Family Intervention Projects

An Evaluation of their Design, Set-up and Early Outcomes

Clarissa White, Martha Warrener, Alice Reeves and Ivana La Valle

National Centre for Social Research

department for
children, schools and families

Communities
and Local Government

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Summary

A national network of Family Intervention Projects (FIPs) was set up as part of the Respect Action Plan, launched in January 2006. These projects aimed to reduce anti-social behaviour (ASB) perpetrated by the most anti-social and challenging families, prevent cycles of homelessness due to ASB and achieve the five Every Child Matters outcomes for children and young people. FIPs use an 'assertive' and 'persistent' style of working to challenge and support families to address the root causes of their ASB. There are different ways in which the service can be delivered: outreach support to families in their own home; support in temporary (non-secure) accommodation located in the community – the dispersed option; and 24 hour support in a residential core unit where the family live with project staff.

The Respect Task Force (RTF) and Communities and Local Government commissioned the National Centre for Social Research to evaluate how effectively FIPs have been designed and implemented and report on early outcomes for families.

Key Findings

- 53 FIPs were set up during 2006 and 2007. Of these 34 were effectively set up from scratch and the remaining 19 projects existed prior to 2006 and were not making fundamental changes when they became a FIP. Typically FIPs were working with families in their own homes for between six to 12 months. Most projects were either being run by a team within the Local Authority (LA) or a voluntary sector provider.

- 885 families were referred to a FIP between February and October 2007, of these 78 per cent met the referral criteria and agreed to work with a FIP. FIPs appeared to be working with their intended beneficiaries as families had high levels of ASB and criminal activities and were homeless or at risk of becoming homeless because of their ASB. These families were also well known in the area for causing ASB.

- The early outcomes reported by FIP staff for 90 families who completed the FIP intervention displayed considerable improvements in all key areas of the FIPs' work. ASB and criminal activities had declined considerably at the point families exited from a FIP, as had the risk of families engaging in ASB. The risk of families being evicted had also considerably reduced. The outcomes for children and young people were also reported to have improved.

- Eight features of the FIP model appeared to be critical to its success: recruitment and retention of high quality staff, small caseloads, having a dedicated key worker who manages a family and works intensively with them, a whole-family approach, staying involved with a family for as long as necessary, scope to use resources creatively, using sanctions with support, and effective multi-agency relationships

Methodology

This evaluation has provided evidence of how effectively the 53 FIPs were operating. It has reported on the experiences and views of all those who were directly involved – FIP staff, FIP families and local services and agencies who worked alongside the FIP. It has also illustrated the wide range of early outcomes reported.

The evaluation comprised a number of elements:

- a qualitative Mapping Study involving all 53 FIPs
- nine FIP Case Studies involving families, FIP staff and local agencies and services that work with a FIP
- the FIPs Information System, which provided quantitative evidence about families referred to FIPs between February and October 2007. It monitored their progress through the FIP intervention.

The 53 FIPs

- 53 FIPs were set up during 2006 and 2007. Of these 34 were either set up from scratch or undergoing a radical transformation as a result of becoming a FIP. The remaining 19 existed prior to 2006. Of the three FIP models it was most common for the service to be delivered to families in their own homes. FIP staff considered it preferable to work with families in their own homes wherever possible and this model was also reported to be the easiest and cheapest to set up.

- The service provided by FIPs was either delivered by a team within the LA (in 24 FIPs); contracted out to a voluntary sector provider (in 22 FIPs); or run by a housing provider (in four FIPs), or a combination of the LA, a housing provider and a voluntary sector agency (in three FIPs).

- A typical FIP employed between four and seven staff. At a minimum, this included a project manager and a number of key workers. FIPs also employed additional specialist, support and administrative staff. An average key worker caseload ranged from three to seven families, but staff emphasised the importance of having scope to vary caseload sizes according to family needs.

- Typically FIPs worked with families for between six to 12 months.

Families referred to FIPs

- 885 families were referred to a FIP between February and October 2007, of these 78 per cent met the referral criteria and agreed to work with a FIP. Housing, ASB teams, social services, the police and the YOS made most referrals. Predictably the primary referral criteria to be accepted for a FIP were a high level of ASB and homelessness, or risk of homeless, because of ASB.

- FIPs were working with very disadvantaged families, including a considerably higher than average proportion of lone parents, large families and workless households receiving out-of-work benefits.

According to the information provided by FIP staff, when families were referred to a FIP, they had high levels of involvement with ASB and criminal activities, and faced a high level of risk and a wide range of severe and multiple difficulties:

- Sixty-per cent of FIP families were reported to have engaged in four or more types of ASB. Fifty-two per cent of families had some form of enforcement action against them. Involvement in criminal activities was also relatively high; for instance, a third of families included someone who had been arrested in the six months before referral.

- Seven per cent were of families were in temporary accommodation and nine per cent had an introductory or demoted tenancy. Housing enforcement actions due to ASB were reported for most FIP families, with the most common ones including: a warning letter (43 per cent), a visit from a housing officer (43 per cent) and notice of seeking possession (24 per cent)

- FIP families faced a high level of risk, including poor parenting (reported in 67 per cent of families), health problems (reported in 63 per cent of families), substance misuse (in 35 per cent of families), family breakdown (in 27 pre cent of families) and domestic violence (in 25 per cent of families).

- Children in these families were also facing a number of risks, with a higher than average proportion with special educational needs (14 per cent of children). Forty-per cent of 5-15 year olds were reported to have educational problems (i.e. truancy, exclusion and/or bad behaviour at school), and 19 per cent of these children (and eight per cent of all 5-15 year olds from FIP families) were excluded from school. The proportion of young people not in education, training or employment (NEET) was also well above the national average at 35 per cent of 16-18 year olds.

- FIPs appeared to be working with their target group, i.e. families with high levels of ASB, homeless or at risk of becoming homeless because of ASB. Typically these families were well known in the area for causing ASB.

How FIPs work with families

- Following a detailed assessment a support plan and contract was drawn up for each family, and reviewed on a regular basis. This was key to the FIP service as it spelt out the commitment of staff and families to an agreed plan of action, containing expectations about how the families' behaviour should improve and other goals, as well as sanctions that would follow if these goals were not met. Families were aware that key workers reviewed their progress, goals and support needs even if they had had limited or no awareness of the actual support plan and contract.

- FIPs work commonly involved challenging families' ASB; anger management; one-to-one parenting; addressing educational problems; and organising activities for parents and children (e.g. sports and arts based activities for children, family outings and activities). In addition FIPs levered in support from a number of statutory and voluntary services. Families appreciated the emotional support and practical assistance above other types of support they received through the FIP.

- There were three key challenges facing FIP staff in their work with families: balancing support with enforcement, ensuring families engaged with the FIP and judging when a family was ready to cope on their own without the FIP.

- Families were often positive about the supportive role of the key worker. During their early contact families seemed more accepting of the persistent approach adopted by the key worker than later on, when they had become tired of the continued intrusion into their lives. Families discussed losing their trust in the key worker if they felt they made promises they did not keep, or they did not treat what they had told them as confidential (including reporting families to other services). When a family no longer trusted their key worker, this had a detrimental effect on their relationship.

- On average FIP staff spent just under eight hours a week supporting a family, although this decreased slightly over time. New projects appeared to be spending more time with families than established projects.

- Exit strategies had been developed in the more established FIPs. At this point a package of support was agreed with other agencies who were also working with a family or who were brought on board when the FIP withdrew. FIP staff emphasised the importance of withdrawing from families in a 'planned and phased' manner rather than making a sudden exit. This was seen as giving the key worker a chance to judge the family's capacity for coping on their own, as well as preparing the family for the withdrawal of FIP support.

Working with other agencies

- FIPs have been designed to work in partnership with a wide range of different statutory and voluntary agencies who either refer families to the FIP and/or co-work with families alongside the FIP in a complementary way.

- While there was a good deal of variation between FIPs in terms of which agency relationships were stronger and weaker, those that emerged as particularly strong across projects were with schools; housing officers; the police; ASB teams and the YOS. Relationships with health and social care emerged as weakest, although distinctions were drawn between different parts of the health service.

- A number of contextual factors influenced the extent to which FIPs were able to establish good working relationships with other agencies. These included the quality of multi agency relationships locally, the time and resources other professionals had to work with the FIP, and the extent to which links at a strategic level 'filtered down' to frontline workers.

- Attitudinal factors also influenced the extent to which other professionals had 'bought in' to FIPs. For example, they may have questioned the role, ethos or expertise of the FIP, or seen it as 'treading on the toes' of the professionals already involved.

- A lack of 'buy in' to FIPs could be manifested in other professionals' behaviour in a range of ways, including a lack of referrals, inappropriate referrals, or a reluctance to share information or work together.

- Local agency partners and FIP staff reported three types of impacts on other services: breaking down the barriers between families and services; reducing the burden on services; and improving multi-agency working (although this depended on the culture of multi-agency working already in existence).

Outcomes

Ninety families completed the FIP intervention during our evaluation period. The length of time these families had been working with a FIP was evenly split between up to 26 weeks, 27 to 52 weeks, and over a year.

The early outcomes reported by FIP staff for these 90 families displayed considerable improvements in all key areas of the FIPs' work:

- Sixty-one per cent of families were reported to have engaged in four or more types of ASB when they started working with a FIP, this had reduced to seven when they exited the FIP. While the level of ASB declined considerably, a substantial proportion of families (35 per cent) were still engaged in ASB when they completed the intervention (the corresponding figure at the start of the intervention was 92 per cent).

- One or more ASB enforcement action(s) were reported for 45 per cent of families when they started working with a FIP, this figure was almost halved (23 per cent) when they left the project.

- Sixty per cent of families were subject to one or more housing enforcement action(s) when they started working with a FIP, at the point when they exited the project this had reduced to one fifth (18 per cent).

- The proportion of families reported to have no risk factors increased markedly from one per cent at the start of working with a FIP to 20 per cent by the end of it. Where risk factors were still present, there were considerable reductions in the number of risk factors families were reported to have.
- The number of 5-15 year old children who were reported to have educational problems (i.e. truancy, exclusion and/or bad behaviour at school) declined from 37 per cent at the start of working with the FIP to 21 per cent when they left.

Conclusions

FIP staff and local services roundly endorsed the contribution that FIPs were making to service provision. A recurrent suggestion was that the FIP service should be extended to those with lower level ASB and that more preventative work should be done with families before issues become too acute (and eviction proceedings and child protection actions have escalated). It was also recommended that aspects of this approach should be used to focus on other 'vulnerable' families who have severe support needs but are not committing ASB (i.e. replicating the intensity of FIPs without the sanctions).

Based on our evidence we conclude that there are eight features of the FIP model that are critical to its success:

1. recruitment and retention of high quality staff
2. small caseloads
3. a dedicated key worker who manages a family and works intensively with them
4. a whole-family approach
5. staying involved for as long as necessary
6. scope to use resources creatively
7. using sanctions with support
8. effective multi-agency relationships.

We now have evidence from FIP staff of what happens to families at the point they leave the project, although it is less clear whether these positive outcomes will be sustained in the longer term. The final judgement, however, about the efficacy of FIPs will ultimately depend on a quantitative impact assessment, which compares the outcomes of FIPs against those of a control group of families who do not receive the FIP service

Abbreviations

FIP	Family Intervention Project
ASB	Anti-social behaviour
RTF	Respect Taskforce
CLG	Communities and Local Government
ASBU	Anti-social Behaviour Unit
LA	Local authority
ASBO	Anti-social Behaviour Order
ABC	Acceptable Behaviour Contract
CDRP	Crime and Disorder Reduction Partnership
IS	Information system
YOS	Youth Offending Service
PRU	Pupil Referral Unit
YOT	Youth Offending Team
PYOP	Preventing Youth Offending Project
YIP	Youth Inclusion Project
YISP	Youth Inclusion Support Panel
CAMHS	Child and Adult Mental Health Services
RSL	Registered social landlord
NRF	Neighbourhood Renewal Fund
SP	Supporting People
SEN	Special educational needs
NEET	Not in education, employment or training
CAF	Common assessment framework
FGC	Family group conferencing

1 INTRODUCTION

As part of the Respect Action Plan, launched in January 2006, the Government committed to establishing a national network of Family Intervention Projects (FIPs). The aim of these projects is to address the behaviour of the most anti-social families and reduce their impact on the local community. FIPs use an '*assertive'* and '*persistent'* style of working to challenge and support problem families in order to address the root causes of their anti-social behaviour (ASB).   There are different ways in which the service is delivered: outreach support to families in their own home; support in a non-secure tenancy located in the community – the dispersed option; and 24 hour support in a residential core unit where the family live with project staff.

The Respect Task Force (RTF)[1] and Communities and Local Government (CLG) commissioned the *National Centre for Social Research* (NatCen) to evaluate how effectively FIPs have been designed and implemented and report on their early outcomes. This report presents the findings from this research which was carried out during 2007.

This introductory chapter maps the policy and research context for the study, the aims and design of the evaluation and the coverage of the report.

1.1 Policy Context

Combating ASB has been of political interest since the late 1990s but became a priority concern for the Government in 2002.   In 2003 the ASB Act[2] was introduced, the Home Office's Anti-Social Behaviour Unit (ASBU) was established (October 2003) and the ASB 'Together' Action Plan was launched.   These initiatives took forward the recommendations of the Social Exclusion Unit's Policy Action Team 8 report, which highlighted the need for cross-departmental co-ordination of efforts to tackle ASB at a national and local level. The ASBU was tasked with co-ordinating and leading on the development and implementation of an ASB strategy. Previously, there had been considerable variation in the way local authorities (LAs) had been tackling ASB and the extent to which local infrastructures were in place to respond to the problem. The primary focus of the ASBU was on tools and powers – enforcement actions such as Anti-social Behaviour Orders (ASBOs), Acceptable Behaviour Contracts (ABCs) - that local authorities could use to address ASB.

The ASBU also funded ten Trailblazer areas in 2003 to lead on the approach to dealing with specific issues such as begging, nuisance families and abandoned vehicles. Then in October 2004 they worked with 50 action areas to help them tackle ASB in a flexible and timely manner with a small amount of funding (each area was

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[1]   In October 2007 RTF moved from the Home Office to the Department for Children Schools and Families (DCSF) and work on FIPs was incorporated into mainstream family policy in DCSF.
[2] The Anti-Social Behaviour Act 2003 built on enforcement measures already available, including anti-social behaviour orders in the Crime and Disorder Act 1998, penalty notices for disorder in the Criminal Justice and Police Act 2001, and housing injunctions in the Housing Act 2004.

given £25,000). Through this work the ASBU established that a small number of families were causing a disproportionate amount of the ASB in local neighbourhoods. It also became evident that a combined approach of enforcement and support was required to address the deep seated underlying problems of these families in order to reduce their ASB.

The current FIP model has evolved from the pioneering work of the Dundee Families Project, which was established in November 1996 (see Box 1.1). This project was set up by the housing and social work departments in Dundee and managed by NCH Action for Children Scotland to assist families who were homeless, or at severe risk of homelessness due to their ASB.

Box 1.1   The Dundee Families Project

The Dundee Families Project provides:

- **Residential Support** via a core block, where up to three families can live. These are families who have been excluded from LA housing because of a history of ASB. Staff have regular contacts with families on a daily basis and practically every aspect of family life comes under scrutiny. Inappropriate behaviour is challenged and also counterbalanced with support to encourage change. Parents are assisted in establishing routines and boundaries for children and their parenting style may be challenged.

- **Community Based Support** via dispersed tenancies. This is normally used as a transitional measure for families moving out of the core block, but may, in the right circumstances, be offered to families living in temporary accommodation, who have poor tenancy histories. Acceptance of a programme of support is a condition of occupancy. The eventual goal is to assist the family in re-settling, with a view to the tenancy becoming permanent.

