly with no problems and continued to do so once the project withdrew its support. The Rogers' key worker also ensured that all members of the family registered with a local GP surgery and helped John access two 10-week training courses. In addition, she helped the family to manage their finances better. This included establishing a monthly repayment plan for repairs made to a previous property, as well as ensuring the family were receiving all of the benefits to which they were entitled. This resulted in the receipt of an additional Carers Allowance, the replacement of John's Jobseekers Allowance with Income Support, and increases in the amount of Disabled Living Allowance and Mobility Benefit paid to the family. With these changes, the family's income increased by £92 per week. The key worker from the project visited at least three times a week initially (for an average of an hour each time), which had reduced to once a week by the end of the family's 12-month contact with the project.

These examples also show that the key workers were sometimes able to help a family get grants or benefits to which they were entitled but of which they were not aware, or which they were receiving at too low a level. Such additional financial resources could be of considerable benefit to a family (though they would also result in additional cost to the Exchequer).

Additional research is needed to identify the extent to which improvements resulting from involvement with the projects were sustained over a longer period of time and whether the families subsequently needed to work with other agencies. It is important to remember that many of the families referred to the projects were experiencing very chaotic lifestyles and it is unlikely that the projects would be able to solve all of their problems on a permanent basis. Nevertheless, by helping families to see that their lives could be more structured and ordered and that there are ways of addressing many of their problems, future agency involvement is expected to be much less than it might otherwise have been. Further research is being conducted by the team to determine the extent to which improvements are sustained.

## 9.7 Discussion

*“Well, I do ... think it would be cost-effective because ... take, for example, Mrs X’s family. If we hadn’t have had the option of referring her for house support, the chances are that she would have been found intentionally homeless. We would have then had to contact social services and tell them the situation. If she hadn’t been able to find accommodation for herself, which I think at the time would have been extremely difficult, the chances are that her children might have been taken into care, which would have cost an awful lot of money, I would imagine, would have been very bad for the children and for her, and I think the whole thing could have just been a real disaster. She wanted to keep her children, she wanted to make life better for them as a family, and I think if [the support] hadn’t have happened it would have probably cost an awful lot more money in the long run.”*

(Referral agency)

Determining the annual income and expenditure for a project and calculating some unit costs is relatively straightforward, although accounting conventions and payments in kind need to be considered when trying to identify the real cost of all of the resources used to deliver a project. However, identifying and quantifying the benefits resulting from a project is more complex. Some benefits can be given a financial value based on estimates of the short-term costs that are saved by the Exchequer as a consequence of the intervention – such as the costs of a failed tenancy and the costs of placing a child in foster care due to family breakdown – although it is not always clear what would have happened to the family if the project had not been available. These benefits may occur in several local departments, organisations and agencies, including housing providers, social services, the NHS, education, youth and criminal justice, and the police. In some instances they will result in less money needing to be spent, but in other cases the benefit may be the freeing-up of staff time for other purposes. The material in this chapter has focussed on the financial impact of the projects on the Exchequer, but the families may also ‘save’ the costs to them associated with becoming statutorily homeless and of having to move into different accommodation. However, there will also be many wider benefits to both the household members and society that cannot be readily quantified, such as the benefits of keeping a family together, improving an adult’s employment prospects, and making a neighbourhood a safe and pleasant place to live.

Furthermore, there are likely to be much longer-term benefits from the interventions. The costs associated with social exclusion, which often starts in childhood, can be very high. Helping a child to stop truanting and return to school is likely to have lifelong benefits in terms of their educational achievements, employment status and earnings opportunities. Addressing a mother’s depression may prevent subsequent major health problems and enable her to undertake training and/or become employed as well as helping her to be a more effective parent. These benefits may also be carried forward to future generations. It is, however, important to remember that a family’s involvement with a project may also identify previously unrecognised or unmet needs which require addressing, thus resulting in some additional expenditure by Exchequer-funded services.

Many factors have influenced the ways in which the six projects operate, including their size, staffing numbers and structure, facilities, location, funding sources, and the specific characteristics of the area where they operate. Although most of the funding has come from Supporting People, the projects have also attracted funds from several other sources, which have shaped the ways in which they have worked. The projects managed by NCH have enjoyed more financial autonomy than the Council-run project, in that they have been able to move money between different financial years. However, some of their project managers felt that, because the projects are managed by a voluntary agency, they are sometimes overlooked as a potential solution by staff working for local statutory services. The Council-run service was perceived as being far more integrated into other local services for preventing homelessness and ASB. The local availability of other services with a similar focus will also affect the complexity of the families referred to the projects. In some areas the projects seem to have worked with (at least some) relatively straightforward families, whereas the two projects based in major cities have tended to work only with very complex families, due to the availability of other local services for less severe cases.

Projects are also likely to experience economies of scale, and the smallest project did not have the lowest unit costs. If a project is too small (e.g. if it only has two key workers and a manager), its flexibility is reduced considerably. Some projects have experienced considerable staff turnover, which may have adversely affected their development, and most took some time to employ their full complement of staff (sometimes relying on agency staff initially). Seconded staff from other departments can also influence the type of work undertaken by project staff – for example, the project with a seconded YISP worker was restricted to some extent in the work it could undertake with children because the YISP worker could only work with children aged 8 – 13 years. The costs directly associated with each project will also be determined by the size of the team and its skill-mix. For example, a large project team with a wide range of professional skills will be able to undertake much of the work with the families itself, whereas a smaller team with a narrower range of skills (and no seconded staff) will have to refer their families to other agencies to undertake some of the required work. Therefore a project with a large team of staff from a range of professional backgrounds will seem to have higher costs per case, though in reality this may not be so if all of the associated costs could be identified. However, it was not possible within this study to collect the extremely detailed information that would have been required to identify the costs incurred by other agencies working with the families as a result of the intervention of the projects.

The costs analysis also shows that the projects have take time to mature and some of the project managers have indicated that they have only reached “steady state” in 2005/06. Furthermore, projects with core units have separate accounts for their core and outreach services in 2005/06, which will enable greater comparability of the costs of the outreach services provided by all of the projects in the future. Dispersed units, which are part of the Council-run project, are an additional type of provision that can be included within a project, though managing properties and tenancies may not be appropriate or feasible for all organisations. However, it should be recognised that the identified unit costs will inevitably vary across projects due to their different characteristics and circumstances. It is not possible to identify one single value for the average cost per client month or for the average total cost per discharged family across the six projects, only a range of such values.

Overall, these considerations suggest that an average total cost of about £5,000 – £13,000 per participating family for projects without a core unit (as shown in Table 10.5) provides very good value for money for the Exchequer and for society in both the short term and the longer term. Many of the families referred to the projects are large, so a project may be improving the lives and future opportunities of several family members. The higher unit costs associated with the projects running an established core unit are still justifiable, given that a core unit enables these projects to work intensively with particularly complex and challenging families, who may not have responded to an outreach service. The examples of potential ‘saved’ costs in this chapter show that the short-term Exchequer costs of tenancy and family breakdown can be very high. Furthermore, some of these costs will continue in future years, when other problems may also develop (eg as a consequence of being in care as a child). The personal and social costs will also be high.

### Summary of costs and cost consequences

The cost analysis shows that the projects, which in most cases did not reach maturity during this period of financial analysis, offer excellent value for money as they have the potential to reduce considerably the short-term and longer-term costs of many Exchequer-funded agencies, including those providing services relating to housing, criminal justice, police, education, and health. In addition, they deliver many intangible benefits to the families – such as keeping families together and improving their quality of life and their prospects – and to society – for example, by making neighbourhoods and communities safer and more pleasant places.

The financial information used in the cost analysis has been derived from the income and expenditure accounts for the projects, adjusted to include the costs of any staff seconded to the projects (i.e. payments in kind) and to ensure that central organisational support costs and overheads are included consistently and appropriately across the projects. The accounts show that the majority of funding came from Supporting People (with some projects receiving all of their funding from this source), but that funds also came from a variety of other sources, including the Children’s Fund and Social Services. The majority of expenditure (80% – 90% in 2004/05) was on staffing, with considerable use being made of agency staff in 2003/04, when projects were getting established.

Two unit costs have been calculated for each project for 2003/04 and 2004/05 and are shown in Table 10.5. These are the average cost per client month (where a client is a family household) and the average total cost per closed case.