- **Outreach Support** to families who are Dundee City Council tenants, and who are at risk of losing their tenancy because of concerns about their behaviour.

Methods used include: one-to-one work with parents and/or children; children's groups; family group work; anger management; developing home-skills; parenting groups using established programmes; video work; tenancy workshops, focussing on responsibilities as well as rights. Referrals will also be made, where appropriate, to specialist services, such as drug alcohol or mental health services.

Support Plans: all families have detailed support plans which are tailored to meet the needs of family members. Other agencies' contributions are included, and the Project takes a central role in co-ordinating the support plan. This means that all – Project, family, and other agencies, are held accountable for their contribution. Support plans are reviewed and adjusted on a six weekly basis.

A two year evaluation of the project (Dillane et al., 2001) reported very positive outcomes for families who worked with the project. In particular the authors highlighted that it had:

- helped to reduce ASB
- helped to prevent eviction and children being taken into LA care
- promoted quality of life, both for individual families and the wider community.

Following the success of the Dundee Families Project seven more projects were set up to work in a similar manner in 2002/3. They were all established in the North West of England:

- five of the projects were developed by NCH in partnership with LAs in Blackburn with Darwen, Bolton, Manchester, Oldham and Salford
- one project was established by Sheffield City Council
- one project was set up by Shelter in Rochdale.

The Shelter Project was subsequently evaluated by Jones et al., (2006) and the remaining six projects by Nixon et al., (2006 and 2008 – see Box 1.2). Both evaluations further endorsed this method of working with challenging and anti-social families. In particular, the authors reported a reduction in ASB and tenancies being successfully stabilised, as well as a number of other positive outcomes for family members.

The ASBU in 2005/2006 piloted this way of working with families in a small number of the Trailblazer areas. These projects were used to assess whether the Dundee Project could be replicated and also highlighted some problems and features critical to their success.

Action on ASB and its causes was further elevated with the establishment of the RTF as a cross-Governmental body in September 2005, headed up at this time by the Government Co-ordinator for Respect, Louise Casey. The Government's Respect Action Plan, published in January 2006, set out a series of commitments to promote respect and tackle ASB introducing measures aimed at children and young people, parents, communities and the legal system.

> *'This Respect Action Plan is about taking a broader approach. It recognises that, as well as enforcement we have to focus on the causes of anti-social behaviour, which lie in families, in the classroom and in communities.' (Tony Blair, Respect Action Plan, Page 1)*

The action plan also confirmed the Government's commitment to tackling the root causes of ASB amongst problematic families through the establishment of a network of FIPs, building on the experience of Dundee and the other projects, across the country.

Over the period 2006/07, 53 FIPs were set up with £15 million of central Government funding. In addition, the then Department for Education and Skills (DfES) provided short term funding to develop parenting support. About three million pounds was made available to train local workers to deliver one of three evidence based parenting interventions (Triple P, Webster Stratton: Incredible Years and Strengthening Families)[3]. FIPs also drew on a range of other funding sources, including Supporting People, Neighbourhood Renewal Fund and the Children's Fund.

In recognition of the increasing value of the FIP model, the Government recently committed ongoing funding of up to £18 million to support and sustain FIPs for a further three years (until 2011).

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[3] Funding these training sessions was intended to build capacity within the LA workforce to deliver these three evidence based parenting programmes and to work alongside other initiatives (e.g. Early Intervention Pathfinders and National Academy for Parenting Practitioners).

Box 1.2   Evaluation of six projects (Nixon et al 2006 and 2007)

Nixon et al. (2006) evaluated the six projects in the North West and found that at the point when families exited the project**:**

- ASB had either ceased or reduced for 85 per cent of families
- in nine out of ten (92 per cent) of cases there was either no risk to the community or the risk had reduced
- in four out of five cases families' tenancies had been successfully stabilised with a similar percentage of cases also being assessed as having a reduced risk of homelessness
- 53 per cent of children showed improvement in their physical health
- 40 per cent of children showed improvement in their mental health
- 36 per cent of families whose children had schooling concerns showed an improvement
- in 48 per cent of cases there had been a reduction in the likelihood of family breakdown.

Nixon et al., subsequently followed up 28 families to explore the longer term outcomes of the NCH projects (Nixon et al., 2008). They found that 20 out of 28 families they followed up had managed to sustain positive change and had received no significant complaints about ASB. The risk of homelessness for these families had been reduced and the family home was secure at the point of the interview.

1.2   Family Intervention Projects

FIPs have been set up to **reduce ASB** perpetrated by families, **prevent cycles of homelessness** and achieve the five **Every Child Matters outcomes for children and young people**, with a specific focus on:

- Improving children and young people's attendance and behaviour at school, and reducing the level of truancy and exclusion.

- Reducing the prevalence of teenage pregnancy and tackling broader sexual health issues.

- Reducing alcohol, drug and volatile substance misuse of both children and young people and their parents, as well as a focus on other key public health areas, such as obesity and smoking.

- Reducing the number of young people not in education, employment or training.

A number of **core features** distinguish the FIP approach**:**

- A focus on the **most problematic families** persistently perpetrating ASB and who are at risk of losing their homes.

- A **whole family approach** which recognises the inter-connectedness between problems faced by different family members.

- A **dedicated key worker** with a small caseload of families. Their role is to manage or 'grip' the family's problems, co-ordinate the delivery of services and - using a combination of support and sanctions, as well as an assertive and persistent style of working – motivate the family to change their behaviour.

- A **contract is set between the family and the project**, outlining the support to be offered and the changes in behaviour required of the family. This is reviewed on a regular basis.

- **Sanctions** are used (e.g. demoting tenancies, gaining possession orders suspended on the basis of compliance with the project, taking children into care) to motivate families to change their behaviour.

- **Parenting skills are addressed using** an evidence based parenting programme.

1.2.1   FIP models of intervention

There are **three distinct models of FIP intervention,** which are used. The choice of model depends on a family's needs and the impact their behaviour is having on the community.

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

- A **dispersed service** involves working with families housed in accommodation managed by the FIP but dispersed in the community.

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

1.2.2   Location and a map of FIPs

Fifty-three FIPs have been set up across England (see Appendix A for a map of their locations). They have been located in large urban areas with high levels of deprivation, high unemployment but also where perceptions of ASB are high, where there is a problem with challenging families, poor housing conditions and homelessness. In addition areas were also selected where it would be feasible to set up a project within one year. This has resulted in locating projects in areas where the LA or the local Crime and Disorder Reduction Partnership (CDRP) had a mature structure for addressing ASB prior to the FIP.

1.3   Aims of the evaluation

The primary aim of the evaluation was to explore how effectively FIPs were designed and implemented. In order to address this broad objective the research sought to:

Map the 53 FIPs set up under the Respect programme to establish the nature and range of services being provided.

- Explore the experiences and views of FIP staff and local services in relation to the design, set up and delivery of a FIP.

- Provide a robust quantitative analysis of the types of families referred to FIPs.

- Assess experiences and views of multi-agency working and developing partnerships within the local community.

- Explore the experiences and views of families who were participating in FIPs and investigate the outcomes they and FIP staff reported.

- Reflect on the value, role and efficacy of FIPs and make suggestions for changes or improvements to their design and implementation.

The evaluation comprised a number of different components of work - a qualitative Mapping Study, nine FIP Case Studies and the FIPs Information System, which provides quantitative evidence about families. The overall research design is illustrated in the Figure 1.1 and outlined in the following sections.

In order to set the policy context for the evaluation, interviews were carried out during November and December of 2006 with individuals involved in the design and implementation of FIPs.

Figure 1.1   Overview of FIPs evaluation
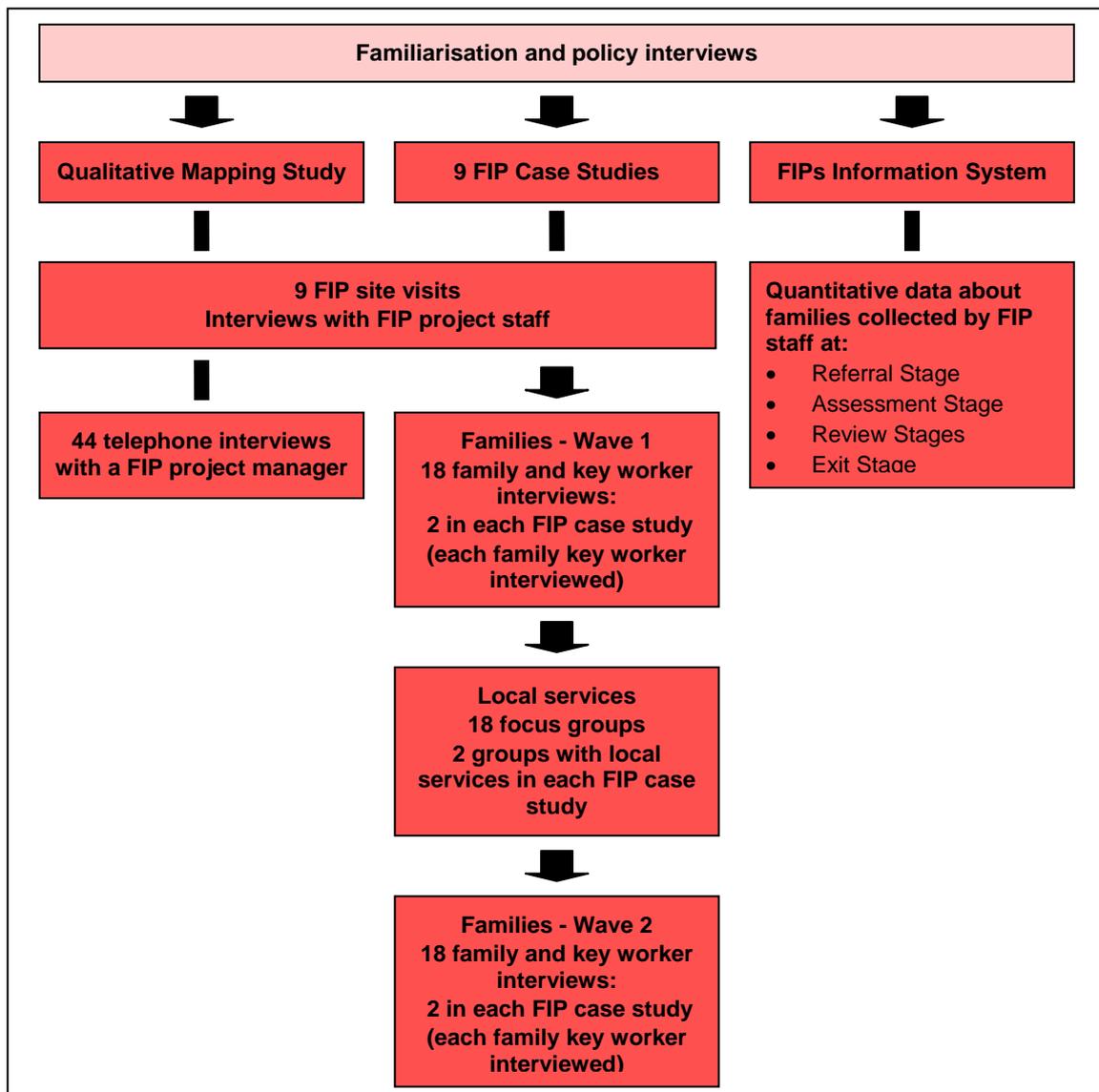
1.4 Qualitative Mapping Study

A comprehensive qualitative mapping study was carried out to compare the way in which the 53 FIPs had developed. It consisted of nine FIP site visits and 44 telephone interviews.

Originally the mapping study was intended to underlie (and precede) all other elements of the evaluation. In practice, however, it had to be carried out alongside the other components of the evaluation as FIPs were slow to develop (and it was not possible to delay the start of the evaluation). This rather limited the potential role of the mapping study to inform the design and coverage of the rest of the evaluation components, particularly the Information System. It also restricted the options for choosing FIP case studies (see below), as few projects were sufficiently advanced to be suitable candidates for selection.

1.4.1 FIP site visits

Nine day-long site visits were carried out to provide in-depth evidence about the design, implementation and delivery of a FIP. These visits provided the context for the nine FIP case studies carried out with families and local services (see Section 1.5).

During each site visit project managers, key workers and other frontline staff delivering or managing/overseeing the FIP were interviewed.

A profile of the nine FIPs can be seen in Table 1.1 at the end of the chapter. They were purposively selected to ensure variation in:

- stage of development, including both projects building on existing services and 'new' FIPs
- model of intervention that is, outreach, dispersed and core block
- service provider, including FIPs run by LAs and the voluntary sector
- where contractually located within the LA (for FIPs not delivered by the LA)
- parenting provision offered
- area, LA type and Government office.

Site visits were carried out using a topic guide (see Appendix B) during March and June 2007.

1.4.2 Telephone interview with FIPs

Telephone interviews were carried out with the remaining 44 projects. These interviews were carried out with the key individuals who could discuss the experience of implementation and delivery at the strategic and operational level – usually the project manager. The coverage of these interviews was broadly similar to the site visits although topics were prioritised for inclusion given the more limited time available.

Telephone interviews were carried out, using a topic guide (see Appendix B), between February and October 2007.

1.5 FIP case studies

The nine case studies were designed to provide in-depth evidence about the experience of setting up, delivering and participating in FIPs. They were also designed to provide early evidence about the outcomes and impacts interventions were perceived to have for participating families and the local community. The nine projects were first visited during the mapping study when a one day site visit was carried out. The remainder of the work was carried out with families and local services in each of the nine FIP case study areas (see Table 1.1 at the end of the chapter for a profile of these projects).

The design and conduct of this component of work was subject to scrutiny by NatCen's Research and Ethics Committee.

1.5.1 Research with families

A total of **18 families** – two in each of the nine FIP case studies – **and their key worker** were interviewed at two different points in their involvement with the FIP:

- shortly after being **referred to and assessed** by the FIP (Wave One)
- and then **three to six months later** (Wave Two)

Families were recruited via key workers using materials (e.g. letters, consent forms and leaflets for children and adults) and detailed guidance provided by the research team. All family members who were aged over five years and had some involvement with the FIP were invited to take part in the research. Written consent was obtained from all family members before interviews were carried out.

Preparatory interviews were carried out with key workers prior to interviewing families. These interviews broadly covered similar topics as for families but additionally sought advice about practical aspects of the interview. The interviews were carried out using a topic guide (see Appendix C) between April and November 2007.

Of the 18 families who took part in the research, 12 agreed to take part at both Waves One and Two, while six families were only interviewed on one occasion. This was either due to problems recruiting FIP families at the correct point in time, or due to the family refusing to take part at Wave 2. On these occasions the accounts of the key worker were used to track what happened to the family.

1.5.2 Research with local services

In each of the nine FIP case studies two focus groups were held with staff from local services who worked with a FIP– comprising 18 focus groups in total. In each FIP case study, participants were assigned to the group which most closely reflected the way they worked with the FIP (although in practice there was some overlap across groups):

- **group 1** consisted of representatives from agencies that referred families to the FIP
- **group 2** consisted of representatives from agencies who worked alongside the FIP (who provided a service to the same families).

The aims of these groups were to:

- bring new insights into the value and role of the FIPs
- help identify the outcomes from FIPs for families, the local community, and other service provision
- help explore the contribution of the FIP to multi-agency working.

The focus groups were carried out using a topic guide (see Appendix C) in August and September 2007.

1.6 The FIPs Information System

The FIPs Information System (IS) collected comprehensive quantitative data on all families referred to FIPs between February and October 2007 and monitored their progress through the FIP intervention. The information was inserted by FIP staff into a web based system. The familiarisation and policy interviews mentioned above and interviews with a small number of FIPs informed the initial development of the questions included in the IS. A pilot was then carried out to ensure that staff had access to the information required, and to understand how this information was used to answer the IS questions. A full dress-rehearsal pilot was finally carried out to test the IS in its web format and to obtain feedback on the training and briefing material provided to FIP staff.

The IS collected data on the following topics:

- Families' **socio-economic profile** (e.g. family's size and structure, financial circumstances), as previous research found a strong link between families with high levels of ASB and socio-economic disadvantage (Respect Taskforce, 2006).

- Families' level and type of **ASB, enforcement actions** (e.g. contracts and agreements, cautions, court orders) and involvement in **criminal activities.** This information was collected to establish whether families who were referred to FIPs and who were offered the intervention met the target criteria. Most of this information was collected both at the family level (e.g. showing what proportion of families included people involved in criminal activities) and at the individual level (e.g. showing what proportion of individuals were involved in criminal activities).

- Families' **housing tenure**, **housing status** (e.g. secure, temporary accommodation) and **housing enforcement actions**. These questions were asked to explore whether families referred to and accepted by FIPs were homeless or at risk of becoming homeless due to ASB, a key criterion for determining eligibility for a FIP.

- **Risk factors** faced by the families. Previous research also found a strong link between ASB and severe and multiple problems, such as parenting difficulties, child protection concerns, health problems, drug addition, relationship breakdown and domestic violence. Among children, a range of school problems were also identified, including truancy, exclusion and bad behaviour at school (Respect Taskforce, 2006). The IS therefore collected very comprehensive data on a wide range of risk factors, with again many of these available both at the family level (e.g. showing what proportion of families included children with school related problems) and the individual level (e.g. showing what proportion of children had school related problems).

- The model of **FIP intervention** (i.e. outreach, dispersed or core block), the level and nature of help delivered by FIPs, and the type of support FIPs arranged with statutory and voluntary agencies. This information was collected to monitor whether the type and level of intervention delivered was in line with the key defining features of the FIP model discussed above.

Information about families was collected at various stages.

- It was initially collected at the **Referral Stage** after FIP staff decide whether to offer the service to a family referred to a FIP. At this stage FIP staff provided data on: family size, composition, demographic profile and financial situation; ASB levels, enforcement actions, convictions and arrests; housing situation; risk factors. The reasons why a family was not considered suitable for the FIP was also recorded.

- The second data collection point was the **Assessment Stage** when FIP staff completed a full assessment of the family's circumstances and, based on this, put together a support plan. At this point, information collected at the Referral Stage was updated. As this information was based on a more in-depth assessment than the one typically conducted at referral, it provided a better 'baseline' against which to measure the family's progress in relation to key outcomes such as ASB levels and other risk factors.

- FIPs carry out regular, formal reviews of families' progress and at these stages we asked staff for an update on key family outcomes (e.g. ASB, risk factors). At the **Review Stage** we also collected detailed information about the type and amount of support provided by FIPs and arranged with other agencies.

- When the intervention was completed (the **Exit Stage**), we asked FIP staff to provide a final update on changes in outcomes and on the nature of support the family received in this final period (i.e. since the last review).

A detailed list of topics covered at different stages is included in Appendix D.

Further details about the design conduct and analysis of the evaluation can be found in the technical Appendix E.

1.7   Report coverage

The remainder of this report is divided into eight further chapters:

- **Chapter 2** provides a brief overview of how the 53 FIPs were developed. It draws on the evidence provided by FIP staff via the qualitative interviews and the IS.

- **Chapter 3** draws on the IS evidence to describe the type of families who were referred to FIPs between February and October 2007. The findings are complemented by case illustrations of three families from the FIP case studies.

- **Chapter 4** considers how FIPs work with families and is based on the accounts of FIP staff and local services combined with evidence from the IS.

- **Chapter 5** presents families' experiences and views about the FIP. It is based on the evidence from the interviews carried out with 18 families and their key workers.

- **Chapter 6** uses the IS data to assess how the quantitative outcomes for families changed between the start and end of the service provided by FIPs. It also reports on the qualitative impacts identified by families, FIP staff and other local services.

- **Chapter 7** reports FIP staff's and agencies' reflections on the design and operation of FIPs.

- **Chapter 8** reflects upon the value and role of FIPs and identifies key aspects of the FIP model that are critical for achieving success.

The qualitative findings reported have been illustrated with the use of verbatim quotations, case illustrations and examples. In order to preserve respondents' anonymity, quotations from respondents and case illustrations are referenced only by respondent type.   Adopting a qualitative approach has made it possible to report on the range of FIPs operating, and views and experiences of managing and delivering these. The purposive nature of the sample design as well as the small sample size, however, means that the study cannot provide any statistical data relating to the prevalence of these approaches, views, and experiences.

Table 1.1   Profile of nine FIP case studies

	Project A	Project B	Project C	Project D	Project E	Project F	Project G	Project H	Project I
When opened for families	December 2006	May/June 2007	April 2006	July 2005	March 2005	Early 2005	September 2006	February 2007	January 2007
Model(s) of intervention at interview	Outreach	Outreach	Outreach & dispersed	Outreach, dispersed & core unit	Outreach & dispersed	Outreach	Outreach	Outreach	Outreach
Location in the LA	Children's Services	YOS and Children's Services	Children and Young People	Housing	Housing	ASB (within Housing)	Neighbourhood Management (Community Support)	Children and Young People's Services	YOS
Provider of service	Voluntary agency	LA	LA	Other (LA and housing provider)	Voluntary agency	LA	LA	LA	LA
No. of families working with	12	7	23	16	14	21	7	5	8
Total capacity at any one time (families)	25	20	25	20	14	25	20	12	12
No. of staff (FT or equivalent)	7	6	5	7.5	10	8	5	Being reviewed	5
Staff team	Project Mgr (PM); Senior KW (SKW); 4 KWs; 1 Admin	PM; 4 KWs; 1 Admin	PM; 4 KWs	PM; SKW; 5 KWs; 1 PT Admin	PM; 2 SKWs; 5 KWs; 1 asst KW; 1 Admin	PM; 4 KWs; 3 specialist workers	PM; 3 KWs; 1 specialist worker; 1 admin	PM; 6 convenors; 10 – 12 sessional workers	P/T Strategic Mgr; PT Operational Mgr; 4 KWs
Key worker caseload	Up to 5	4-5	3-5	4	2-3	Up to 6	3	Being reviewed	4 KWs working flexibly across 8-12 families
Frequency of contact with families per week	Up to 9 hours spread across 2-3 visits	2-3 visits in first 3 months; 1-2 thereafter	12-15 hours from FIP and other agencies	Daily to twice a week	9 hours in own home, 14 in dispersed	From at least 1 per day to 2-3 per week	10 hours to at least 1 visit per day	From a few hours a day to a few hours a week	Dependent on need
Length of time plan to work with families	12-18 months	6 months	2 years	12 – 18 months	9-12 months outreach; 9-18 dispersed	6 –12 months	As long as it takes	Up to 10 months	Up to 12 months
Parenting programme(s)	Staff due to be trained in Triple P, Webster Stratton and Strengthening Families	Staff due to be trained in Strengthening Families	Parallel Lines Parenting Programme Staff to be trained in Webster Stratton and Triple P	Staff trained in Webster Stratton	Delivering Strengthening Families Staff member trained in Living with Teenagers	Delivering bespoke programme Plans to deliver Triple P in future	Delivering Triple P	Staff due to be trained in Triple P and Strengthening Families	Staff due to be trained in Triple P

2 HOW HAVE FIPS DEVELOPED?

A total of 53 FIPs were set up across England in 2006-2007. As outlined in Chapter One these projects were expected to adopt the common core features, distinctive of the FIP approach. Aside from these aspects, LAs had considerable autonomy over how they developed their FIP model in each area, taking account of local context. In this chapter we consider how FIPs were developed and highlight any variations in how they were operating. As will be seen, there did not seem to be any distinct or clearly identifiable ways of grouping the 53 FIPs into particular 'types'. Whilst 16 FIPs were delivered by NCH, these projects did not as a group share a similar model of working.

Thirty-four of the 53 FIPs had been set up from scratch and were 'new' projects, whereas the remaining 19 had existed in some form prior to the creation of the RTF FIPs (Section 2.1). As a result when the evaluation was carried out, FIPs were at various stages of development - at one extreme were those fully-staffed and working to capacity, at the other were projects that had only recently received confirmation of their FIPs funding and were still in the early stages of setting-up. The remaining projects were partially staffed, working at less than capacity, or both. A less-than-full complement of families had resulted from partial staffing, and/or a lack of referrals being received, or processed (Sections 2.1 to 2.3).

A key feature of FIPs is that they should work in partnership with a wide range of agencies. In Section 2.4 we describe the key agencies which refer families or co-work with FIPs and the kinds of contacts or arrangements they have. These include multi-agency meetings, regular informal contacts and shared databases. Typically FIPs work with families for between six to 12 months, but there were variations across projects (Section 2.5). We end the chapter with a brief description of the range of different funding sources that FIPs drew on (Section 2.6).

This chapter draws on qualitative interviews with 53 FIPs carried out at one point in time (during March and October 2007). The qualitative findings have been supplemented with quantitative evidence from the IS (collected between February and October 2007).

2.1 New vs pre-existing projects

All the 53 FIPs were classified as either 'new' or 'pre-existing' projects (see Box 2.1 for case illustrations of new and pre-existing projects). Based on this analysis there were 34 new FIPs that had either been set up from scratch, or an existing service had undergone such radical changes when they became a FIP that the project had effectively been launched again. The remaining 19 projects existed before FIPs were created and were not making such fundamental changes when they became a FIP.

The IS results show that the majority of families (71 per cent) had been working with pre-existing projects, while just under a third (29 per cent) were working with new FIPs. This split reflects the fact that in the period we monitored (February to October

2007), most pre-existing projects were operating at full or nearly full capacity, while most new projects had only recently become operational.

At the time of our qualitative interviews with FIP project managers:

- twenty-five FIPs were delivering an outreach service only
- twenty-five FIPs were providing the outreach and dispersed models
- three FIPs were providing all three FIP models.

As can be seen in Table 2.1 more of the new FIPs were providing an outreach and dispersed service than just an outreach service (19 compared with 15 projects). Whereas more of the pre-existing FIPs were providing just an outreach service (10 compared with 6 projects). Only pre-existing FIPs were providing all three FIP models.

Table 2.1   Model of intervention being provided by new and pre-existing FIPs

Model of intervention	New	Pre-existing	Total
Outreach	15	10	25
Outreach and dispersed	19	6	25
Outreach, dispersed and core	0	3	3
Total	34	19	53

Base: 53 FIPs interviewed as part of the qualitative mapping study.

It should be emphasised that this analysis is based on a snap-shot at one point in time, and projects may have developed their service, with particular regard to setting up a dispersed option, since we interviewed them. A number of projects discussed plans to develop their services during their interview.

Box 2.1   Case illustrations of new and pre-existing projects

Project A was a brand new project. It was set up at the end of 2006 to provide an outreach service. At the time of the interview it was considering the option of a dispersed service and core unit.

Project B had received funding to tackle ASB as a Together Action Area in 2005, which was used to set up a small (one worker) drop-in service for parents with a need for support with parenting on a disadvantaged local estate. As a Together Action Area, the project manager was then invited to bid for RTF funding and the FIP developed from this.   It was classified as a brand new project as the resulting service involved a radical overhaul of this drop-in service. It was set up at the beginning of 2007 to provide an outreach service. At the time of the interview it was making arrangements for acquiring properties to manage as part of a dispersed service and investigating the option of a core unit.

Project C existed before FIPs were created. It provided an outreach service for families in their homes since 2005 and then added a core unit a year later. The project acquired FIP status in 2006. RTF funding was used to set up a second core unit and a dispersed service to support families after leaving this.

Project D also existed before FIPs were created. It was originally set up at the end of 2005 as a multi-agency 'virtual' team (i.e. the team were not based in one office) involving staff from a wide range of agencies including the Police, Primary Care Trust, Social Services, Housing and YOS.   It officially became a FIP at the beginning of 2007 and was providing an outreach and dispersed service. At this point it adopted the key worker approach within its existing structure.

The IS results show that the overwhelming majority of families (89 per cent) were receiving an outreach service, while very small proportions were in dispersed accommodation or a core unit (eight and three per cent respectively). The low number of families in core units reflects the small number of FIPs (i.e. three) who were providing this service. In addition the need for 24 hour support and supervision is only necessary in the most 'extreme' cases. The small number of families who received the dispersed service is more surprising given that staff in 25 FIPs reported offering this model. This could also be due to this type of service only being seen as appropriate in a very small number of cases, or that FIPs were still in the process of identifying appropriate accommodation. All families receiving the dispersed and core unit service were working with pre-existing projects.

2.1.1   How had pre-existing projects changed?

The extent to which pre-existing projects had changed or were changing as a result of becoming a FIP varied. Reports ranged from changes to procedures (e.g. referral forms, family contracts) to significant changes to the way the project operated in a number of respects. These changes either involved 'expansion' of a pre-existing FIP or a substantial 're-focusing' in terms of the way they were working with families.

Expansion of pre-existing FIPs occurred in two main ways:

- **Recruitment of additional staff**, be it key workers, specialist staff (e.g. a parenting or domestic abuse worker), support workers or administrative staff. Some types of additional staff meant that the FIP could work with a greater number of families.

- **The addition of other new elements**, such as a dispersed service to projects that had previously been working only in families' own homes. Though less

common, the set-up of a core unit, as well as the expansion of existing dispersed services, were also reported to have resulted directly from RTF funding. In one more exceptional case, FIP funds had been used specifically to pay for short-term parenting support for families with various levels of ASB, as an add-on to an existing FIP-type project.

More exceptionally FIPs had extended their service to a wider range of families. This had resulted in a project being prepared to consider adult-only households even though RTF guidelines stipulated that FIPs should only work with families with children. It had also led to projects extending their service to families in a wider range of housing circumstances such as homeless families, private renters or owner occupiers.

The other type of change reported involved pre-existing projects **refocusing their service** in order to bring it in line with RTF requirements for FIP status. For example, adopting a key worker model for the first time, switching to a different parenting programme (i.e. to one of those approved by the DCSF) or formalising procedures such as referral and assessment forms, support plans and family contracts. There was also evidence of re-focusing with regard to ethos or approach, with staff variously reporting greater emphases on enforcement/sanctions, persistence and whole-family working. These practices will be discussed in Chapter Four.

2.2   Management of FIPs

Each FIP was located and managed by one (or occasionally two) department(s) within a LA. The departments in which FIPs were managed included: ASB/Community Safety; Housing/Tenancy/Management; Children/Young People/Family Services; or the YOS.

LAs varied as to whether they had made the decision to deliver the FIP internally or to contract out the service to an external agency:

- Twenty-four FIPs were being delivered directly by a team within the LA.

- Twenty-two FIPs had been contracted-out to an independent voluntary sector agency, 16 of which were run by NCH. The remaining six FIPs were run by: Shelter (two projects), Anglia Care Trust, Developing Initiatives Supporting Communities (DISC), Crime Reduction Initiatives (CRI) and E.C. Roberts Centre.

- Seven FIPs were managed by a housing provider (in four FIPs), or a combination of the LA, a housing provider and a voluntary sector agency (in three FIPs).

As can be seen from Figure 2.1, this split was reflected in the IS analysis, which indicates that more families were working with FIPs based in LAs (47 per cent) than those delivered by the voluntary sector (38 per cent).

Projects contracted out to voluntary providers were slightly more likely than those delivered by the LA to provide a dispersed service at the time of their interview (12 of 22 projects, compared with nine of the 24 LA projects). Otherwise there did not seem to be a difference between voluntary and LA providers. Even though 16 of the voluntary sector FIPs were being run by NCH, they did not seem to form a discernable type in terms of the way they were running their service. They varied as much as other voluntary and LA run projects in the FIP model they were providing,

their management arrangements, project size, staffing structures, agencies they were working with, timescales and exit strategies.