The activity data and the real unit costs result in the average cost per client month ranging from £813 to £2,034 in 2003/04 and from £1,060 to £2,121 in 2004/05. The average cost per client month is influenced by a number of factors, including the numbers of staff, the capacity of each project, and whether or not the project has a core unit (the two projects with a core unit throughout the evaluation period have the highest costs per client month). The average total cost per closed case ranges from £3,954 – £5,991 in 2003/04 for the four projects that did not have a core unit during at this time and from £4,913 – £12,940 in 2004/05 for these projects (the value for the project that opened a core unit during this year is within this range). The average total costs per closed case for the projects with a core unit throughout the period were £22,663 in 2003/04 (one of the projects with a core unit did not close any cases during this year) and ranged from £27,214 – £36,580 in 2004/05.

One reason for the increase in this unit cost for all of the projects over the two years is that the families whose cases were closed during 2004/05 had generally had longer periods of contact with the projects, due to their more complex needs. It is not possible to identify separate costs for core and outreach services in 2003/04 and 2004/05, so the average total cost per closed case for the projects with a core unit will be higher than for the projects only providing an outreach service because of the significant additional costs associated with the core units. However, it seems that both of the projects with core units throughout also worked with families with particularly complex and challenging needs in their outreach services, as reflected by their higher average case durations. In addition, these projects employ larger staff teams with a wide range of professional skills, whereas the other projects may have to refer their families to other agencies to benefit from some of these skills (thus shifting the cost of some elements of support).

To determine if the projects offer value for money, it is necessary to consider what costs may have been incurred in both the short term and the longer term had these projects not intervened to stabilise tenancies and prevent ASB. Potential costs prevented in the short term include those associated with tenancy failure and foster care or residential care for children and costs relating to criminal justice (such as those of being in a young offenders' institute). Costs due to ASB and domestic violence will also be reduced. A family evicted for ASB with three or four children requiring custodial care, residential care and foster care can easily cost the Exchequer £250,000 – £350,000 in a single year. Longer-term costs include those of social exclusion and of not having appropriate skills or qualifications for regular employment with reasonable earnings, leading to a lifetime of benefit dependency. Such effects can be inter-generational, so the potential longer-term benefits of sustaining tenancies, reducing ASB, and keeping families together will be considerable.

It is also important to recognise that the projects are likely to have an impact on expenditure by other Exchequer-funded services (eg the NHS; education) as previously unrecognised or unmet needs are identified and addressed. However, these costs are expected to be considerably less than the subsequent costs for agencies of not addressing these problems.

These projects have piloted new and innovative ways of working with problem households and are only now starting to reach maturity. Many lessons have been learned and are still being learned about the best ways to design and manage such projects. It is important to remember that each family is different and will require an individually-tailored approach that will, in part, also be shaped by local factors, circumstances and service availability. For many families, the personal consequences for them, the financial consequences for the Exchequer, and the ASB-related costs to society of not participating in these projects would have been considerable. Furthermore, the consequences of not participating could have lasted not only for their lifetimes but could also have affected future generations.

### **Gaps in the evidence base**

Further analysis of the costs associated with core units and dispersed units, along with an investigation of the advantages and disadvantages associated with different funding regimes, will be undertaken as part of the continuing follow-up evaluation and the findings in relation to these issues will be reported in 2007.

# Chapter 10

## The organisational issues facing projects

### 10.0 Similarities and differences in issues facing projects and lessons learned

The following table draws on data sources and analysis reported elsewhere in this document to illustrate the significant organisational issues facing those managing and developing high support resettlement projects (see left-hand column). Project similarities and differences are indicated in the next two columns. The two right-hand columns list lessons about potential difficulties and examples of good practice in securing the viable and effective projects that have emerged over the last two years.

<b>Table 10.1</b> Similarities and differences in issues facing projects and lessons learned				
<b>Organisational issues arising from:</b>	<b>Similarities across Projects</b>	<b>Project differences</b>	<b>Potential Difficulties</b>	<b>Good Practice</b>
<b>1. Project Context</b> (See in particular Chapters 4 and 5)				
How to construct a role of fair, independent, and respected broker between families, agencies and communities.	All projects working in highly pressurised and political contexts.	Projects have been subject to differing degrees of local support, control and resistance and from different stakeholders at different times.	Potentially, projects can be 'captured' to serve the interests of specific groups and agendas – such as social landlords, residents, or influential political and policy groups.  Projects can be overloaded by responding to several, sometimes divergent, demands simultaneously.	<ul style="list-style-type: none"> <li>• Strong, influential, and well informed multi-agency Steering Group.</li> <li>• Media management strategy.</li> <li>• Competent and credible project manager.</li> <li>• Well-trained staff.</li> <li>• Thought-through systems and procedures.</li> <li>• Diligent record keeping and administration.</li> </ul>

<b>Table 10.1</b> Similarities and differences in issues facing projects and lessons learned ( <i>continued</i> )				
<b>Organisational issues arising from:</b>	<b>Similarities across Projects</b>	<b>Project differences</b>	<b>Potential Difficulties</b>	<b>Good Practice</b>
<b>1. Project Context</b> (See in particular Chapters 4 and 5) ( <i>continued</i> )				
How to risk innovation and develop new forms of practice in contexts of significant local and national attention from media, policy maker, residents, and practitioners.	Reliance on tried and tested practices from other domains. Model of new practice still largely implicit and emerging.	Projects located in different types of neighbourhoods and with different physical locations.	Projects can be: <ul style="list-style-type: none"> <li>• too concerned with public image and compromise professional practice</li> <li>• too little concerned with public image and compromise the project.</li> </ul>	<ul style="list-style-type: none"> <li>• On-going risk management and funding management.</li> <li>• Project location appropriate to aims and objectives.</li> <li>• Responsive to local residents' needs and concerns – perhaps with their representation on project Steering Group.</li> </ul>
<b>2. Families' access to services</b> (See in particular Chapter 2, 3, 5 and 9)				
How to access those families that can benefit most from resettlement services.	Projects welcomed by other agencies as 'filling a gap in service provision'.	Differences in size of residential units may have influenced some access to services. Different agencies involved at project set-up may have led to different patterns of referrals – e.g. some coming more from crime/ASB agencies and others from housing/ social services.	Due to speedy set-up phase, projects can be compromised by inappropriate referrals. Projects perceived inappropriately as 'filling a gap' in existing service capacity, as a 'soft alternative' or as a 'last resort'. Adverse publicity can deter some families and agencies from accessing/ referring to projects.	<ul style="list-style-type: none"> <li>• Market services to agencies and potential referrers through publicity, events, presentations, training, web site, informal networking.</li> <li>• Publicise the aims, the benefits and practices of the project so that referrers and users understand 'the business' and how it differs from other services.</li> </ul>

**Table 10.1** Similarities and differences in issues facing projects and lessons learned (*continued*)

Organisational issues arising from:	Similarities across Projects	Project differences	Potential Difficulties	Good Practice
<b>2. Families' access to services</b> (See in particular Chapter 2, 3,5 and 9) ( <i>continued</i> )				
How to access the right numbers of families to meet cost targets and deliver quality services.	All projects gradually clarified which families can benefit from services and optimum numbers. Changes in awareness of and relationships with referrers reshaped service user profile over time.	Profile and professional networks of project staff and managers.	Projects may be unable to sustain project profile or credibility because: 1 They are overwhelmed by too many referrals. 2 They are unable to develop practice due to too few referrals and too little resource.	<ul style="list-style-type: none"> <li>• Work with stakeholders to develop shared aims and values for the project and make these explicit.</li> <li>• Involve agencies in decisions on which families will access intensive support services – by using an admissions panel, for example.</li> </ul>
<b>3. Project interventions</b> (See Chapters 2, 3, 4, 5 and 9)				
How to mediate and liaise with agencies – to access accommodation, to renegotiate threat of eviction, to support health and/or educational needs of parents and/or children, to address criminal and/or violent behaviours.	All projects experienced some frustration with lack of on-going involvement by some agencies following successful referral.	Steering groups not fully functioning in all projects. Referral and acceptance procedures managed in different ways by projects – not always understood by agencies.	Absence of links with specific agencies may result in inability to address families' needs.	<ul style="list-style-type: none"> <li>• Join and/or create multi-agency case working opportunities to agree concerted actions and review impacts.</li> <li>• Understand and seek to influence local projects and programmes relevant to service user needs.</li> </ul>