FIP managers typically reported having a steering group, which included a representative of the LA department in which the project was located as well as senior-level representatives of key partner agencies. The core roles of the steering group tended to be monitoring the FIP's budget and development, and supporting good relations between FIP staff and other agencies. In addition steering groups had sometimes taken on a number of other tasks, including considering referrals to the project. Some FIPs had two steering groups, which were responsible for tackling strategic-level and operational-level issues respectively. Exceptionally, a FIP may have reported to a more general multi-agency ASB panel, rather than its own dedicated steering group.

Figure 2.1   Families by type of FIPs they worked with
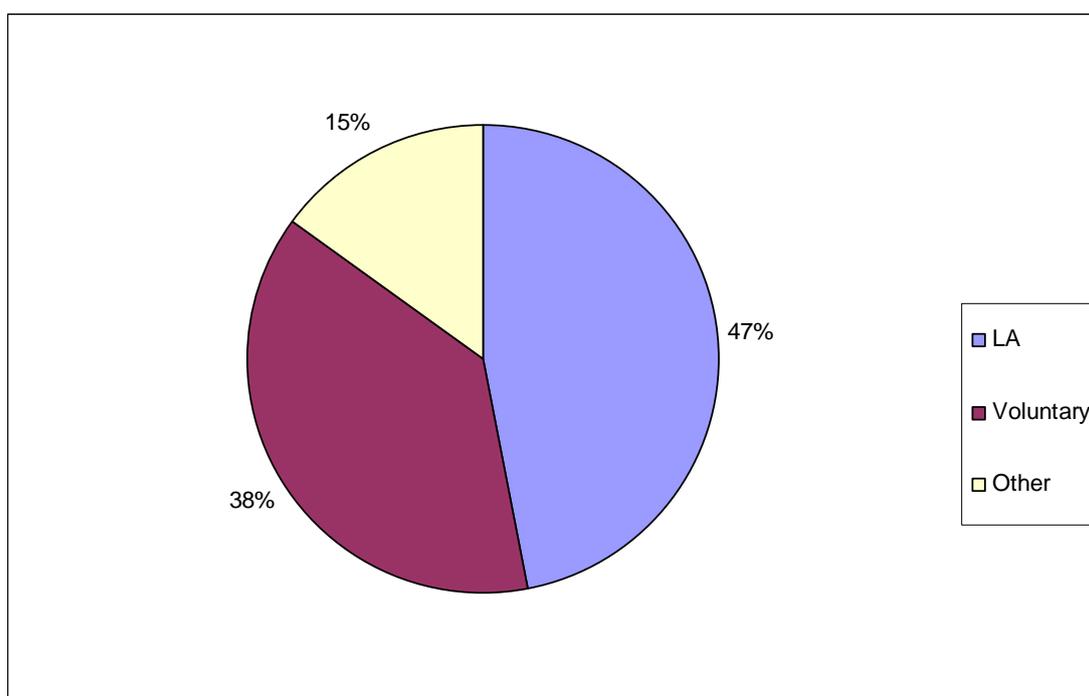
Base: FIP families at the Referral Stage (692).
The 'other' category includes families working with FIPs managed by a housing provider or a combination of agencies.

2.2.1   *Project size and staffing structures*

Typically FIPs employed between four and seven full-time staff or the equivalent (though a small number employed substantially more). There was usually a dedicated project manager with strategic responsibility for promoting, developing and evaluating the FIP, and reporting back to a multi-agency steering group – he or she did not normally have a personal caseload of families. The project manager shared some managerial and staff supervision responsibilities with a deputy manager and/or a senior key worker, where these posts existed, who only had a small personal caseload. The bulk of the direct work with families was done by FIP key workers, with a single key worker typically allocated to each FIP family.

There were a number of variations that were made to this typical staffing structure:

- More than one key worker was sometimes working with a family, either taking advantage of staff members' particular strengths or specialisms, or to ensure cover during the main key worker's planned or unplanned absences.

- Additional specialist workers were employed by the FIP e.g. a psychologist, parenting worker or domestic abuse specialist.

- Support workers were employed by the FIP to supplement a key worker's input at a less-intensive level on an ongoing basis. For example, in one FIP, support workers were responsible for addressing families' practical needs such as home maintenance and financial management, so that key workers could concentrate on issues relating directly to their ASB. Support workers employed by another FIP spent much of their time transporting family members to appointments and activities. These workers also managed the exit process with families, by taking over from key workers to provide less intensive support for a period before the FIP withdrew from families completely.

- Administrative support workers were also employed by some FIPs.

Box 2.2   Case illustration of the 'back-up' key worker

Mary, the manager of Project X, allocated a primary and a secondary key worker to every FIP family. The two key workers went out to meet the family together, so that family members got to know them both initially. The 'back-up' key worker was then expected to maintain some knowledge and understanding of the case. The main key worker's contact records were accessed via a shared drive and both key workers also discussed cases on an informal basis.

Mary believed this way of working was very important for enabling the FIP to deliver consistent support throughout their contact with a family, particularly when they were not motivated to engage with the FIP. She said: *'it can be quite a tenuous relationship and a two week hiatus can actually make the difference between an engagement continuing or actually losing them'.*

2.2.2   Key worker caseloads

Across projects, average key worker caseloads ranged from three to seven families. Three aspects of a family's profile were identified as having the potential to influence caseload size. Staff emphasised the importance of being prepared to vary individual caseloads in response to these, in order to maintain manageable workloads and deliver the best possible service to families.

- **Family size**. The number of members in a family was seen as linked to the time required to work with them.

- **The nature or severity of a family's problems and issues.** This was also seen as closely linked to the *'intensity'* of the work, or the time investment required, with projects keen to avoid burdening a key worker with too many *'high intensity'* families. Accordingly, key workers working with families in dispersed or core unit accommodation tended to have smaller caseloads. In addition the stage the family had reached, might also affect the way caseloads were managed. Caseloads might, for example, be reduced (when key workers were working with more than one family who had just started working with a FIP) or increased

(where families were coming to an end of their FIP service). Projects sometimes said they had tried to manage the allocation of families so that key workers would be working with families at different stages of the intervention.

Box 2.3   Case illustrations of the management and key worker case load

Project A had been running an outreach service since the end of 2006. At the time of interview it was working with 12 families but had capacity to work with up to 25 per year. The project was run by NCH and managed by Children's Services. It had a team of seven staff: a project manager, a senior key worker, four key workers and an administrator. Typically staff had contact with families about two to three times a week but this varied according to the stage of the intervention and the progress the family were making.

Project E had been running an outreach service for up to 20 families in the local area since the middle of 2007. At the time of interview it was working with seven families. It was run by the LA and located in YOS and Children's Services. It had a team of six people consisting of a project manager, four key workers and an administrator. It was assumed that each key worker would eventually have a case load of about four or five families. Staff contacted families two to three times a week during the first three months and once or twice a week after this time.

Project F was set up in December 2004 to provide an outreach and dispersed service. At the time of interview it was managing six dispersed properties, three of which were for temporary accommodation, and three which families could take on permanently if they complied with their support plan. The project worked with 14 families at any one time. The project was run by NCH and managed within the LA housing team. It started with a team of six but then increased to a team of ten including a project manager, two senior key workers, five key workers, an assistant key worker and an administrative support officer. Each project worker had a caseload of two to three families. It was estimated that they would spend up to 14 hours a week working with a family in a dispersed property, and up to nine hours with a family in their own home. When staff first started working with a family they often had to make daily or twice daily visits. Later the contact reduced to once or twice a week depending on the family's needs.

Project G was set up at the beginning of 2007 to provide an outreach service. It was also considering setting up a dispersed service. At the time of interview the FIP was working with five families but planned to work with 12 families at any one time. It was run by the LA and based in Children and Young People's Services. It was planning to contract out the 'intensive level support' to NCH but was still negotiating their contract.   It was already buying in the service of a 'pool of sessional' workers on an hour by hour basis to provide practical and emotional support around taking kids to clubs, helping with domestic maintenance, and providing family members with a listening ear. The staff team consisted of a project manager, a Family Group Conference manager who managed the six FIP convenors (or key workers) and a pool of 10-12 sessional workers. The amount of time spent with a family varied from a few hours a week to a few hours a day depending on their needs.

2.3 Agencies FIPs work with

A key part of the FIP design is that they should work in partnership with a wide range of different statutory and voluntary agencies and services. Table 2.2 presents the range of agencies which FIPs were working with at the time of our research.   As can be seen these agencies and individuals were broadly working with FIPs in two main ways – they referred families to the FIP and/or they co-worked with families alongside the FIP in a complementary way. A number of these local services were in contact with FIP families before FIPs became involved. Table 2.3 shows that the agencies most likely to be involved with families at the time of referral were, unsurprisingly, social services, ASB teams, housing teams, the police, schools, education department and the YOS (see Chapter Four regarding the types of support

levered-in by FIPs). It was exceptional for FIPs to have set up formal contracts or agreements with other agencies. However, some FIPs delivered from within the LA were included in pre-existing joint working or information sharing agreements.

Table 2.2   Key agencies and individuals that refer families and/or co-work with FIPs

Agencies and individuals	who refer to FIP	who co-work with FIP
Housing, including LA housing department, Housing Association/Registered Social Landlord (RSL), private landlords and homelessness prevention services	✓	✓
Police, including Police Officers, Police Community Support Officers (PCSOs) and Neighbourhood Wardens	✓	✓
ASB/ Community Safety enforcement officers	✓	✓
Social care including social services	✓	✓
Education, including education welfare, educational psychology and Pupil Referral Units (PRUs)	✓	✓
Youth Offending Service (YOS) – Youth Offending Team (YOT), Preventing Youth Offending Project (PYOP), Youth Inclusion Project (YIP), Youth Inclusion and Support Panel (YISP).	✓	✓
Health – GPs, Child and Adult Mental Health Services (CAMHS), adult mental health services, school nurses, health visitors alcohol and drug support and advisory services, teenage pregnancy interventions, counselling, family therapy, behavioural psychology and anger management	✓[4]	✓
Parenting providers		✓
JobCentre Plus		✓
Connexions	✓	✓
Probation service	✓	✓
Domestic violence support services	✓	✓
Fire service[5]	✓	✓
Providers of leisure/recreational activities[6]		✓
Childcare providers		✓
Environmental health	✓	
Citizens Advice Bureau	✓	
Home/garden maintenance and support providers		✓

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4 Only health visitors, school nurses, alcohol and drug support and advisory services referred families to the FIP. The remaining professionals listed in the table worked alongside the FIP.
5 Providing interventions for fire-setters.
6 These activities are sometimes specifically designed to help build relationships or improve family functioning.

Table 2.3   Proportion of families involved with different agencies dealing with their problems at the time of referral

Multiple response	Column %
Social services	39
Local anti-social behaviour team	35
Local authority housing department	33
Police	32
School	31
Education department /Local education authority	30
Youth offending service/team	27
Health professional	19
Housing association/Registered social landlord	21
Youth inclusion support panel	10
Probation service	6
Other	17
Total number of families	*885*

Base: Families at Referral Stage.

Within the broad headings of 'referral' and 'co-working' FIP staff reported a range of different ways in which they worked with professionals in other agencies.

- **Promotion and marketing of the FIP to raise awareness of the role of the FIP and its referral criteria and process**. This included presentations to strategic leads, managers and frontline staff within other agencies; publicity material; road shows; open days consisting of workshops/training and information sessions; and launch events.

- **Engaged in multi-agency meetings**. These included steering groups, referral assessment panels and support plan meetings for particular families (see Chapter 4), child protection or 'child in need' case conferences convened by social services; school-convened conferences about particular children; and other multi-agency fora, e.g. to discuss ASB in the area more generally.

- **Informal contacts to discuss families**. This type of contact typically involved sharing specific information in relation to families in connection with referral procedures or ongoing monitoring work. A shared database or access to a database to monitor any contacts, any incidents, or complaints had sometimes been set up.

- **Joint visits to families** made by the FIP key worker and, for example, a housing officer, to discuss tenancy issues; or a FIP key worker and a social worker to address issues around child protection.

- **Jointly run activities** where, for example, activities for young people had been planned and run jointly by FIP key workers and youth workers based in the Youth Inclusion Project (YIP).

- **Shared responsibility for a family such as in the case of a** key worker and a family aide based in social services had agreed to share responsibility for supervising a family's morning and evening routines in the home.

- **Referring FIP families or family members to other agencies** for interventions that the FIP was not able to deliver directly.

- **Commissioned services from commercial or voluntary sector** providers such as mentoring or garden clearance.

2.4   Timescales and exit strategies

FIP staff estimated that they worked with families from three months to two years or simply *'as long as it takes'.* Across all projects, there was a sense that a 'medium intensity' family typically received a six to 12-month service. Staff working in newer FIPs tended to be less clear about timescales. In these cases they had not yet had the chance to see a family through the whole process, or they were preoccupied with the initial challenges of engaging and working with them.

During the period monitored by the IS (February to October 2007), 90 families successfully completed the FIP intervention. In 34 per cent of these cases, the service lasted six and half months, 33 per cent of families received the service for between six and a half months and a year, and the same proportion (33 per cent) for over a year (Table 2.4). As will be explained in Chapter Six, the group of families who completed the service by October 2007 might not be representative of FIP families in general, and therefore these results should be interpreted with caution. In particular, the first families to complete the service might have been more motivated and engaged with the project than other families, and therefore might have required a shorter service than other families.

Table 2.4   Length of the FIP intervention

	Column %
1-26 weeks	34
27-52 weeks	33
53 or more weeks	33
Total number of families	*90*

Base: Families who completed the intervention.

Staff emphasised a number of factors that made it important to be flexible with regard to the length of time they were prepared to spend working with a family.

- FIP families, by their very nature, tend to have deeply-entrenched and complex problems, which can take time to reveal themselves, let alone start to be resolved. It was commented that families in dispersed accommodation and core units would be likely to require a longer service due to their high level of need.

- Considerable time is required to build relationships with family members and establish trust and rapport in the early stages. One project manager reflected that a key worker could spend four months doing this before any substantive work might start, particularly if a family had poor experiences with other services in the past and see the key worker as *'just another social worker'.*

'We've got to gain a family's trust and it could take up to four months to gain a family's trust before the onset of actual work could actually start and improvements could actually be seen.' (FIP Staff)

- Families' progress is often non-linear, and they may encounter setbacks along the way.

- Families vary in terms of the speed with which they respond to the service and make changes to their behaviour, which can affect the length of time FIPs need to work with them.

   'It's going to very much depend on the complexity of the families because some families have major problems and can't cope with them very well and some people adapt quite well and […] *take on support and advice straight away and can sort of pick it up quite quickly.' (FIP staff).*

As with timescales, staff working in newer FIPs tended to be less clear than those working in more established projects about plans to close a case. The challenges involved in implementing exit strategies, and the kinds of exit strategies that projects had developed so far, will be explored in Chapter Four.

2.5 Funding arrangements

While some FIPs were solely funded by the RTF, the majority received a proportion of their funds from one or more additional sources. For pre-existing projects, FIPs funding may have represented a replacement for one or more other sources of funding, or an addition. The three main additional sources of funding for FIPs were LA departmental grants, the Neighbourhood Renewal Fund (NRF) and Supporting People (SP). These three funding streams supported a considerable number of FIPs, and SP and NRF had each provided the majority of the funding for a small number of FIPs. A single FIP may have received funds from two or three of these sources as well as the RTF.

Other funding sources included the Children's Fund, the Youth Justice Board, Local Strategic Partnerships, Safer Stronger Communities and various charities. These were less commonly involved and none represented the majority funder of any FIP. In addition FIPs could also access ring-fenced funding provided by DCSF for training staff and delivering parenting provision using one or more of the three evidence based parenting programmes (Triple P, Webster Stratton: Incredible Years and Strengthening Families).