<b>Table 10.1</b> Similarities and differences in issues facing projects and lessons learned ( <i>continued</i> )				
<b>Organisational issues arising from:</b>	<b>Similarities across Projects</b>	<b>Project differences</b>	<b>Potential Difficulties</b>	<b>Good Practice</b>
<b>3. Project interventions</b> (See Chapters 2, 3, 4, 5 and 9) ( <i>continued</i> )				
<p>How to develop the capacity and competence to offer the wide range of interventions required to address multiple support needs of service users.</p> <p>How to attract and retain appropriate project managers and staff.</p>	<p>Little explicit evidence base.</p> <p>Project workers and managers have had to learn on the job about what works where.</p> <p>Debates about practice and the expression of different views about aims, objectives, values and tasks were on going in all projects from time to time.</p>	<p>Some projects have had access to specialist social workers, education, housing and security staff.</p> <p>Some projects had different styles of management at different phases of the project's development. Others have retained the same project manager throughout.</p> <p>Staff numbers and staff turnover varied substantially across projects.</p>	<p>Some staff may need to change existing routines and professional practices. Supervision needs may be demanding.</p> <p>Working in a non-statutory environment requires staff to work in ways that can be quite challenging.</p> <p>Recruiting staff from a variety of backgrounds (social services, prison service, education, youth services, housing) can create practice tensions.</p>	<ul style="list-style-type: none"> <li>• Develop and promote cross-agency model of intervention – e.g. through collaborative training. Use multi-agency steering groups and admissions panels following referral.</li> <li>• Agree secondments for specialist staff and staff with additional skills from partner agencies as part of funding arrangements.</li> <li>• Look at contracting out roles that can be done more efficiently by specialist providers – e.g. night staff, security, training, cleaning.</li> <li>• Use appropriate agency and temporary staff (and potentially volunteers) to address shortfalls and explore innovative uses of human resources.</li> </ul>

**Table 10.1** Similarities and differences in issues facing projects and lessons learned (*continued*)

Organisational issues arising from:	Similarities across Projects	Project differences	Potential Difficulties	Good Practice
<b>3. Project interventions</b> (See Chapters 2, 3, 4, 5 and 9) ( <i>continued</i> )				
				<ul style="list-style-type: none"> <li>• Consider recruiting and training a dedicated pool of relief staff rather than relying on agency staff.</li> <li>• Develop rigorous induction and supervision systems.</li> <li>• Use staff meetings, training, and events to explore and negotiate practice differences.</li> </ul>
<b>4. Service delivery</b> (See Chapters 2, 6, 7 and 8)				
How to deliver distinct residential, outreach and dispersed services for different, but potentially overlapping, service user constituencies.	3 out of 6 projects offer residential accommodation with a 4th developing a residential unit. One of these projects manages dispersed tenancies.  The remaining 2 projects offer solely outreach services.		Residential unit can dominate decision-making and resource allocation/ consumption.  Projects without residential units may be less visible and considered more ephemeral.	<ul style="list-style-type: none"> <li>• Have clear aims and objects for each type of service, with a comprehensive business plan, including funding and performance indicators.</li> <li>• Target services to specific user groups with explicit entry criteria.</li> <li>• Defend worker/service user resource ratios to support intensive services.</li> </ul>

<b>Table 10.1</b> Similarities and differences in issues facing projects and lessons learned ( <i>continued</i> )				
<b>Organisational issues arising from:</b>	<b>Similarities across Projects</b>	<b>Project differences</b>	<b>Potential Difficulties</b>	<b>Good Practice</b>
<b>4. Service delivery</b> (See Chapters 2, 6, 7 and 8) ( <i>continued</i> )				
How to develop and maintain a multi-agency approach to project and service development	<p>Buy-in and support from agencies varies across projects.</p> <p>Police, housing, youth services and LA ASB specialists have tended to be interested and involved; education, health and social services less so – with exceptions.</p>	<p>Agencies may consider themselves to be users of project’s services rather than co-providers of services.</p> <p>Agencies may have neither the time nor inclination to invest in project internal management or strategic planning.</p>	<ul style="list-style-type: none"> <li>• Develop portfolio approach to service delivery.</li> <li>• Involve key agencies in project planning and development as early as possible.</li> <li>• Use a feasibility study to generate buy-in and incorporate agency targets into project delivery plans.</li> <li>• Develop outcome-driven practice and reporting.</li> <li>• Align project KPIs with agency indicators.</li> <li>• Offer office space to agency staff working in the project catchment area.</li> <li>• Use Supporting People QAA framework to involve agencies.</li> </ul>	

**Table 10.1** Similarities and differences in issues facing projects and lessons learned (*continued*)

Organisational issues arising from:	Similarities across Projects	Project differences	Potential Difficulties	Good Practice
<b>5. Funding</b> (See Chapters 6, 7 and 9)				
How to attract adequate and appropriate funding to resource a wide range of services for children and families.	Most projects funded by Supporting People.	<p>Supporting People regime interpreted and managed in different ways in different localities.</p> <p>Different funding by statutory agencies (e.g. Education, Social Services) across projects.</p> <p>Different funding of premises between projects – e.g. some pay rents.</p>	<p>Projects had to cope with clients with strings – specific users accessing project services as part of funding agreements.</p> <p>Difficult to construct a valid business case a priori when referral practices, user profiles, and eviction habits are uncharted.</p>	<ul style="list-style-type: none"> <li>• Have access to meeting rooms and facilities for running joint events/ sessions with significant agencies helps generate awareness of aspects of service that may be less visible.</li> <li>• Explore funding in kind – staff secondments, provision of publicity services, sponsorship of play equipment, children’s clubs, day trips.</li> </ul>
How to demonstrate outcomes appropriate to funding regimes.	All projects required to demonstrate a supporting business case to access Supporting People funding.	Projects differ in resources they have available (e.g. staff and accommodation) – some have minimal office accommodation, others have meeting rooms, crèches, external play areas, core accommodation, etc. that generate different funding and reporting requirements.	Different funding regimes bring their own monitoring and reporting requirements. These can consume substantial resources for little apparent value.	<ul style="list-style-type: none"> <li>• Consider involving volunteers and developing self-help groups amongst service users.</li> <li>• Try to match funding periods to service user contact period. For annually-driven funding regimes this may not be possible, but ring-fencing funding over the average contact time is worth negotiating.</li> </ul>

<b>Table 10.1</b> Similarities and differences in issues facing projects and lessons learned ( <i>continued</i> )				
<b>Organisational issues arising from:</b>	<b>Similarities across Projects</b>	<b>Project differences</b>	<b>Potential Difficulties</b>	<b>Good Practice</b>
<b>5. Funding</b> (See Chapters 6,7and 9) <i>contd</i>				
How to cope with reductions in funding.	All projects experienced uncertainty of funding to greater or lesser extent.	Economies of scale not equally available to all projects – impacting cost profile and funding needs.	Funding uncertainty and reduction can lead to (over) prolonged use of agency staff and/or understaffing of projects.  Funding regimes may tie-in staff payments & grading systems that are unhelpful to service delivery.	<ul style="list-style-type: none"> <li>• Keep informed of (changes in) local and national policy priorities and anticipate their likely impact on project funding.</li> <li>• Demonstrate on-going value to statutory service providers.</li> </ul>

### 10.1 Service Focus: a development model for rehabilitation projects

The Intensive Family Support Projects involved in this study afford access to or themselves deliver directly *multiple* services to address the *multiple* problems of their service users. This report emphasises how projects, ostensibly with the same remit and several within the same organisational regime, have been shaped by local context. As the outputs of projects are not vastly different, we hypothesise that differences between projects might be explained in terms of their development of strategies (a) to survive and (b) to thrive that are specific to local circumstances.

It is our view that to enable family members, individually and jointly, to “re-cast” themselves in ways that are different from the experiences they have built up often over many years, (evidenced in repeat cycles of homelessness, nuisance behaviour, children not under parental control, domestic violence, substance misuse etc.), *projects and agencies* have to redefine themselves – to tell a different story about what they do, why they do it, and how they do it. For projects to thrive, that narrative has to be:

- Credible with all stakeholders (including project staff and service users).
- Sufficiently robust and explicit to support the development of innovative practice.
- Capable of operationalisation into cost-effective service design and delivery systems.

Clearly, these changes cannot happen instantaneously. Putting steering groups, staff, and premises in place, negotiating appropriate referrals, securing funding, learning about which interventions work with which families, building good relationships with local residents, and introducing reliable management, communication and information systems take time, skill and energy. The good practice points listed earlier in this section indicate the sorts of activities that helped projects move through cycles of development from surviving to thriving. Of course, this was neither a simple nor linear process and all projects still have ragged edges. However, drawing on all the data sources referred to in this report, it seems useful to think of that process as oscillations along two dimensions:

- A focus on process or outputs/outcomes.
- A focus on service providers or service users.