Based on our qualitative interviews with project managers the extent to which the RTF funded a project did not appear to have a bearing on the way a FIP had been developed. However, where FIPs had resisted pressure from the RTF to adopt aspects of the FIP model (e.g. a dispersed service or key worker model), the fact that this pressure was coming from a minority funder was posited in support of this resistance.

2.6 Key Points from this Chapter

- Thirty-four projects were either set up from scratch or undergoing a radical transformation as a result of acquiring FIP status. The remaining 19 existed prior

to 2006 and were not making such a fundamental change when they became a FIP.

- Of the three FIP models assertive outreach (i.e. working with families in their own homes) was the most commonly used. Twenty-five of the 53 FIPs were offering an outreach-only service and 89 per cent of FIP families received support on an outreach basis.

- The service provided by FIPs was either delivered by a team within the LA (in 24 FIPs); contracted out to a voluntary sector provider (in 22 FIPs); or run by a housing provider (in four FIPs), or a combination of the LA, a housing provider and a voluntary sector agency (in three FIPs).

- FIPs were contractually located within one (or two) of four departments of the LA, classifiable as ASB/Community Safety; Housing/Tenancy Support; Children/Young People/Family Services; and the YOS.

- A typical FIP employed between four and seven staff. At a minimum, this included a project manager, possibly a deputy, and a number of key workers. FIPs also employed additional specialist, support and administrative staff.

- An average key worker caseload ranged from three to seven families, but staff emphasised the importance of having scope to vary caseload sizes according to family profile.

- FIPs received referrals and worked alongside a wide range of other agencies. They contacted other agencies in a range of different ways, including frequent informal contact, multi agency meetings, joint work with families, promotional activities and referrals to other services.

- The length of time FIPs might work with a family varied widely but a 'medium intensity' family typically received a six to 12 month service. This was tentatively supported by early results from the IS.

- The proportion of a FIP's total funds provided by the RTF ranged from 100 per cent to a small proportion, with projects quite well-spread across that spectrum. The majority of FIPs received a proportion of their funds from at least one source in addition to the RTF.

3 FAMILIES REFERRED TO FIPS

We now turn to the types of families who were referred to FIPs. Drawing on the evidence from the IS, this chapter demonstrates that FIPs were working with families with high levels of ASB, often combined with criminal activities, and who were homeless, or at risk of becoming homeless, because of their behaviour (Sections 3.2 and 3.3). Our findings also concur with previous research evidence (Respect Taskforce, 2006) which found a link between high levels of ASB and both socio-economic disadvantage and a range of risk factors, including child protection concerns, domestic violence, drug and alcohol misuse, physical and mental health problems, and a range of school related problems (Sections 3.1 and 3.4).

The IS results are based on data gathered on all families referred to FIPs between February and October 2007. During this time 885 families were referred to FIPs, these included 1,624 adults aged 16 or over and 2,285 children aged under 16[7]. Seventy-eight per cent of these families were offered and agreed to work with a FIP, while the remaining 22 per cent were not considered suitable at the referral stage (See Chapter Four for a description of the referral process).

In order to assess whether FIPs were selecting the 'right families' we compare families who were offered the service with those who were not considered suitable for a FIP at the referral stage. We have not provided any analysis of families who were offered the service but refused to work with a FIP, as the number of families in this category was very small (17 cases).

The results are based on information provided by FIP staff who were working with these families. The results are based on both factual information (e.g. whether a child was excluded from school) and more subjective reports about a family (e.g. if and what type of parenting problems a family faced). As will be seen, FIP staff were unable to provide certain information about a large proportion of families at the referral stage, reflecting their limited knowledge of the family's circumstances. The missing information is more evident when the family was turned down for the FIP. Where a large proportion of cases are missing, the results should be interpreted with caution; when this proportion is over a half, the results have not been presented because they would be unreliable.

The IS findings are complemented by qualitative case illustrations depicting three of the 18 families who took part in the FIP case studies. Based on the IS evidence, the families included in the case studies were typical of the families FIPs were working with, as they had high levels of ASB and/or an involvement in criminal activities, were homeless or at risk of becoming homeless because of ASB, and presented a number of the same risk factors.

3.1 Socio-economic profile

Previous research found a strong link between ASB and a high level of socio-economic disadvantage (Respect Taskforce, 2006). We explored this link by

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[7] In addition there were 109 family members whose age was not recorded.

comparing, when the data was available, the socio-economic profile of FIP families with a representative sample of British families with dependent children from the Families and Children Study (FACS) (Hoxhallari et al., 2007). It should be noted, however, that FACS data is collected directly from parents, while the IS results are based on proxy information provided by FIP staff, this methodological difference could partly account for variations in results.

As shown in Table 3.1, FIP families were over-represented in most disadvantaged groups:

- Sixty-nine per cent were headed by a lone parent (compared with 25 per cent of FACS families). Fifty-six per cent of these families had three or more children (the corresponding figure from FACS is 16 per cent).

- A quarter of FIP families included someone with a disability, this is substantially lower than the equivalent FACS figure (44 per cent), although this difference could be explained by a lack of knowledge about this at the referral stage.

- The proportion of workless households among FIP families was well above the national average (with the respective figures being 62 per cent and 15 per cent), and also reflects the high proportion of FIP families who received out-of-work benefits (61 per cent).

- Just under a quarter (24 per cent) of FIP families were reported to be in debt at the time they were referred. In 74 per cent of these cases the debt included rent arrears. The level of debt reported for FIP families is shown in Figure 3.1, however, due to the high proportion of cases where this information was missing, these results should be interpreted with caution.

Table 3.1   Family's socio-economic profile reported by FIP staff at referral

	Offered and accepted intervention	Not considered suitable for intervention	Column % All families
Lone parent family	69	68	69
Two parent family	31	32	31
No children under 18	3	17	6
1-2 children under 18	41	45	42
3+ children under 18	56	38	52
No disability in family	75	87	77
Family member(s) with disability	25	13	23
Workless family	62	39	57
Family member(s) in work	12	2	10
Family work status unknown	26	59	33
Family receiving out-of-work benefits	61	29	54
Family not receiving out-of-work benefits	7	3	6
Family's benefit status unknown	32	68	40
Family in debt	24	9	21
Family not in debt/FIP staff not aware of debt	76	91	79
Total number of families	*692*	*193*	*885*

Base: Families at Referral Stage.

Figure 3.1   Level of debt reported by FIP staff at referral
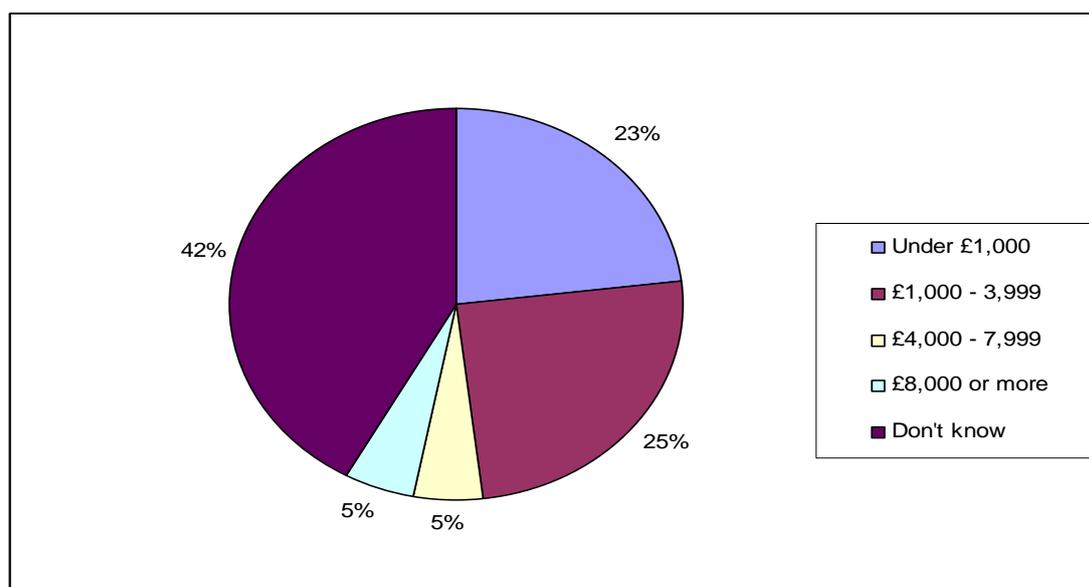
Base: FIP families who were reported to be in debt at the Referral Stage (165). The results for families who were not accepted for intervention are not provided because only 18 families were included in this category.

Looking at individuals in FIP families, we found that:

- Ninety-one per cent of family members were White (Table 3.2), which is in line with the national average (Hoxhallari et al., 2007). However, given the profile of FIP families (e.g. high proportion of lone parents, large families), White families seem to be over-represented.

- Sixty-two per cent of adults (i.e. aged 16 and over) were women, reflecting the high proportion of FIP families who were headed by a lone female parent. The mean age of adults was 31.2 and of children 9.5 (Tables 3.3 and 3.4).

- The largest group of adults (37 per cent) were reported to be unemployed, with only eight per cent in work (Table 3.5), largely reflecting the predominance of workless families discussed above.

Table 3.2   Ethnicity of family members reported by FIP staff at referral

	Offered and accepted intervention	Not considered suitable for intervention	Column % All families
White	91	75	88
Black	2	3	2
Asian	2	5	2
Other/mixed race	6	17	8
Total number of individuals	*3,246*	*772*	*4,018*

Base: Individuals in families at Referral Stage.

Table 3.3   Age of adults reported by FIP staff at referral

	Offered and accepted intervention	Not considered suitable for intervention	Column % All families
Under 25	36	42	37
25-29	7	9	8
30-34	14	12	13
35-39	21	18	20
40-44	12	11	12
45 and over	10	8	10
Mean age	31.2	29.1	30.8
Total number of individuals	*1,300*	*324*	*1,624*

Base: Individuals for whom the age was known and who were aged 16 or over at Referral Stage.

Table 3.4   Age of children reported by FIP staff at referral

	Offered and accepted intervention	Not considered suitable for intervention	Column % All families
Under 5	17	21	18
5-11	41	39	41
12-15	41	40	41
Mean age	9.5	9.0	9.4
Total number of individuals	*1,885*	*400*	*2,285*

Base: Individuals for whom the age was known and who were aged 15 or under at Referral Stage.

Table 3.5   Main activity of adults reported by FIP staff at referral

	Offered and accepted intervention	Not considered suitable for intervention	Column % All families
Unemployed	37	19	33
Looking after the home	12	7	11
Training or education	6	3	5
Full-time work – 30 or more hours a week	5	1	4
Permanently sick or disabled	3	2	3
Part-time work – 1-29 hours a week	3	0	2
Retired	*	0	*
Other	3	1	2
Don't know at this stage	31	68	39
Total number of individuals	*1,300*	*324*	*1624*

Base: Individuals aged 16 or over at Referral Stage.
*This denotes a value of less than 0.5.

3.1.1   Families not considered suitable for a FIP

When comparing FIP families with those who were not offered the service, we found few differences and those that were found were not very consistent (Table 3.1):

- There was virtually no difference between these two groups in terms of family structure, however, families not considered suitable for a FIP were less likely than FIP families to have dependent children (possibly a reason why they were turned down).

- Those who were not offered the FIP service were also less likely to include large families, although even among these families the proportion with three or more children (38 per cent) was more than double the national average.

- Disability seemed less common among families not considered suitable for a FIP (13 per cent, compared with 25 per cent in FIP families).

- Families who were not offered the FIP service were economically disadvantaged, but their level of disadvantage seemed lower than that of FIP families. However, there was a high proportion of missing cases for the financial variables for this group, which questions the reliability of this data.

Analysis of family members shows that:

- The proportion of Black and Asian people among families not considered suitable for a FIP was double that among FIP family members (eight and four per cent respectively – Table 3.2).

- No significant differences were found between families not considered suitable and FIP families in relation to the age profile (Tables 3.3 and 3.4). Again the results on economic activity include too many missing cases to draw any robust conclusions (Table 3.5).

3.2   ASB, enforcement actions and criminal activities

FIP staff were shown a list of different types of ASB, derived from the Home Office's own categorisation of ASB (National Audit Office, 2006), and were asked to report which, if any, of these applied to a family at the time of referral.

As shown in Table 3.6, virtually all FIP families were reported to be involved in a range of ASB when they were referred to the FIP, the most common types included:

- disregard for community/personal well being, such as nuisance behaviour, rowdy behaviour and noise (87 per cent)
- environmental damage (59 per cent)
- misuse of public space, such as drug/substance misuse and dealing, street drinking, vehicle nuisance (49 per cent)
- acts directed against people, such as intimidation and harassment (42 per cent).

Table 3.6   ASB families were involved with reported by FIP staff at referral

Multiple response	Offered and accepted intervention	Not considered suitable for intervention	Column % All families
Disregard for community/personal well being	**87**	**55**	**80**
Nuisance behaviour	70	38	63
Rowdy behaviour	62	30	55
Noise	54	28	48
Noisy neighbours	27	12	24
Animal-related problems	6	3	5
Hoax calls	2	1	2
Environmental Damage	**59**	**29**	**52**
Criminal damage and vandalism	48	24	43
Litter/rubbish	26	11	23
Misuse of public space	**49**	**30**	**45**
Drug/substance misuse and dealing	35	23	32
Street drinking	22	7	19
Vehicle-related nuisance and inappropriate vehicle use	12	5	11
Sexual acts	3	3	3
Prostitution	2	1	2
Begging	1	0	1
Abandoned cars	1	0	1
Kerb crawling	*	0	*
Acts directed at people	**42**	**32**	**40**
Racial Intimidation/harassment	11	5	9
Other Intimidation/harassment	37	28	35
Other	13	23	15
None**	2	17	6
Total number of families	*692*	*193*	*885*

Base: Families at Referral Stage.
The ASB categories and figures in bold include the sub-categories and figures below them.
*This denotes a value of less than 0.5.
**In the early stages of the monitoring exercise, some FIPs entered 'none' if they were not sure which ASB issues the family had. This only affects a very small number of cases because the problem was corrected as soon as it was identified and FIPs were instructed to use the 'other' category for these cases.

When looking at the level of ASB at referral (Figure 3.2), we found that the majority of FIP families (60 per cent) were reported to have engaged in four or more types of ASB, while only 11 per cent had engaged in one type of ASB.

Figure 3.2   Number of types of ASB families had engaged in reported by FIP staff at referral
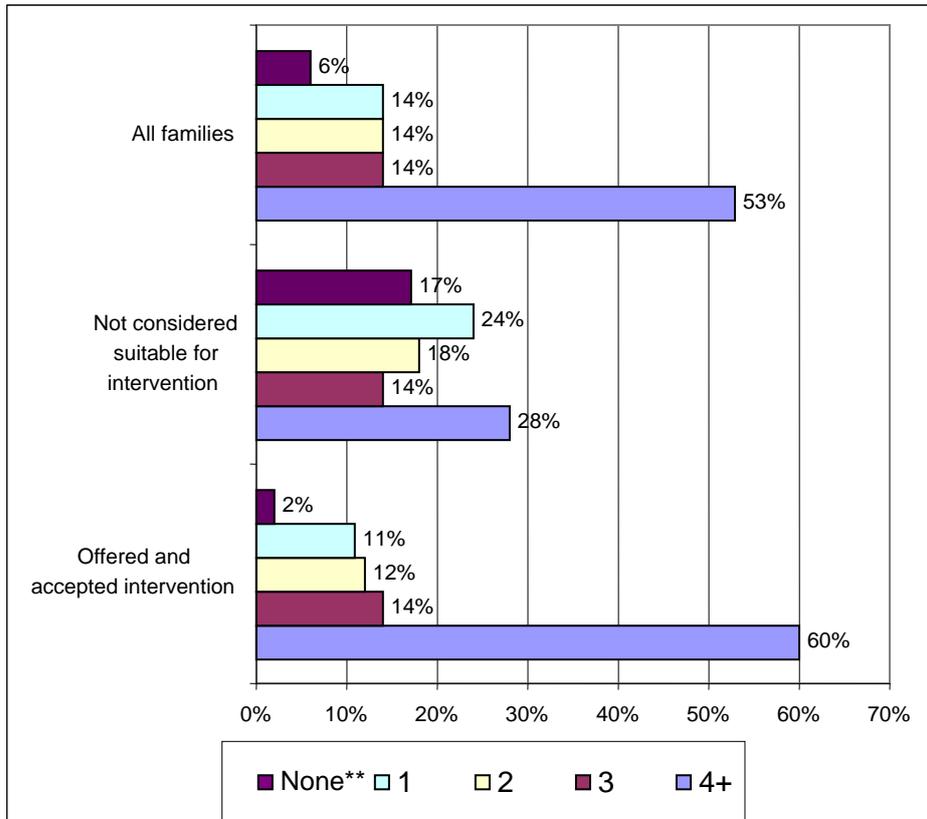
Base: Families at Referral Stage (885).