These dimensions produce four development quadrants, as shown below:

Is service focused on:	Service providers.	Service users
a. Processes	1	2
b. Outputs/Outcomes	3	4

During the start-up phase, quadrant 1 is likely to dominate the focus of projects as staff and facilities are established and working practices developed. Projects were very much concerned with internal, setting-up activities. We might expect that as systems and procedures are put in place, referrals agreed, families accessed and interventions specified, attention would shift to quadrant 2 – managing the service experience of users – or ‘what projects do’. Over time, as budgets become tested and resources need to be prioritised, so the focus of the service model might be directed to costs and benefits, value for money, and whether the project is sustainable – ie quadrant 3, project outputs and outcomes. Finally, the outcomes or benefits for service users might form the main driver for service design and delivery as future funding decisions are encountered and sustainability of projects is evaluated – quadrant 4.

*Quadrant 4 is not advocated as the preferred focus of service design. Projects need to operate in all four quadrants and may need to shift the focus of resources around the quadrants in response to events and developments.* For example, a change in local authority policy on ASBOs led one project to return to quadrant 1 after two years of operating across all 4 quadrants – but in survival mode. Several months of concerted work to build the staff team around clear modes of intervention enabled the project to work more efficiently and explicitly with service users and demonstrate desirable outcomes to key stakeholders (eg reductions in complaints, improved school attendance). The project could now be described as thriving – with a role respected and valued by local agencies and improved communication and assessment processes delivering more appropriate referrals.

This is in distinct contrast to the development route taken by another project. Here, the project was established following a multi-agency feasibility study. This produced clear and negotiated operating procedures and protocols and has enabled the project to thrive (a core unit was added in 2004).

**Table 10.3** A “logical” development sequence.

Is service focused on:	Service providers.	Service users
a. Processes	1	2
b. Outputs/Outcomes	3	4



Perhaps logically, the development of projects could be expected to echo this series, as attention shifts from quadrant 1 to quadrant 4 via 2 and 3.

But, what happens if the setting-up period (quadrant 1) is truncated (perhaps as a result of publicity or to meet some funding conditions) and attention shifts to other quadrants prematurely? Alternatively, could the focus remain in quadrant 1 unduly long? What might be the impacts on service users, project outcomes and sustainability? What if quadrant 1 issues remain only background concerns or fail to get on the service delivery agenda at all – as happened with one of the projects? Here, project staff were tasked initially with delivering interventions to families without access to the usual resources of premises, telephones, photocopiers, etc. How did having no base shape the development of this project?<sup>33</sup>

## 10.2 Service Focus: Development options and project experiences

We have argued that a sustainable and effective intensive support service needs to focus on all four quadrants of the model to meet the needs of service providers, service users and external stakeholders.

1 Service provider processes	2 Service user processes
3 Provider output/outcomes	4 User/Beneficiary outputs/outcomes

Developing Key Performance Indicators (KPIs) across all four quadrants would help to achieve this and to promote and sustain a systemic approach to service design, delivery and development.

<sup>33</sup> For example, the very successful relationships and networks with local agencies that have been developed by this project might suggest that staff were out and about more as a result of them having no base of their own in the first phase of the project.

However, experience indicates that projects will struggle to focus the development of their services on all four quadrants simultaneously. Given resource constraints, innovative practice developments, and novel inter-agency relationships, choices about what to focus on (and when) tended to result from reactions to external events and crises rather than be informed by strategic planning.<sup>34</sup> This report has described how projects were established in a range of contexts with varying degrees of connectedness to housing, social services, police and other agencies, with different staffing and other resources, a variety of knowledge and practice backgrounds, and a range of local referral protocols. By the time of the Interim Evaluation Report, several service focus models were in operation – as shown below.<sup>35</sup>

**Figure: 10.3** Simplified examples of the service focus models operating at the time of the interim evaluation report

### Example A.

1 Service provider processes	2 Service user processes
3 Provider output/outcomes	4 User outputs/outcomes

Example A shows a project still very concerned with getting established, with internal management, facilities and resource issues. There is little time for outputs and outcomes, and the development of services to families is still embryonic, as efforts are focused on start up.

### Example B.

1 Service provider processes	2 Service user processes
3 Provider output/outcomes	4 User outputs/outcomes

In Example B, the focus of attention has shifted to delivery (quadrant 2) or “working with users”. Time and effort is now directed to developing staff and management (such as steering groups) and to building external relationships with stakeholders in order to access and deliver services to families. Protocols are developed, intervention methodologies specified and appropriate referral strategies put in place. Outputs and outcomes remain lesser priorities.

### Example C.

1 Service provider processes	2 Service user processes
3 Provider output/outcomes	4 User outputs/outcomes

<sup>34</sup> As projects have matured, planning has been much more in evidence as the basis for decision-making and resource allocation.

<sup>35</sup> As projects have matured, planning has been much more in evidence as the basis for decision-making and resource allocation.

Example C indicates considerable effort still directed at quadrant 1 issues (internal management, facilities and resources). This may be the result of funding changes, changes in relationships with significant stakeholders, or audit, as suggested by the attention also given to quadrant 3 issues (demonstrating provider outputs/outcomes).

### Example D.

1 Service provider processes	2 Service user processes
3 Provider output/outcomes	4 User outputs/outcomes

This is even more of an issue in Example D where demonstrating returns for providers and key stakeholders is squeezing out a focus on outcomes for service users (quadrant 4) as a project priority.

The service focus model offers a visual aid for describing, debating, and diagnosing the strengths and weaknesses in a project’s strategic development and engagement with service users, staff and stakeholders.

At the end of the evaluation, projects have become more homogeneous in their focus on service design and development. Data from the managed learning network (MLN) indicate that a much more strategic and outcome-focused approach is now the norm. Maturation may have some influence here, but we suspect that access to Supporting People and other frameworks and the opportunity to share experiences and practices across projects in forums such as the MLN were influential. The evaluation was designed to be formative.

The “typical” service focus profile is now less concerned with internal processes and more involved in developing and demonstrating outputs and outcomes – for the project and its stakeholders. Whilst quadrant four, outputs for service users, has become a much more explicit and tangible element of service design and delivery in the last 12 months, crafting projects to achieve demonstrable *outcomes* for service users is still a challenge. This is probably about the right time for projects to prioritise this aspect of their service development strategy.

The evaluation indicates that:

- The potential to move from a focus on process to a focus on outcomes is shaped by access to the following resources: time, a delivery vehicle, evidence about what works, and project legitimacy with key stakeholders (Nixon et al, 2006).
- The potential to move from a focus on service providers to service users may be shaped by the degrees of confidence in the project, funding certainty, and political and media support. Movement along both axes will be influenced by the types of management reporting and accounting regimes in place (e.g. Supporting People QAA Framework, Housing Association and LA funding protocols) and the culture and values of key stakeholders, including project staff and managers.

The point in their lifecycle at which projects encounter these frameworks and need to demonstrate compliance will also shape service design and delivery. Too late, and projects' home-grown regimes for delivering their services might prove difficult to change. Too early, and projects may resist and/or not be able to absorb regime requirements into their operations. This was a particular issue for one project in the first 12-18 months when faced with number of different regimes (financial, political, professional practice, managerial) requiring compliance. The feeling of being caught in the middle and subject to too many external demands before project staff had been able to come together confidently as a team may have been a contributory factor in this project's staffing problems.

## Summary

Significant organisational issues face those managing and developing high support resettlement projects. Examples include:

- How to construct a role of fair, independent, and respected broker between families, agencies and communities.
- How to risk innovation and develop new forms of practice in contexts of significant local and national attention from media, policy maker, residents, and practitioners.
- How to access those families that can benefit most from resettlement services.
- How to access the right numbers of families to meet cost targets and deliver quality services.
- How to deliver distinct residential, outreach and dispersed services for different, but potentially overlapping, service user constituencies.
- How to demonstrate outputs and outcomes appropriate to funding regimes.

The evaluation reports on similarities and differences between projects that have shaped the difficulties experienced and the solutions put in place to address these issues. Advice for those who are seeking to establish such projects in the future is given in the form of potential difficulties and examples of good practice that have helped in securing viable and effective rehabilitation projects over the last two to three years.

A service focus model describes how projects' development has moved through four design quadrants. Sustainable and effective rehabilitation services need to focus on all four quadrants of the service focus model to meet the needs of service providers, service users and external stakeholders. Actively managing which quadrant(s) to focus on and when, can help to shift projects from surviving to thriving.

**Service Focus Model**

1 Service provider processes	2 Service user processes
3 Provider output/outcomes	4 User outputs/outcomes

Developing Key Performance Indicators across all four quadrants would help to achieve this and to promote and sustain a systemic approach to service design, delivery and development.

Projects have exhibited a number of configurations as a result of local factors and context shaping opportunities. Experience indicates that projects struggle to focus the development of their services on all four quadrants simultaneously. Given resource constraints and the fact that these projects are constructing innovative practice and novel inter-agency relationships, choices about what to focus on and when tended to result from reactions to external events and crises rather than informed by strategic planning. This changed as projects matured.

# Chapter 11

## The study conclusions

The findings presented in this report are important for a number of reasons. Firstly, the study makes a valuable contribution to strengthening the existing knowledge base on the underlying causes of ASB and highlights the complex and multi-faceted support needs associated with families exhibiting ASB. Both adults and children referred to the specialist ASB projects were found to have multiple and inter-related support needs that had been manifest over a long period of time. Six out of ten adults suffered from depression, while drug and alcohol related problems affected just under a third of households and in some instances directly contributed to the complaints of ASB. Furthermore, one in every two families had a history of, or was currently subject to, family violence including physical, mental and sexual abuse. Women most commonly suffered from violence from their [ex]partner and/or teenage children.

Secondly, although much has been written about ASB, very little research<sup>36</sup> has been undertaken focussing on the experiences and perceptions of ‘perpetrators’. The study begins to address this gap in the evidence base, utilising data collected from project case files relating to 370 adults and 743 children combined with 53 in-depth interviews<sup>37</sup> with families working with the six intensive support projects over the period 2003-2005. The study findings illustrate the complex, multi-layered reality of ASB. While families who took part in the study were undoubtedly ‘perpetrators’ of ASB, in the sense that individual family members had been involved in a range of ASB – including noise and youth nuisance, petty vandalism, abusive and intimidating behaviour and, in some, cases criminal damage, theft and violent attacks – it was also clear that the very same people were also likely to be ‘victims’ of ASB, with 60% of families reported to have been subject to a similar range of behaviour as they were accused of perpetrating.

Thirdly, the study provides a clear evidence base for the development of the Respect Action Plan 2006, in which multi-agency interventions to address the underlying causes of ASB have been given prominence. In particular, it is hoped that the study findings in relation to the most effective and beneficial approaches will inform the Government’s proposed national roll-out of a network of intensive family support projects.

The six pioneering projects were all subject to differing degrees of local support, control and resistance from different stakeholders at different times. One of the key challenges faced by the projects has been how to construct the role of fair, independent and respected brokerage between families, agencies and communities in the context of significant local and national attention from the media, policy makers, residents, and practitioners. A further difficulty experienced by all the project managers involved the challenge of securing long-term funding to adequately resource the provision of intensive support.

<sup>36</sup> See Jones et al (2006).

<sup>37</sup> Members of 29 families were interviewed in the summer of 2004 with a further set of interviews involving 24 households (19 of which had already been interviewed 12 months earlier) undertaken in the summer and autumn of 2005.

The different operational models of the projects, some providing core residential, dispersed and/or outreach support, while others focussed exclusively on the provision of outreach support to families living in their existing tenancies, illustrate the way in which interventions were crafted to reflect local priorities and practices and the differing resources constraints. The unique nature of each of the six projects is reflected in the significant differences that were found in the styles of management, the type of referral practices employed, the profile of families provided with support, and the range of interventions used. Notwithstanding these differences, the very positive outcomes associated with this type of intensive intervention were similar across the sample of projects.

The cost analysis shows that the projects, which in most cases did not reach maturity during this period of financial analysis, offer excellent value for money as they have the potential to reduce considerably the short-term and longer-term costs of many Exchequer-funded agencies, including those providing services relating to housing, criminal justice, police, education, and health. In addition, they deliver many intangible benefits to the families – such as keeping families together and improving their quality of life and their prospects – and to society – for example, by making neighbourhoods and communities safer and more pleasant places.

While the evaluation found that no single project model or ‘blue print’ had informed the development of the six projects, it was possible to identify a number of shared guiding principles that underpinned their work. Table 11.0 below builds on work undertaken by NCH to outline the guiding principles or critical success factors which informed the development of project practices (NCH 2006).

<b>Table 11.0 The shared dimensions of practices employed by the 6 Intensive Family Support Projects</b>	
<b>Culture, values and practices</b>	<b>Multi-disciplinary and multi-agency focus</b>
<ul style="list-style-type: none"> <li>• Individual support plans were developed for each member of the family (including children), employing a wide range of interventions.</li> <li>• Project practices to engage families in the process of change was informed by a number of shared values:               <ul style="list-style-type: none"> <li>– Listening</li> <li>– Non-judgemental</li> <li>– Accessibility and consistency</li> <li>– Honesty</li> <li>– Promoting well-being and the development of confidence</li> <li>– Challenging the behaviour of family members within a supportive environment</li> <li>– Development of relationships of trust</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• The multi-disciplinary nature of project teams incorporating different professional orientations (e.g. housing, social work, youth work, criminal justice) facilitated cross fertilisation of ideas and interventions.</li> <li>• The work of projects was embedded within local multi-agency partnerships, enabling project workers to liaise and negotiate on behalf of service users.</li> <li>• Projects had forged close working relationships with a range of local agencies, including health service providers, social services, education services, youth provision, social landlords, the police, and Community Safety Teams.</li> </ul>
<b>Purpose</b>	<b>Resources</b>
<p>All the projects were dedicated ASB projects designed to:</p> <ul style="list-style-type: none"> <li>• Prevent repeat cycles of homelessness and family breakdown arising as a result of ASB by challenging family members to change their behaviour.</li> <li>• Address unmet support needs and ensure that families are able to sustain a positive lifestyle without being the cause of ASB.</li> <li>• Promote social inclusion for families and assist in providing better outcomes in relation to health, education and well-being.</li> <li>• Increase community stability by enabling and supporting families to live peacefully and to fully participate in their communities.</li> </ul>	<ul style="list-style-type: none"> <li>• The projects provide intensive interventions involving up to ten hours per week contact for outreach support and 24/7 support in residential units.</li> <li>• Projects usually work with family members over a long period of time; outreach support often involved over six months contact, while residential support may be necessary for one – two years.</li> <li>• It takes time for projects to develop and become mature, with project practices changing over the two year inception period.</li> </ul>

## 11.0 Gaps in the evidence base

While the study provides a valuable overview of the extent to which intensive family support projects are successful in addressing the underlying causes of problem behaviour, there are limitations to the evaluation evidence base, particularly in relation to the assessments on the impact on the community, which has only been evaluated from the perspective of project workers. In order to fill this gap in the evidence base, the ODPM and the Home Office have agreed to extend the evaluation study to enable the study team to track a number of the families who took part in the original evaluation over a further 12 month period to establish the following:

### **The sustainability of interventions in terms of family functioning and behaviour**

- The extent to which the provision of intensive interventions to challenge behaviour and address underlying causes of ASB are effective in the longer term.
- To identify the extent to which the positive outcomes associated with the projects' interventions are sustained once families cease contact with the project.
- Whether there are any differences in longer-term outcomes depending on whether the family received outreach support or residential support.

### **The impact of family project interventions on communities**

- To examine stakeholders' perceptions of the impact of intensive family support projects on the wider community.
- To explore the different ways in which intensive family support projects are promoted in local areas and their wider impact on building safe and sustainable communities.

### **The longer-term impact on family project interventions on existing support and supervision services**

- To examine whether, once a family ceases working with a project, there is any discernable impact on existing support and supervision services, whether there is increased demand for particular support services or if a decrease in demand is noted.
- The provision of core residential support appears to be relatively expensive and further work is required to establish the specific costs and cost consequences of this type of intervention.

This work will be carried out over 2006 and it is anticipated that the results of this element of the evaluation will be reported in 2007.

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# Appendix 1

## The research design and methodology

### About the study

The two year study, undertaken in 2004 -2006, aimed to evaluate the progress made by the six resettlement projects in relation to four cross-cutting themes:

**Theme 1:** To examine the characteristics/profiles of households who are under threat of eviction from social housing for ASB. Earlier work by Hunter and Nixon (2000) found that families involved in ASB were likely to have particular vulnerabilities or special needs, such as mental health problems, out-of-control children, suffering domestic violence, alcohol or drug misuse. These findings informed the development of the following related research questions that were considered central to the project:

#### Related issues and research questions

- To identify the nature of the presenting behaviour and the process by which families are defined as anti-social;
- To produce a clear analysis of the profiles of families presenting ASB and the causes of their behaviour;
- To explore the extent to which resettlement projects help avoid problems of displacement and address the underlying causes of problem behaviour;
- To assess the progress and outcomes for families and individuals in receipt of resettlement services.