**In the early stages of the monitoring exercise some FIPs entered 'none' if they were not sure which ASB issues a family had. This only affects a very small number of cases because the problem was corrected as soon as it was identified, and FIPs were instructed to use the 'other' category for these cases.

We also attempted to collect information on the number of complaints received about families from different agencies in the six months before referral. However, no reliable results are available on this issue because in the majority of cases information on complaints was not collected numerically. Typically the information collected by FIPs consisted of a description of the nature of the problems a family caused, which could not be quantified. This is indicated clearly by the IS figures which, for example, show that in 73 per cent of cases when information about complaints was provided by the LA's Housing Department this information was not collected in numeric format, the equivalent figure for information collected from the ASB team was 68 per cent.

Many FIP families were subject to both pre-court and court enforcement actions (Table 3.7 - a table with more detailed information about enforcement actions is included in Appendix F):

- In total enforcement actions were reported for 52 per cent of FIP families (20 per cent had none and in 28 per cent of cases FIP staff did not have this information at the time of referral).

- Twenty-five per cent included a family member(s) who had a contract or agreement, such as an ABC or a parenting contract. Fourteen per cent included a member(s) who had received a warning, such as police caution, or conditional caution.

- Fifteen per cent had juvenile specific orders, such as supervision, curfew or action plan order, and 14 per cent had a court order, such as an ASBO or a parenting order.

The largest group of FIP families (27 per cent) were reported to have only one enforcement action, however, 14 per cent had two and a similar proportion (12 per cent) had three or more (Figure 3.3).

Table 3.7   Enforcement actions against families reported by FIP staff at referral

Multiple response	Offered and accepted intervention	Not considered suitable for intervention	Column % All families
Pre-court			
Contracts and agreements	25	10	22
Warnings	14	5	12
Pre-court juvenile specific	8	2	7
Fixed penalty notices and penalty notices for disorder	2	1	1
Abatement notices	1	0	1
Seizure of property	1	1	1
Court-related			
Juvenile specific orders	15	7	13
Court orders	14	9	13
Community penalty	3	1	2
Don't know at this stage	28	40	30
None	20	32	22
Total number of families	*692*	*193*	*885*

Base: Families at Referral Stage.

Figure 3.3   Number of enforcement actions against families reported by FIP staff at referral
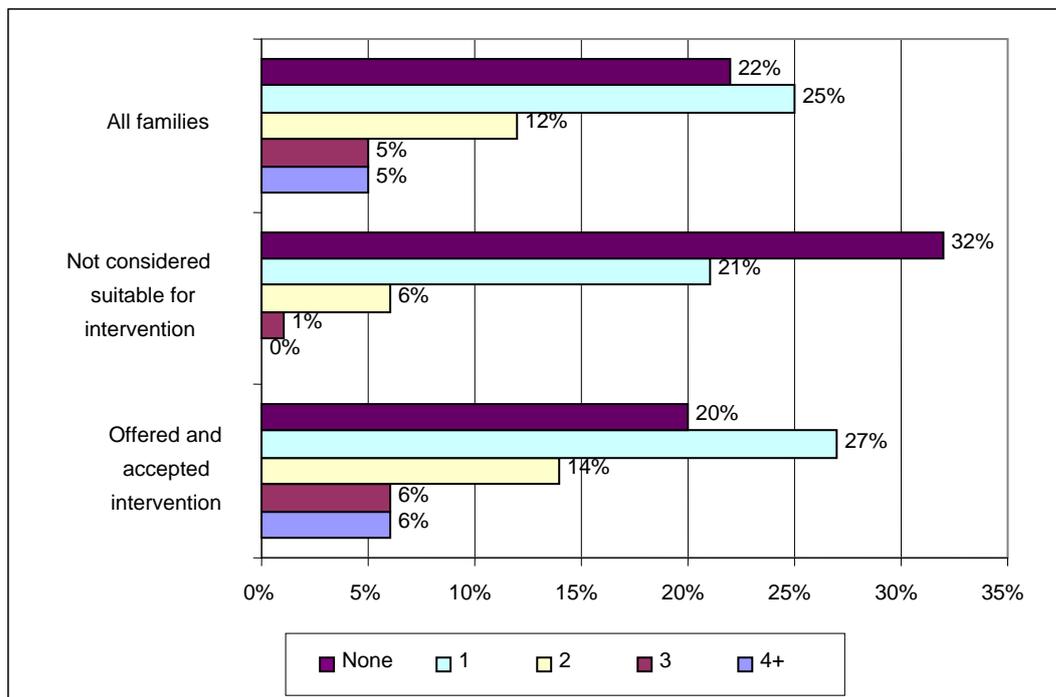
Base: Families at Referral Stage (885).

Involvement in criminal activities also seemed relatively high among FIP families (Table 3.8). A third of FIP families included someone who had been arrested in the six months before referral. Just under a quarter (24 per cent) were reported to have a family member(s) who had been convicted of a criminal offence in the year prior to referral. Ten per cent had a family member(s) on probation, nine per cent on bail and four per cent had someone who was tagged at the time of referral.

Table 3.8   Families' involvement with criminal activities reported by FIP staff

Multiple response			Column %
	Offered and accepted intervention	Not considered suitable for intervention	All families
Family member(s) arrested in 6 months prior referral	33	17	29
Family member(s) convicted of criminal offence in 12 months prior referral	24	18	23
Family member(s) on probation at referral	10	6	9
Family member(s) on bail at referral	9	3	8
Family member(s) tagged at referral	4	1	3
Family member(s) on conditional discharge at referral	1	0	1
Total number of families	*692*	*193*	*885*

Base: Families at Referral Stage.
It should be noted that in around half of cases information about involvement with criminal activities was missing.

Box 3.1   Case illustrations from the qualitative interviews: FIP families' ASB profile

Family A were a family of five - a mother (Anne) and father (Bob), one daughter and two sons. Both parents were unemployed and receiving benefits. Anne had a conviction for criminal damage and threatening behaviour towards one of the neighbours. Bob had a conviction for violence and had been arrested for harassment. The two sons had been involved in violent disputes with neighbours, which resulted in the police being called on numerous occasions. Involvement in a local gang had resulted in both boys being banned from the local youth centre and being threatened with an ABC. The boys had also been accused of starting fires and defacing mail.

Family B consisted of Maria and her four daughters and three sons aged from one to 17. John, the father of all seven children, lived nearby. Both parents were unemployed and claimed benefits. John had a conviction for a violent offence. Two of the sons had ASBOs and convictions for burglary, resulting in YOT supervision orders and home detention curfews. One of the boys had also been convicted for handling stolen property, taking a car without consent and breaching bail. He was classified as a 'persistent young offender' and had a YOS mentor. Whilst the other children had no convictions, they often had friends in the house who were known to the YOS, resulting in a lot of noise and nuisance, and complaints regularly made by the neighbours.

Sarah (**Family C)** was a lone parent with four daughters, five sons and one grandchild (the child of one of the teenage daughters). The children ranged from four and a half months to 18 years old and the grandchild was five months old. Sarah was unemployed and on benefits. Her ex-partner Bill (the father of some of the children) had recently been released from prison and was now on probation. Despite Sarah having a restraining order against Bill, he was still in contact with some of the children. Four of the children had YOT supervision orders, as they had been involved in criminal activities and ASB. Part of the order stated that they were not allowed to go to certain areas within the community. The neighbours complained about the noise from the family and the children late at night.

3.2.1   *Families not considered suitable for a FIP*

Overall the results show considerably lower levels of ASB, enforcement actions and criminal activities among families who were turned down for the FIP.

While most of these families were reported to have engaged in ASB, the majority (56 per cent) had engaged in three or fewer types of ASB, the equivalent figure for FIP families was 37 per cent. Only 28 per cent of families not considered suitable for a FIP had engaged in four or more types of ASB, compared with 60 per cent of FIP families (Figure 3.2).

Enforcement actions against families who were not offered the service were also less likely to be reported than for FIP families, with the respective figures with no actions being 32 per cent and 20 per cent (Figure 3.3). However, information on enforcement actions was missing for a high proportion of families who were not considered suitable for a FIP (40 per cent), and therefore these results should be treated with caution (Table 3.7).

Involvement with criminal activities among families not considered suitable for a FIP was also consistently lower than that reported for FIP families (Table 3.8).

3.3 Housing

Homelessness, or risk of homelessness, was another key criterion which determined eligibility for a referral to a FIP. Just over three-quarters (76 per cent) of FIP families were in social housing, while seven per cent were in temporary accommodation at the time of referral (Figure 3.4). Nine per cent of FIP families had an introductory or demoted tenancy (Table 3.9).

Figure 3.4   Families' housing tenure reported by FIP staff at referral
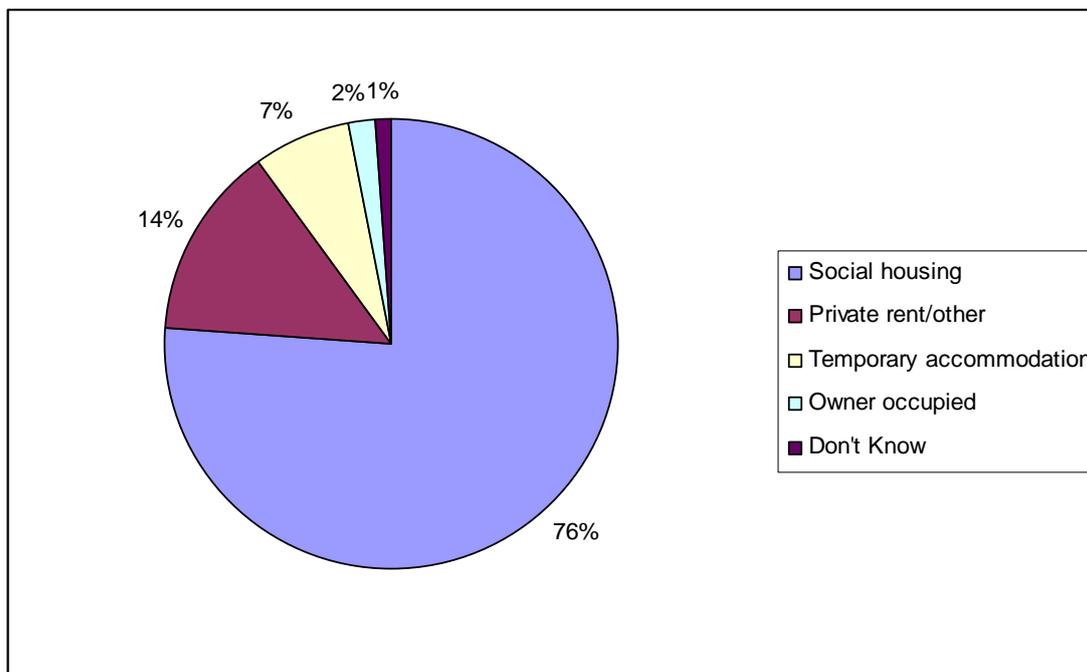
Base: Families at Referral Stage who were offered and accepted intervention (692).

Table 3.9   Families' tenancy status reported by FIP staff at referral

	Offered and accepted intervention	Not considered suitable for intervention	Column % All families
Secure, fully assured or assured tenancy	69	46	65
Introductory, starter or assured shorthold tenancy	7	4	6
Non-secure demoted, demoted, demoted shorthold or regulated tenancy	2	1	2
Other	4	5	4
Don't know at this stage	17	44	22
Total number of families	*588*	*140*	*728*

Base: Families at Referral Stage who were in rented accommodation.

Housing enforcement actions due to ASB were reported for most FIP families, with the most common ones including: a warning letter (43 per cent), a visit from a housing officer (43 per cent) and notice of seeking possession (24 per cent) (Table 3.10).

Table 3.10   Housing enforcement actions against families reported by FIP staff at referral

Multiple response	Offered and accepted intervention	Not considered suitable for intervention	Column % All families
Warning letter	43	25	40
Visit by housing officer	43	16	38
Notice of seeking possession	24	19	23
Notice of demotion of tenancy	4	5	4
Injunction against unlawful use of premises	3	1	3
Postponed/suspended possession	2	3	2
Injunction against protection from harassment	1	2	1
Outright possession order granted	1	1	1
Right to buy suspension order	*	0	*
Demotion order granted by court	*	0	*
Bailiff warrant issued	*	0	*
Other	6	5	5
Don't know at this stage	18	38	21
None	14	20	15
Total number of families	*519*	*125*	*644*

Base: Families at Referral Stage who were in social housing.
* This denotes a value of less than 0.5.

Box 3.2   Case illustrations from the qualiative interviews : FIP families' housing situation

Family A had been housing association tenants for a number of years. They had received a possession order on their home as a result of their ASB.

Family B had been living in their council house for ten years but had recently been threatened with eviction due to ASB. The house was in need of serious maintenance. The paint was coming off the walls, there were damp patches and carpets were missing. There were only three bedrooms, and two of the young girls were sharing a room with two of the teenage boys. The youngest child slept in the same room as Maria.

Family C had been warned by the housing officer that eviction from their council house was likely if their ASB persisted. For the last three years they had been living in this house. The conditions were very cramped as there were 11 people living in a three bedroom house. Sarah slept on the sofa and the children on mattresses on the floor. The house was in a serious state of disrepair as it was messy, dirty and the children regularly damaged the property.

3.3.1   Families not considered suitable for a FIP

Housing enforcement actions were less likely to be reported for families who were turned down for a FIP, but the difference was relatively small: there were no actions reported against 20 per cent of these families, compared with 14 per cent of FIP families (Table 3.10). However, FIP staff were not able to provide this information for a large proportion of families (38 per cent). A high number of missing cases could

also account for the relatively low proportion of these families who were reported to have a secure tenancy, although we do not know this for certain (Table 3.9).

3.4   Risk factors for ASB

As well as a link with socio-economic disadvantage, previous research has consistently shown a link between high levels of ASB and a range of risk factors, such as poor parenting, child protection concerns, domestic violence, drug and alcohol misuse. The same research has also found that children in families with high levels of ASB face very serious problems, including truancy and exclusion, and higher than average levels of special educational needs (SEN) (Respect Taskforce, 2006). As discussed in the next chapter, suitability for a FIP was also based on evidence that children were facing a high level of risk, for example, due to abuse and neglect, and/or because they had left the education system.

According to the information provided by FIP staff, FIP families were experiencing a wide range of risk factors (Table 3.11), the most common ones included: education and learning difficulties (68 per cent), poor parenting (67 per cent), physical and mental health problems (63 per cent), and mixing with inappropriate peer groups (47 per cent).

Other problems, such as having difficulty stopping offending, family breakdown, domestic violence and child protection issues were less common, but each of these was still reported for around a quarter of families.

As indicated in Figure 3.5, the largest group (38 per cent) included FIP families who were experiencing seven or more risk factors, a third were reported to have between four and six risk factors, and a similar proportion (30 per cent) had fewer than four risk factors.