**Theme 2:** To identify the different models of partnership working employed in different types of resettlement services and to evaluate the organisational processes and outcomes associated with different models of intervention.

#### Related issues and research questions

- Identification of the range of resettlement projects operating in England to establish who is involved and what services are provided;
- What lessons can be learnt from the different projects and to what extent can they be replicated in different areas?
- To what extent do local partnership arrangements impact on service delivery?
- Are there any local factors evident in influencing outcomes?
- For projects which include a core residential block, what forms of partnership have been developed with the local community?

If there has been resistance from residents to the project, how have these problems been addressed?

**Theme 3:** To examine the types of interventions associated with different models of resettlement provision. The impact of different approaches to the provision of resettlement services formed a core part of the project and involved consideration of the following related research questions:

#### Related questions and research questions

- What is the nature of the services provided by different projects?
- What approaches are used by the different projects to engage individuals and families to find solutions to problems that contribute to ASB?
- How do core units and outreach services compare in terms of outcomes for families?
- What is the added value of core residential provision as compared to outreach support in dispersed tenancies?
- What are the outcomes associated with a narrative model of intervention?
- What other approaches are being developed and what is their impact?

**Theme 4:** To evaluate the social and financial costs and benefits associated with the different projects. This element of the evaluation addressed the issue of the costs and benefits of resettlement provision by consideration of both the identified direct costs and benefits and also the indirect costs and benefits such as the impact on families' lifestyles, use of public services, the development of community capacity and cohesion etc. It was, however, recognised that there are a number of external limitations to the collection of such data, which affected the extent to which an evaluation of the broader social and financial benefits of the projects was feasible. Notwithstanding these methodological difficulties, the study sought to address the following issues:

#### Related issues and research questions

- To identify the revenue and capital costs associated with the different types of projects;
- To identify the costs of each project relative to number of staff employed and number of families helped;
- To establish how resettlement services are funded;
- To establish how core units and outreach services compare in terms of costs and outcomes for families;
- To assess the broader social and financial benefits of the projects against the costs of the projects and the costs of on-going ASB.

The evaluation was designed to draw on a range of different methods of data collection, including monitoring projects closed case files, focus groups and interviews with service users and referral agencies, both at the point when families are referred to the projects and when they have left the projects, interviews with project managers and workers, focus groups and interviews with other key stakeholders, scrutiny of project records, and analysis of capital and revenue costs associated with the projects.

### **Data sources**

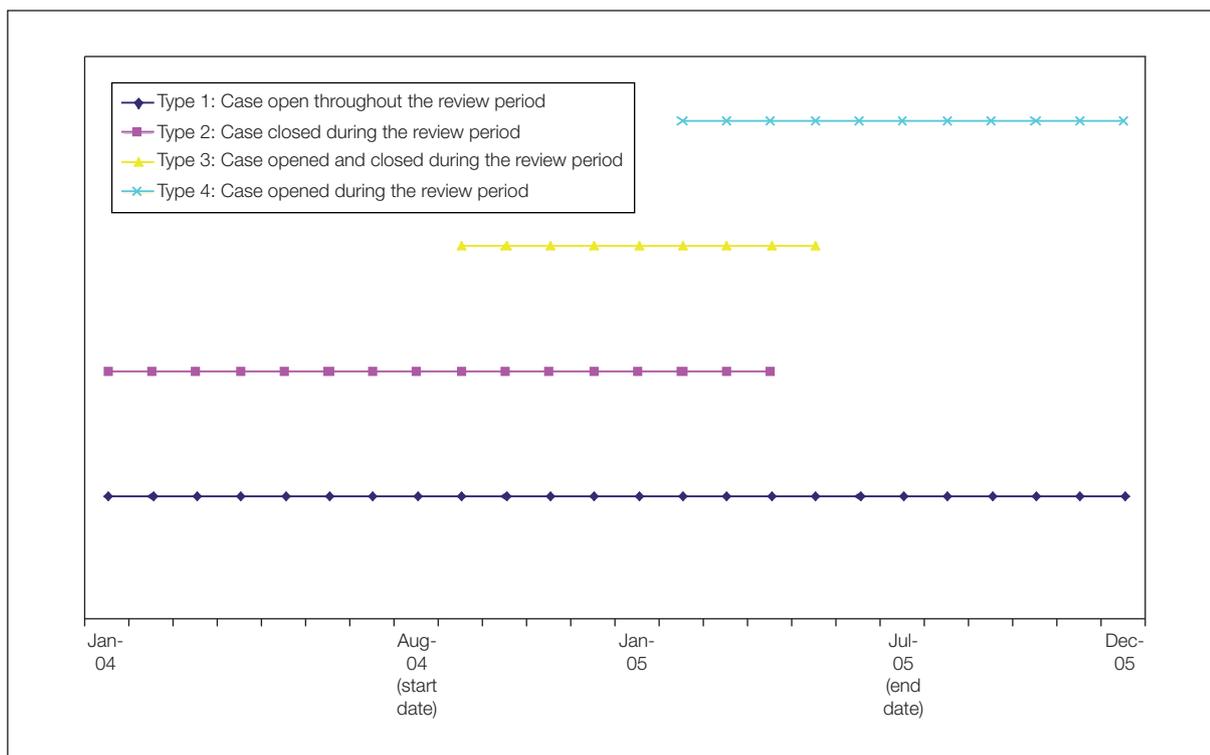
Over the course of the evaluation, quantitative data have been collected from 256 families' case files comprising 370 adults and 743 children under the age of 18. Initial evaluation data were collected in the summer of 2004, drawing on closed cases files for 99 families who had worked with the projects from their inception to July 2004. 131 adults and 259 children under the age of 18 were included in this element of the study.

In this first activity review, the six projects were visited by members of the research team in the summer of 2004 with the purpose of collecting data on all cases where contact had ceased since the projects became operational. Data were collected by examining case files and in total 99 were reviewed across the six projects. It is important to note that the quality of the data collected particularly that recorded on project files varied considerably. Older files dating from the time when projects first became operational were sometimes inadequate for our needs, often containing incomplete information.<sup>38</sup> Accordingly, the data collected and reviewed were in some cases only partial. It is also likely that data collected from case files by the research team in the first phase will have been less comprehensive than those collected in 2005 by project workers, who will possess a more in-depth knowledge of the families and their circumstances, which might go beyond that which is recorded on case files.

Subsequently, a further case monitoring exercise was carried to collect statistical data on all cases across the six projects which were live for all, or part of, a 12-month period (1st August 2004 – 31st July 2005). Two forms were designed, one for the collection of information on households at the point at which cases are opened, and one for the collection of information when cases are closed and a household leaves the project. Project workers were asked to complete the appropriate form for all cases already open on 1st August, all new cases that opened within the 12-month time frame, and all cases which closed within the data collection time frame. The diagram below illustrates the four different types of cases the data collection exercise reviewed.<sup>39</sup>

<sup>38</sup> This is likely to be a result of embryonic recording systems and a lack of resources available to projects during the initial set up period. Projects' files created more recently were better organised and included more detailed information.

<sup>39</sup> Members of the research team also visited the six projects to collect any information missing on the data collection forms.



In the second data monitoring exercise carried out over 2004/05 data was collected in relations to 157 families involving 723 individuals in total. Of the 157 cases, 102 were open (63%) and 55 closed (38%). Given their capacity, it is not surprising that the highest proportion of cases analysed (24%) were from the Foundations Project which had 34 cases in total live at some or all of the 12-month review period. Blackburn had the lowest number of cases (11).<sup>40</sup> Of the 157 cases analysed, 35% had been closed by 31st July 2005, when the review period ended. The proportion of cases that were closed differed significantly between the projects. The Foundations project in Manchester appeared to have closed a higher proportion of cases (55%) when compared to the other projects; Salford and Sheffield closed only 29% of their 12-month case load during the period. This may partly be a reflection of a projects' capacity, but it may also indicate a number of things, for example, some projects provide support for shorter periods of time and so have a higher turnover of cases, or projects may have been in the process of expanding and so opened more cases than they closed during the 12-month time frame.

<sup>40</sup> It is likely that a number of forms for open cases were not completed for Blackburn.

## Number of cases by project: August 1st 2004 to July 31st 2005

Project name	Total number of cases analysed	Open on 31st July 05	Closed on 31st July 05
Blackburn and Darwen FP	14% (24)	58% (14)	42% (10)
Bolton FP	17% (27)	63% (17)	37% (10)
Foundations	22% (34)	45% (22)	55% (12)
Oldham	14% (24)	58% (14)	42% (10)
Salford	15% (21)	71% (15)	29% (6)
Sheffield	20% (27)	71% (20)	29% (7)
<b>Total</b>	<b>100% (157)</b>	<b>65% (102)</b>	<b>35% (55)</b>

Basis of support	Number of families
Core	6 (4%)
Dispersed	14 (9%)
Outreach	123 (78%)
Core and outreach	3 (2%)
Outreach and dispersed	9 (6%)
Core and dispersed	1 (1%)
Core, outreach and dispersed	1 (1%)

Of the 157 cases reviewed in the monitoring exercise, the majority of households (78%) were supported on an outreach basis. 10% were supported in dispersed housing, and nine (6%) households were supported in a core unit only or had been supported in core as well as outreach and/or dispersed.

In addition to the above quantitative data sources qualitative data have been collected from in-depth interviews with one or more members of families who had been working with the projects over the period 2003-2005. In total, 24 families took part in this element of the study, of which 17 had previously been interviewed in the summer of 2004, supplemented by 8 families who had been working with the projects for a minimum of six months. 3 families were living in core accommodation and 21 were being provided with outreach support at the time of the interview. The majority of these families were still working with the projects, although three cases had been closed and one had been closed and subsequently re-opened. In addition, a small number of sessions were run with children and young people working with the projects.

In-depth interviews were conducted with the 6 project managers and 11 of the project workers to explore the way in which the projects have been designed and crafted to reflect local needs and networks of complimentary service provision.

In-depth interviews were conducted with 18 key stakeholders operating across the six projects, including representatives from the following agencies/officers:

- Community Safety Teams
- Social Services
- Social landlords
- LA strategic housing providers
- The police
- Homelessness officers
- Youth Offending Teams (YOTs)
- Home Office Trailblazers
- Supporting People contract and review manager.

An evaluation of the cost effectiveness of the projects has been facilitated through the collection of financial data covering the period 2003/04 and 2004/05, drawing mainly on the annual accounts for each project. Annual expenditure and activity data were used to identify the costs of two specific 'units' of activity associated with the projects – the average cost per client (i.e. family) month in 2003/04 and in 2004/05, and the average total cost per client leaving the projects during 2003/04 and in 2004/05. Further data have also been collected to explore whether the projects are delivering 'value for money' and to review the potential short-term and longer-term costs to the Exchequer and to society associated with tenancy failure and some forms of ASB, comparing potential 'saved' or 'prevented' costs with the costs of delivering the projects.

Finally, the evaluation drew on data collected from the Managed Learning Network, which was established to support the project managers craft their operational approach to meet local circumstances and to help them develop a strategic response to emergent practices. Six meetings of the MLN have taken place during the evaluation period.

## Appendix 2

### Details of potential short-term cost consequences

#### Tenancy sustainment

A recently published research study on the use of possession actions and evictions by social landlords (Pawson et al, 2005) shows that although the vast majority of such evictions are triggered by rent arrears, a small proportion is to counter ASB. Although the study found that few social landlords record or collate extensive data on the costs of possession actions (such as court costs and legal fees, rental losses, re-let costs (which may include repairs), security costs for voids, and staff time), it was estimated that the landlord costs to evict a tenant for rent arrears are £2,000 – £3,000, rising to £6,500 – £9,500 when the eviction is due to ASB. However, the authors feel that these figures are underestimates and that landlords' cost-accounting methods show many weaknesses, with many relevant costs being subsumed under generic budget headings.

These values for the costs of evictions can be compared with estimates of the costs of tenancy failure from other sources. For example, the Audit Commission (1998) calculated that the costs of tenancy failure to a housing authority for vulnerable tenants living in the community was £2,100 per failed tenancy. Shelter (2003) estimated costs of £1,913 for “standard” cases and £3,190 for “complex” cases in 2003, while Crisis (2003) estimated the costs as ranging from £1,610 – £4,210.

A housing association in Project A's area recently calculated that preventing the eviction of a family saved them an average of £4,115 per household (comprising Court costs/legal fees of £500; rental loss of £390 based on an average void turn around of 39 days and a rent of £65 per week; average re-let costs of £2,500 where the tenant is evicted; security costs of £120; and a saving of £605 in staff time through avoiding Court preparation time). The housing association pointed out that these figures are only estimates and also that they do not take into account the additional costs saved because the reduction in ASB means that complainants do not terminate their tenancies. Local costs in Project D's area were estimated as £5,000 per eviction (including Court costs, rental loss and officer time) and £23,400 for temporary accommodation for a homeless family (based on an average length of stay of 6 months).

Although these figures encompass a wide range and have several methodological weaknesses, taken together, they show that considerable costs of about £5,000 – £9,000 can be avoided for housing departments, housing associations and social landlords by the prevention of tenancy failure. Furthermore, there will be no need to provide temporary homelessness accommodation and other tenants living in the neighbourhood are less likely to terminate their leases if the ASB reduces or ceases, resulting in considerable additional prevented expenditure.

## Anti-social behaviour

A significant review of the economic and social costs of ASB was undertaken by Whitehead et al (2003). This study considered the costs falling on a wide range of agencies due to ASB, not just on housing authorities. In many cases these costs will in part be determined by local policies on when and how to intervene when problems arise. Material is drawn from many sources, and covers the costs associated with responding to activities such as noise, rowdy behaviour, nuisance behaviour, abandoned vehicles, intimidation/harassment and criminal damage/vandalism. The authors state that:

*“At the lower end, [unit] costs are of the order of £20 – £50. At the upper end, there are examples of over £1m. For the vast majority of incidents where action is taken however the costs vary between £100 and £10,000. These are very general estimates based on estimates using widely varying approaches. They do not directly reflect costs of non-alleviation such as increased vacancies. Most importantly they exclude any net costs to victims.”*

A day count of reports of ASB was undertaken by the Home Office’s Anti-Social Behaviour Unit on 10 September 2003. Over a 24-hour period, 66,107 reports of ASB were made to the 1,500 participating organisations (equating to one report every 2 seconds or around 16.5 million reports per year). It was estimated that ASB on the day of the count cost agencies in England and Wales at least £13.5 million, which equates to about £3.4 billion in a year. At a more local level, a study evaluating the costs of responding to and preventing ASB in Rotherham MBC by Crowther and Formby (2004) estimated that the annual costs to the Local Authority were at least £3.3 million and probably closer to £4.0 million. These figures are very similar to the estimate from Leeds Local Authority of annual expenditure of £3 million – £5 million on ASB reported by the Social Exclusion Unit (2000). It should be noted that none of these estimates takes full account of the costs to victims (both financial and psychological) of ASB.

ASB can be associated with criminal behaviour, so by reducing criminal behaviour, schemes like these projects have the potential to significantly reduce its associated costs. For example, a recent report by the Audit Commission (2004) on the reformed youth justice system includes an illustrative case study of a 15-year old male teenager who has had been involved in criminal behaviour. The case study includes some estimated costs associated with his behaviour, including approximately £13,000 associated with police time, Youth Offending Team (YOT) involvement and Court appearances relating to theft and taking a car and approximately £51,500 for a six-month custodial sentence in a secure unit. Local crime and disorder costs (e.g. for a youth committing car crime) in the area where Project D is located have been estimated as £36,575 per year (about £95 per day) for HMP and YOI provision and an overall annual cost (i.e. including aspects such as tagging and probation) of at least £50,000.

## Foster and residential care for children

Although it is not possible to place a financial value on keeping a family together, the financial costs of placing a child in foster care or a Local Authority Home can be estimated. The Personal Social Services Research Unit's (PSSRU) Unit Costs of Health and Social Care 2005 (Curtis and Netten, 2005) estimates that the unit cost per child per week of foster care in 2004/05 was £477 (comprising £283 per child per week for the boarding out allowance and administration; £149 per child per week for social services, including the costs of a social worker and support; and £45 per child per week for other services, including health, education and law and order). This gives a cost of £24,804 over a full year (including a total of £14,716 for the boarding out allowance and administration).

The Social Services Department associated with Project F provided its own estimates of £700 – £900 for weekly fostering costs, depending on the need and level of care. This gives an annual cost of £36,400 – £46,800. Foster placements in Project D's area have been calculated to be a minimum of £40,000 per year. Data provided by another Local Authority in north-west England show an average weekly cost for foster care for a child of £392 (£269 for local provision and £641 for provision by others), which gives an average annual cost of foster care of about £20,500.