Table 3.11   Risk factors reported by FIP staff as needing addressing at referral

Multiple response	Offered and accepted intervention	Not considered suitable for intervention	Column % All families
Education/learning problems	**68**	**41**	**62**
Truancy/exclusion/bad behaviour at school	56	36	52
Low educational attainment	41	19	36
Lack of positive activities for children	40	13	34
Lack of basic numeracy/literacy	25	9	21
Difficulties with daily tasks	23	4	19
Poor parenting	**67**	**45**	**62**
Physical/mental health problems	**63**	**46**	**60**
Drugs/substance misuse	35	25	33
Drinking problems/alcoholism	33	22	30
Mental health problems	32	18	29
Physical health problems	16	10	15
Inappropriate peer group	47	17	40
Family breakdown	27	11	23
Domestic violence	25	13	23
Child protection issues	24	12	21
Difficult to change lives to stop offending	23	9	20
Anti-social behaviour/crime/discrimination against the family	15	6	13
Teenage pregnancy **	5	3	4
Other	5	9	6
Don't know at this stage	8	20	10
None	*	3	1
Total number of families	*692*	*193*	*885*

Base: Families at Referral Stage.
The categories and figures in bold include the sub-categories and figures below them.
* This denotes a value of less than 0.5.
** FIP staff were asked to select teenage pregnancy only if this was considered to be a risk factor for the family, therefore not all teenage pregnancies are necessarily identified here.

Figure 3.5   Number of risk factors reported by FIP staff as needing addressing at referral
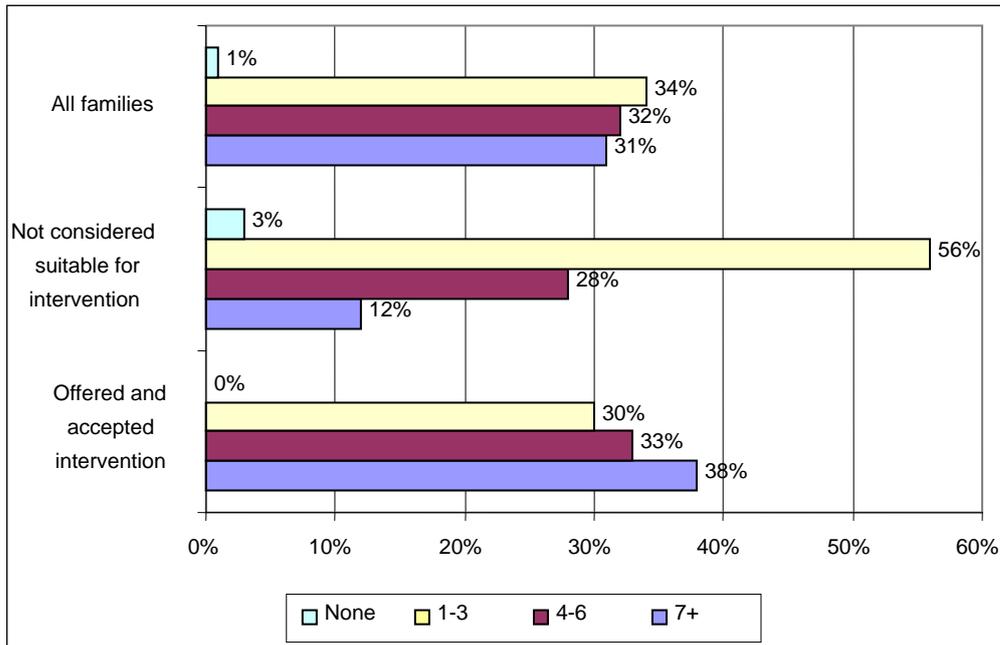
Base: Families at Referral Stage (885).

As indicated in Table 3.12, the most common parenting problems included disciplinary issues (reported for 79 per cent of those with parenting problems), lack of positive role models (63 per cent), lack of boundaries (61 per cent) and not knowing the children's whereabouts (54 per cent). While other problems, such as lack of stability, disinterest in positive activities, lack of safe environment, were less likely to be cited, they were still reported for a substantial proportion of those with parenting problems (between 42-44 per cent).

Table 3.12   Parenting problems reported by FIP staff as needing addressing at referral

Multiple response	Offered and accepted intervention	Not considered suitable for intervention	Column % All families
Disciplinary issues	79	60	76
No positive role model	63	30	58
Lack of personal and social boundaries	61	29	56
Not knowing children's whereabouts	54	31	50
Lack of safe environment	44	24	41
Lack of stability e.g. frequently moving house, school	44	24	41
Disinterest in positive activities	42	14	37
No/little involvement in child's education	38	18	35
Poor basic care e.g. hygiene, food, health	34	18	31
Neglect or the parent is absent	31	16	28
Difficulty with affection	29	8	25
Disinterest in children	22	12	20
Other	4	17	6
Total number of individuals	*589*	*114*	*703*

Base: Individuals who were reported to have parenting problems at Referral Stage.

Table 3.13 shows in more detail the kind of difficulties faced by adults and children who were reported to have mental health problems. Depression and stress were most commonly reported for adults (with the respective figures being 69 per cent and 43 per cent).   Other problems such as lack of confidence, anxiety, alcoholism were also relatively common and affected between a quarter and a third of adults with mental health problems. Just over a third (34 per cent) of children with mental health problems were reported to have ADHD, 16 per cent suffered from stress, while depression, anxiety and nerves were each reported for around one in ten of these children.

If individuals were identified as having a drug problem, we tried to collect information to measure the severity of the addiction. However, as shown in Table 3.14, FIP staff could not provide this information for around half of these cases and therefore these results should be treated with caution.

Table 3.13   **Mental health problems reported by FIP staff and experienced in the six months before referral (both diagnosed and not diagnosed) by age group**

Multiple response	Under 16	16 and over	Column % All family members
Depression	13	69	50
Stress	16	43	35
Lack of confidence	30	32	31
Anxiety/panic attacks	10	23	19
Alcoholism	0	23	15
Nerves(ness)	10	18	15
ADHD	34	5	14
Self-harming	13	11	12
Drug addiction	6	11	9
Nervous breakdown/neurasthenia/nervous trouble	2	8	6
Hyperactivity	8	2	4
Speech impediment/stammer	6	2	3
Dyslexia	3	3	3
Phobias	0	4	3
Schizophrenia	1	4	3
Bipolar affective disorder/manic depression	0	2	1
Asperger syndrome	4	0	1
Senile dementia/forgetfulness/confusion	1	1	1
Anorexia nervosa	0	1	1
Autism	1	*	1
Other	18	9	12
Total number individuals	*105*	*209*	*318*

Base: Individuals in FIP families who had mental health problems identified as risk factors at Referral Stage.
The total base includes four individuals whose age was not known.
* This denotes a value of less than 0.5.

Table 3.14   **Severity of drugs/substance misuse reported by FIP staff at referral by age group**

	Under 16	16 and over	Column % All family members
Regular and heavy use	14	31	24
Occasional but heavy use	8	2	4
Regular but light use	18	12	14
Occasional and light use	20	3	10
Don't know at this stage	41	52	48
Total number of individuals	*146*	*213*	*362*

Base: Individuals in FIP families who had drugs/substance misuse identified as risk factor at Referral Stage.
The total base includes three cases where the age was not known.

When looking at individuals with physical health problems (Table 3.15), poor diet and lack of exercise were most commonly reported for adults (36 per cent and 30 per cent respectively), with substantial minorities reported to have back problems (16 per cent), joint/bone/muscle problems (ten per cent) and difficulties taking medication (ten per cent). Just under half (49 per cent) of children with physical health problems were reported to have a poor diet, 24 per cent did not get enough exercise and 11 per cent had difficulties seeing a GP.

Table 3.15   Physical health problems reported by FIP staff and experienced in the six months before referral by age group

Multiple response			Column %
	Under 16	16 and over	All family members
Poor diet	49	36	42
Lack of exercise	24	30	27
Back problems	3	16	10
Difficulty seeing a GP	11	7	9
Joints/bones/muscle problems	7	10	8
Poor sexual health	7	6	6
Difficulty taking medication	1	10	6
Eyesight problems/cataracts/blindness	7	3	5
Respiratory complaints	5	6	5
Epilepsy	1	9	5
Ear complaints/hearing difficulties	5	5	5
Migraine	3	6	4
Digestive system problems	1	8	4
Genito-urinary problems	5	3	4
Arthritis	0	9	4
Skin complaints	2	6	4
Diabetes	2	5	3
Infections, including HIV/AIDS, tetanus, TB	2	5	3
Frequent accidents	4	2	3
Frequent emergency hospital admissions	3	2	2
Heart attack/angina	0	4	2
Varicose veins/embolisms	0	3	1
Stroke	0	3	1
Blood disorders	0	2	1
Cancer	0	3	1
Nervous system problems	1	1	1
Other	14	8	10
Total number of individuals	*96*	*105*	*201*

Base: Individuals in FIP families who had physical health problems identified as risk factors at Referral Stage.

Moving on to look at educational issues, we found that 14 per cent of children from FIP families had SEN, this compares with a national average of ten per cent (Hoxhallari, 2007); however, this result should be interpreted with caution because FIP staff were unable to provide information on SEN status in 43 per cent of cases.

Forty per cent of 5-15[8] year olds from FIP families were reported to have educational problems (i.e. truancy, exclusion and/or bad behaviour at school), and 19 per cent of these children (and eight per cent of all 5-15 year olds from FIP families) were excluded from school at the time of referral. Table 3.16 shows that 46 per cent of excluded children had been permanently excluded, and in the majority of cases (66 per cent) this was a formal exclusion. However, nearly one in ten children had been 'informally' excluded, that is the school had asked the parents to keep the child at home, without going through the formal exclusion process.

Table 3.16   Types of exclusions reported by FIP staff for children who were excluded from school at referral

	Column %
Permanent exclusion	46
Temporary exclusion	32
Don't know at this stage	12
Formal exclusion	66
Informal exclusion	9
Don't know at this stage	15
Total number of individuals	*131*

Base: Children aged 5-15 in FIP families who were excluded from school at Referral Stage.

When children were identified as generally having school related problems (i.e. truancy, exclusion and/or bad behaviour at school) but were not actually excluded from school at the time of referral, further questions were asked about their school attendance. Table 3.17 shows that while in most cases (69 per cent) these children were meant to attend school normally (i.e. full-time), in 13 per cent of cases a formal arrangement had been made for them to attend on a part-time basis, and in a further two per cent of cases part-time attendance was arranged informally.

Table 3.17   School attendance arrangements reported by FIP staff for children with school related problems, but who were not excluded from school at referral

	Column %
Full-time	69
Formal arrangements to attend part-time	13
Informal arrangement to attend part-time	2
Don't know at this stage	15
Total number of individuals	*493*

Base: Children aged 5-15 in FIP families who had school related problems, but who were not excluded from school at Referral Stage.

If children were reported to have school related problems, FIP staff were asked to estimate the level of school attendance in the six months before referral. Eight per cent of these children did not attend school during this period, around a quarter (26 per cent) attended for half of the time or less, while 29 per cent attended for more than half of the time (Table 3.18)

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[8] The total number of 5-15 year olds in FIP families was 1,560.

Finally 35 per cent of 16-18 year olds in FIP families were not in education, employment or training (NEET), this is more than three times the national figure, which, in 2006, showed that one in ten 16-18 year olds were found in this group (DCSF, 2007).

Table 3.18   Actual school attendance estimated by FIP staff for children with school related problems, but who were not excluded from school at referral

	Column %
Don't attend at all	8
Attend between 1 and 25 per cent of time	14
Attend between 26 and 50 per cent of time	12
Attend between 51 and 75 per cent of time	15
Attend between 76 and 100 per cent of time	14
Don't know at this stage	36
Total number of individuals	*493*

Base: Children aged 5-15 in FIP families who had school related problems, but who were not excluded from school at Referral Stage.

Box 3.3   Case illustrations from the qualitative interviews: FIP families' risk factors

Family A Both Anne and Bob were on anti-depressants and had drug and alcohol problems. The key worker was concerned that domestic violence may also be an issue for the parents. In addition, Anne suffered from panic attacks.

Anne and Bob tended to yell and shout a lot at their children. The children were on the child protection register. The two sons had been excluded from school for fighting, one had been placed in a different school and the other attended a Pupil Referral Unit (PRU). The daughter had minor behavioural problems in school.

Family B Maria had been drinking heavily for a long time. She also talked about her difficulties controlling her children and stopping them going out. All of the children, except the 17 year old, were on the child protection register. Two of the sons had SEN, one attended a school for children with SEN and the other had been excluded from mainstream education and was temporarily attending a PRU. Both sons were repeatedly sent home from school for bad behaviour. In addition one son suffered from depression and the other from ADHD. The two daughters who were in school, attended regularly, but they were often late and were academically significantly below average for their age. All the children had friends in the area who were known for causing trouble.

Family C Sarah could not control her children and relied on her eldest daughter to help her with the younger children. There were no child protection issues with this family. One of the sons had been permanently excluded from school and received web-based tuition through a computer at home. Another son had been temporarily excluded from a school for children with SEN. He was now officially back in school but played truant about half of the time. The eldest daughter had a child and had been placed in a school for young mothers which she did not go to. She had left school with one GCSE. The other children were still in primary school and were generally well behaved although they often arrived late.

3.4.1 Families not considered suitable for a FIP

Consistent with previous results, the families who were turned down for a FIP displayed a lower level of risk than reported for FIP families. For example:

- Only 12 per cent of these families were reported to have seven or more risk factors, compared with 38 per cent of FIP families (Figure 3.5).

- Families who were not offered the FIP were less likely to be affected by the different types of risk factors listed in Table 3.11. The gaps between these and FIP families were particularly large in relation to inappropriate peer group (with the respective figures being 17 per cent and 47 per cent), poor parenting (45 per cent and 67 per cent respectively), health problems (46 per cent and 63 per cent respectively) and family breakdown (11 per cent and 27 per cent respectively).

- The only exception to this pattern was related to child protection, the proportion of children on the child protection register was similar in both groups, that is, 16 per cent among families who were not offered the service and 18 per cent among FIP families.

The level of educational disadvantage appears to be lower among children from families not considered suitable for a FIP. For example, 24 per cent of 5-15 year olds from these families were reported to have educational problems and two per cent of these children were excluded from school, the respective figures for children from FIP families were 40 per cent and 19 per cent. However, other education issues could not be explored further for families not accepted for a FIP owing to the small number of cases in some categories (e.g. only 14 children were excluded from school), or the high proportion of missing cases (e.g. in 73 per cent of cases FIP staff did not know whether 16-18 year olds were NEET or not).

3.5   Key points from the chapter

- The IS results have shown that FIPs were working with very disadvantaged families, who included a considerably higher than average proportion of lone parents, large families and workless households receiving out-of-work benefits.

- Virtually all FIP families were reported as perpetrating ASB and most were being subject to enforcement actions. Involvement in criminal activities was also relatively high among families FIPs were working with.

- Only small proportions of FIP families were in temporary or non-secure accommodation; however, housing enforcement actions, such as warning letters, visits by a housing officer and notices of seeking possession, were reported for most of these families.

- FIP families faced a high level of risk and a wide range of severe and multiple difficulties, including poor parenting, health problems, drug addition, family breakdown and domestic violence.

- Children in these families were also facing a number of risks, with a substantial minority placed on the child protection register, a higher than average proportion with SEN, and many having school related problems, including exclusion, truancy

and bad behaviour. The proportion of young people not in education, employment or training was also well above the national average.

- A comparison of FIP families with those who were not accepted for referral shows that FIPs were clearly selecting families with the highest levels of ASB and involvement with criminal activities, who were more likely to have housing enforcement actions and who faced the highest levels of risk.