The PSSRU also identifies costs of £2,194 per resident week for the establishment costs of a local authority community home for children (of which £2,113 is due to salary and other revenue costs), rising to £2,214 per resident week if the costs of other external services (including health, education, social services and Youth Justice) are included. These result in annual costs of about £115,000 per child.

These values can be compared with estimates of £2,000 – £2,500 per week (dependent on need and Statement of Purpose) provided by the above-mentioned Social Services Department in Project F's area. In Project D's area, the annual costs for its Care Homes for looked after children are estimated to be £125,000 – £200,000. Data from the Local Authority serving the other part of north-west England, referred to above, show that the average weekly cost of a place in a Children's Home is £2,710 (with a cost of £2,239 for local provision and £3,266 for provision by other Local Authorities), which gives an average annual cost of a place in a Children's Home of about £141,000.

These costs may, however, be underestimates for some children. A study by Ward et al (2004) (reported by the PSSRU) looked at the different combinations of additional support needs of children in care. In their sample of 478 children, they found that 27% showed no evidence of additional support needs, 45% displayed one additional need (e.g. "Child A"), 26% displayed two (e.g. "Child B"), and 2% of children displayed three or more (e.g. "Child C"). Several examples are given, showing the costs associated with a particular child in each category over an 87 week period. They are included for illustrative purposes only, but they do show the types of costs that may be incurred and their potential magnitude. "Child B" and "Child C" may be considered to more closely represent many of the children encountered by the projects than "Child A".

“Child A” is an example of a “low cost” teenage child in care who is due to move on from his long-standing foster family but who otherwise has no additional support needs. The costs (2004/05 values) to the local authority over the 87-week period were £37,405 with an additional cost of £11,680 to other services (though it should be noted that the majority of these costs were associated with mainstream schooling and attendance at a Further Education College, which is desirable rather than preventable expenditure, and for physiotherapy for an existing neck injury, which is likely to be specific to this child).

“Child B” represents a child with some emotional or behavioural difficulties and is considered to be “median cost”. The additional support costs to the local authority over the 87-week period associated with the placement were £32,467, with an additional £17,708 falling on others (although a significant proportion of these costs relate to mainstream schooling, considerable amounts are also due to weekly appointments with a clinical psychologist and with a speech therapist and also for time spent with a personal teaching assistant for part of the period).

“Child C” is an example of a “high cost” child with emotional or behavioural difficulties and offending behaviour. The additional support costs associated with this child cover a 74-week period due to his decision to disengage from local authority placements during the study period. During this period, he cost the local authority £211,493 (mainly due to multiple placements, including five periods in secure accommodation) and £68,973 to others (mainly comprising £65,221 for YOT involvement and criminal costs, as he refused to attend school or medical appointments).

It is, of course, not known what costs would have been incurred by any of the children in the participating families had the projects not existed, although the evaluation evidence suggests that many children in families may have otherwise been taken into care. Furthermore, many local authorities are keen to find alternatives to care wherever possible, although where there are concerns about issues such as child protection or neglect, a period in care may be essential. However, it seems highly likely that a significant proportion of the children involved in the projects would otherwise have been taken into care due to family breakdown. The examples above show not only how much time spent in care generally costs, but also how much extra it can cost when children have multiple difficulties and needs. Thus the potential savings from the projects, even in the short-term, could be considerable.

## Costs of domestic violence

Members of many of the families involved with the projects had experienced domestic violence, either from a partner (current or former) or from a child (e.g. a teenage son on his mother). Domestic violence in some form was a significant issue for almost half of the families working with the projects (see further Chapter 2 above). A major study of the costs of domestic violence was published in 2004 (Walby, 2004). Based on the Home Office framework for costing crime, it estimates the cost of domestic violence for the state, employers, and the men and women who are subjected to it. The total annual cost of domestic violence to services (Criminal Justice System, health, social services, housing, and civil legal) amount to £3.1 billion (plus a loss to the economy of £2.7 billion). The aggregate component costs (costs are not often presented at a unit level) are shown below:

- *Criminal Justice System (CJS)*: Domestic violence costs the CJS about £1 billion per year, which is about one quarter of the CJS budget for violent crime. The largest single component is that of the police. Others include prosecution, courts, probation, prison, and legal aid.
- *Health Care*: The cost to the NHS for physical injuries is around £1.2 billion a year. This includes GPs and hospitals. Although physical injuries account for most of the NHS costs, mental health care is estimated to cost an additional £176 million per year.
- *Social Services*: The annual cost is about £0.25 billion and is overwhelmingly for children rather than adults, especially those caught up in the co-occurrence of domestic violence and child abuse.
- *Housing*: Expenditure on emergency housing includes costs to Housing Authorities and Housing Associations for housing those who are homeless due to domestic violence, housing benefit for such emergency housing, and the costs of refuges. These amount to a total of £0.16 billion a year.
- *Civil Legal*: These services cost over £0.3 billion per year, about half of which is borne by legal aid and half by the individual. This includes both specialist legal actions such as injunctions to restrain or expel a violent partner, as well as actions consequent on the disentanglement of marriages and relationships such as divorce and child custody.

These costs exclude any human and emotional costs. Domestic violence leads to pain and suffering amounting to an estimated additional £17 billion per year, which is not included in the above figures. Even if these non-Exchequer-related costs are excluded, a considerable amount of the expenditure of some statutory services arises due to domestic violence, and some of these costs will have been avoided due to the work undertaken by the projects.

## Other potential cost consequences

The Office of the Deputy Prime Minister commissioned some research on the Benefits Realisation of the Supporting People programme (Matrix Research and Consultancy, 2004). It considers eight key client groups, including homeless families. Total Supporting People expenditure on services for 16,500 household units of provision for homeless families was £52 million per annum (2003 prices), which is about 3% of the total Supporting People budget. Around 7,300 of these units of provision were for temporary accommodation and support. This model found that the largest potential benefits of Supporting People expenditure for homeless families related to the maintenance of tenancies in permanent accommodation and securing and maintaining permanent tenancies for families in temporary accommodation. These benefits were valued at £45.92 million per annum. Benefits in terms of reduced use of health services by homeless families were valued at £33.91 million and crime reduction at £1.73 million (giving a total value of benefits of £81.56 million). Therefore the £52 million of Supporting People expenditure on homeless families delivered tangible benefits to the Exchequer with a potential value of slightly less than £82 million. These data show that preventing family homelessness, as the projects try to do, should result in considerable financial benefits to the Exchequer.

However, the authors also cite that there is evidence of many other benefits from working with homeless or potentially homeless families that cannot readily be assigned monetary values. These include an improved quality of life (e.g. due to improved health, greater independence, and decreased vulnerability) and greater family stability from allowing families to stay together and to deal with other issues in their lives such as education, unemployment, mental health problems and behavioural problems. Children's health and educational achievement may improve, with long-term benefits and children may also be less socially isolated and at less risk of bullying if they have stable tenancies and do not have to change schools frequently.

In the light of the above observations about educational achievement, research reported by the National Audit Office in a report on improving school attendance (National Audit Office, 2005) includes the following data from a survey of 30,000 16-year olds, which reinforce the importance of reducing truancy levels:

- 60% of non-truants achieved five or more GCSEs at grades A to C, compared with 40% of occasional truants and 13% of persistent truants;
- 2% of non-truants achieved no GCSEs compared with 5% of occasional truants and 25% of persistent truants;
- 96% of non-truants were in education, employment or training compared with 89% of occasional truants and 66% of persistent truants.

In Project D's area, the costs of alternative education environments for children out of school have been estimated as £150,000 – £200,000 per annum (£2,000 – £3,000 per week). This may be necessary for some children from families working with the projects, but should also be preventable for some of the other children if issues relating to school attendance can be addressed and solved.

Finally, many members of the families involved with the projects had a variety of health-related problems at referral associated with poverty and low socio-economic status, such as alcohol and drug misuse, obesity, depression, and self-harm. They may be taking prescription drugs for depression and frequently be attending their local A&E department (e.g. due to domestic violence). Whilst it is recognised that some additional NHS expenditure may be incurred because of the projects (e.g. leading to referrals for help with mental health problems or drug/alcohol abuse), these additional costs will be very small compared with the likely subsequent costs for the NHS of not identifying and addressing some of these problems (e.g. preventing a mother from having a complete mental breakdown).