4 HOW DO FIPS WORK WITH FAMILIES?

The way in which FIPs are working with families is covered in this chapter.   We draw on the accounts of FIP staff and local services combined with evidence from the IS. Findings on families' perspectives will be presented in Chapter Five.

We begin with a brief overview of the referral process, the criteria used to judge eligibility (Section 4.1) and the reasons why families were not considered suitable for a FIP. Once referred, projects varied in how they assessed the needs of family members and the way in which the support plan and family contract were used and reviewed (Section 4.2). As intended in their design, FIP staff emphasised the importance of having the freedom to consider any kind of intervention that might address the families' needs and goals. FIPs work commonly involved challenging families' ASB; anger management; one-to-one parenting; addressing educational problems and providing meaningful activities for parents and children. FIPs run by the statutory and voluntary sectors appeared to work with families in similar ways (Section 4.3). In the final section of the chapter, we describe the exit strategies that FIPs had in place (Section 4.4).

The variable stages of different FIPs development (see Chapter Two) needs to be taken into consideration when interpreting the findings presented in this chapter.

4.1 How families are referred

FIP project managers had engaged in a range of marketing and promotional activities to generate referrals to the FIP. These activities involved visiting potential referral partners, sending them publicity material, phoning them and holding events to inform them about the FIP and the referral process. Aside from these activities they generated referrals by:

- **Attending multi-agency meetings and panels which addressed ASB** problems in the area.

- **Identifying eligible families in files and databases** belonging to the LA department delivering the FIP. This option appeared to only be available to FIPs being run by the LA.

Predictably agencies making the most referrals to FIPs were housing (including LA housing departments, housing associations and RSLs) and ASB teams. Social services, the police and the YOS also made a substantial number of referrals. Education departments and schools accounted for a smaller, yet still significant number of referrals. Table 4.1 presents IS data on the proportion of families referred by each referring agency.

Table 4.1   Agencies that referred families to FIPs

Multiple response	Column %
Local authority housing department	25
Local anti-social behaviour team	21
Social services	14
Housing association/ Registered social landlord	16
Police	8
Youth offending service/ team	9
Education department /Local education authority	5
School	4
Health professional	3
Youth inclusion support panel	3
Voluntary/Community organisation	2
Connexions	1
Drugs or alcohol agency	1
Probation services	*
Special educational needs team	*
Environmental health	*
Fire service	*
Domestic violence team	*
Citizens Advisory Bureau	*
Housing Action Trust	*
JobCentre Plus	*
The family referred themselves	*
Other	6
Total number of families	*885*

Base: Families at Referral Stage.
*This denotes a value of less than 0.5.

Agencies were commonly encouraged by the FIP to phone first to discuss the family informally before making a referral. Once a family had been identified as appropriate, the referrer completed a referral form which required information about the family's size and characteristics; involvement in ASB and other criminal activities; whether they were subject to any enforcement action; and a list of agencies currently working with the family.

In addition, in some areas referrers were required to:

- ask the family to sign a consent form
- fill in a matrix in order to give the family a score based on levels of ASB
- fill in a risk assessment form.

4.1.1   Assessing referrals

The process for assessing referrals was initiated by the referral form being sent to the FIP. At this point:

- The project manager or the FIP team assessed the referral and decided whether or not to accept the family; or

- FIP staff made an initial assessment of the family before the referral form was sent. They then discussed the referral with a local agency partner or presented it to a steering group or referral panel.

Exceptionally, the referral form was sent directly to the chair of a steering group or referral panel, in which case the final decision was made by the FIP after the multi-agency meeting.

Tools were sometimes used by FIPs to assess whether a referral was appropriate. For example FIP staff had filled in forms, such as the Common Assessment Framework (CAF), or entered a family's details into a database or a matrix in order to check the family against specific criteria.

In arriving at a decision, FIP staff had sometimes required supplementary material which involved:

- **Collecting information from other agencies**. FIP staff had asked agencies for further information on a family, looked at a shared database or arranged access to a database, or reviewed forms that had been completed by other agencies such as the CAF or the Youth Justice forms ASSET or ONSET.

- **Collecting information from families.** Exceptionally, FIP staff had visited families for an informal chat to find out more about their circumstances and assess their motivation to take part.

The length of time it took to refer a family ranged from one to six weeks once the referral criteria and process had been established. Variations in the time period depended on:

- **Who needed to be consulted about the referral** and in particular whether a multi-agency meeting needed to be held.

- **Whether additional information needed to be collected** in order to decide whether a family was appropriate for the FIP.

4.1.2 Referral Criteria

Predictably, the primary criteria used to judge eligibility across FIPs were concerned with levels of ASB and criminal activity and enforcement actions related to ASB and housing. As was seen in Chapter Three the IS results clearly show that these eligibility criteria were being applied. The qualitative interviews illustrated how these criteria were applied and judged:

- **ASB** – Typically, FIPs looked for more than one member of the family perpetrating ASB and family members being at risk of having a sanction imposed due to ASB, such as an ABC or ASBO. FIPs also looked for evidence that the family had poor relations with neighbours, were the subject of high levels of complaints and that the behaviour of the family was having a detrimental effect on the community.

- **Housing** - Judgements were made according to whether families were at risk of eviction (from any type of housing) as a consequence of their ASB. As reported

in Chapter Two the intention is for FIPs to work with all tenures, but it was clear that a few of the pre-existing FIPs were *only* targeting those in social housing or rented properties.   However, these projects all discussed working with families from all types of tenure in the future. There were also areas where the risk of eviction did not seem to feature as a key part of the referral criteria as the LA had a policy of avoiding making social tenants homeless.

- **Children** - Specific criteria had sometimes been set in relation to the age of the child, such as only working with families with children under 16, 18 or 19 years of age. Occasionally FIPs had also looked for evidence that children were at risk of being placed in the looked after system, were on the child protection register and/or had left education.

FIPs varied as to whether they incorporated some flexibility in their approach, and also judged a family on an individual basis, or whether they strictly followed their referral criteria.

> '[The criteria] is flexible. Every family is taken as that family. It really is.' (FIP staff)

> 'If there are problems around eviction housing, if there are problems around ASB in the area, the young people or the adults on ASBOs. They are the criteria that we have to adhere to because we understand that makes it a FIP family.' (FIP staff)

In addition to the primary criteria determining eligibility, outlined above, FIPs had sometimes specifically looked for evidence that family members:

- needed support around parenting
- had drug/alcohol problems
- had issues around domestic violence
- were involved in prostitution
- were motivated to engage with the FIP
- had lived in the area for 12 months or longer
- had received help from other agencies that had been unsuccessful.

In an exceptional case a FIP was actively targeting families where there was at least one young offender and younger siblings who were not engaging in ASB or crime. Their intention was to do preventative work with the younger siblings. The FIP had adopted this approach because families in their area were not being threatened with eviction due to ASB. The FIP manager believed that ASB was not being reported to the authorities due to a reluctance within the largely ethnic minority community to do this.

4.1.3   The use of waiting lists

Depending on the capacity of a particular project, families were sometimes put on waiting lists after being accepted by the FIP for between one to three months. Newer projects, that were not working to full capacity, were more likely than pre-existing projects to work with families immediately. Some of the more established projects said they were constantly at capacity, and were concerned that their waiting lists

were increasing. In an exceptional case a FIP decided to reject an eligible family because of their long waiting list.

The IS shows that overall the proportion of families (based on an average across all projects – new and pre-existing) on a waiting list has remained stable over time (14 per cent both in June 2007 and in October 2007). This measure, however, is likely to be skewed by the number of new projects that were set up during this period and had capacity to work with all families being referred (i.e. the overall average is kept low by new projects putting no/few families on their waiting list).

Whilst on the waiting list, families continued to be supported through other services. During this time their progress was monitored to ensure that if their situation deteriorated then their case could be re-prioritised on the waiting list. Families had been prioritised according to:

- whether facing imminent enforcement action and the severity of this
- the nature and level of their ASB
- the nature of their support needs
- the outcomes of previous interventions
- the size of the family.

A comprehensive analysis of how families on the waiting list compared with those who started the FIP intervention immediately can be found in Appendix F.

4.1.4 Reasons families were rejected by a FIP

The IS results show that the proportion of families rejected by a FIP has increased: in June 2007 15 per cent of families referred to a FIP were turned down, whereas in October 2007 this figure had increased to 22 per cent.

FIP staff and local services gave the following reasons for rejecting families for a FIP:

- **The family did not meet the FIP's criteria.** Most of the families rejected were those that did not meet all the criteria on the referral form. For example, the IS results show that 40 per cent of families were not considered suitable for a FIP because their ASB level was too low and 15 per cent were turned down because they were not at risk of homelessness.

- **The family were perceived as too dangerous** and so working with them would put FIP staff at risk of harm. FIPs do not work with families that are violent or have a history of involvement in serious crime, or have severe mental health issues. The IS findings show that this was a reason for turning down a very small proportion of families (i.e. three per cent).

- **Other agencies were making good progress with the family**. Families were also rejected if extensive support was already in place and the families behaviour appeared to be improving.

- **Families were not motivated to change** or not willing to engage with the FIP. FIP staff reported that these families were simply not prepared to engage with

the FIP on any level. The IS results suggest that five per cent of families were rejected for this reason.

- **Not enough evidence on a family** had resulted in a family being rejected or the referrer being asked to gather more evidence and to refer the family again at a later date.

4.2 Approaching, assessing and planning support

The first point at which FIP staff met the family was typically after the referral had been accepted. This usually took the form of a visit to the family home where one or two FIP workers met the parent(s) and possibly some or all of the children. The FIP worker had sometimes been accompanied on this visit by the referral partner. The FIP worker explained how the project worked and what the family would be committing to by getting involved; a leaflet had sometimes been provided. They then tried to engage the family in a discussion about what the FIP might do to help them. At the end of the visit, the family were typically asked to sign a form agreeing to work with the FIP and give their consent for the FIP to access and share information about them with other agencies.

4.2.1 The family needs assessment

Once a family had consented to work with a FIP, the family needs assessment was initiated. The purpose of the assessment was to develop an initial understanding of the circumstances, characteristics, issues and needs of each family member, with the aim of drafting a detailed support plan that best met their needs and would bring about the desired changes in their behaviour.

The assessment consisted of two key parts:

- **Collecting and reviewing information from the referral stage** (see Section 4.1.1).

- **Collecting and reviewing new evidence from the family** through discussion with families about their needs; and through observation, for example, of the state of the home, or parent-child interaction. Some FIPs used Family Group Conferencing as part of this process, where a facilitator brought families together with friends and relatives to discuss their needs and how these might be addressed.

Even though FIPs were using other structured forms (such as CAF, ASSET, ONSET, and the probation and prison service tool OASIS) during the assessment process, they often had to adapt them to assess whole families (rather than individuals) and to cover pertinent issues:

> *'We didn't use CAF because it is not suitable for the purpose because it is a child welfare needs assessment, it is not an assessment of criminogenic need and it is not an assessment of issues pertaining to adults […] ASSET is obviously a criminogenic needs-based assessment, but it is relating to one child and one person.' (FIP staff)*

For this reason some projects had created bespoke forms, combining elements of existing tools with new, purpose-designed elements; or designing their own from scratch. While there was evidence that projects had used the RTF's 'assessment report checklist' (available as part of the FIP toolkit on the RTF website) to guide them in designing their own assessment tools, a desire for the RTF to provide a fully-developed bespoke tool was also expressed.

There were two rather different approaches taken to assessing the family's needs:

- The first approach involved a **detailed and relatively formal assessment**, with the use of documentary tools in order to tailor the support for a family in an effective way. For these FIPs, the assessment period (i.e. the period between meeting the family and drawing up their first support plan) lasted from two to eight weeks, depending largely on the complexity of the family's issues and the amount of additional information that needed to be sourced from other agencies.

- The second approach was **briefer, less detailed, more informal** (involving just one or two meetings with the family) and did not use documentary tools. The intention was to start work with the family straight away. This was underpinned by a view that an initial assessment could never identify all of a family's needs, and that more information inevitably surfaces over time:

  > 'We undertake an assessment with families, so that's the first point in terms of recognising the needs. However what a family tells you, you know, three weeks into meeting them, and what they tell you three months into meeting them is incredibly different.' (FIP staff)

However, staff using both approaches stressed that assessment had to be ongoing whilst working with families, with support plans frequently reviewed.

4.2.2   The support plan and family contract

Once a family's needs had been assessed, their support plan was drafted. This specified what interventions would be undertaken and by whom, with some indication of the timescales within which they were expected to happen. The support plan was either produced for the whole family, or for each family member. Approaches varied in terms of whether the initial support plan just included short-term goals – say, for the first three months – or a mixture of short- and longer-term goals.

The family's key worker usually took the lead when drafting the support plan, although there were opportunities for the family and the professionals involved to contribute. Discussion of the support plan tended to take place at a face-to-face meeting, where all key professionals were present. Family members were sometimes present at this meeting or they were given the chance to see and comment on a draft of the support plan before the professionals.

The family contract was typically part of the support plan, although they were sometimes treated as separate documents. The contract spelt out the FIP's expectations of the family in terms of improvements in their behaviour and other goals, and the sanctions that would follow if these goals were not met. FIP staff and family members were usually required to sign the contract; other professionals involved with the family were also asked to sign, particularly if the contract was built

into the support plan. The contract was not, however, treated as legally binding in any way.

Regular review meetings were held by projects at different points ranging from once every four weeks to once every three months. Here, key professionals involved with a family were brought together to review progress against the support plan and family contract. Projects varied in terms of whether and how they involved families at these meetings. In some cases the meetings were for professionals only, whereas in other cases families (i.e. parents and sometimes older children) were invited or encouraged to attend. In the case of the latter FIPs varied as to whether the meeting went ahead if a family member declined to attend (i.e. some FIPs held the meeting in their absence whereas others required the attendance of one or more family member).

In addition to the formal review meetings, FIP staff had referred to the support plan and contract on an informal basis in their work with families:

> *'It's constantly revisited isn't it, on a daily basis. So it's not a piece of paper that's left to lie and 'whoops', six weeks down the line, you didn't do this.' (FIP staff)*

However, interviews with families indicated that their recall and awareness of the creation of a support plan and it being reviewed was rather variable (see Chapter Five).

4.2.3 Roles of the support plan and family contract

FIP staff identified a number of roles played by the support plan and family contract (while some features apply to the support plan or contract elements respectively, these are presented together as the two were usually combined).

- Laid out *'in black and white'* the commitment of all parties to a plan of action, usually including timescales. Acted as a reminder of actions agreed and kept all parties focused on key goals.

- Enabled any party to be held to account for a failure to fulfill their part of the plan; provided a clear and accessible reference if anything started to slip.

- Illustrated to families the essential 'bargain' involved in the FIP intervention: support in exchange for improved behaviour and recorded their commitment to this.

- Reassured enforcement agencies that the family were aware of the sanctions that could follow if goals were not met, and that the FIP was committed to enforcement action being taken if necessary. This was particularly important if the FIP had asked enforcement agencies to delay taking action while the FIP undertook its work.

- Charted the family's progress over time. It was helpful for FIP staff to be able to see how the family had progressed, in order to evaluate their work and make future plans. It was also psychologically beneficial for families to be able to see

how far they had come and *'tick things off'* as they went – reference to the contract could provide opportunities for credit and praise.

However, it should be noted that staff did not distinguish clearly between roles the support plan and contract could or ought to play and roles they actually played in practice.

4.3   Working with families

As explained in Chapter Two, FIPs had different staffing structures and arrangements. Across all projects, the vast majority of the FIPs work with families was delivered by families' key workers and was sometimes supplemented by other FIP staff, such as specialists (e.g. psychologists, youth workers, domestic abuse workers, parenting practitioners), other key workers or support staff.

There were four key ways in which FIP staff (mainly key workers) had contact with families:

- home visits which were scheduled or unscheduled (for spot-checking)[9]
- being on-call – 'on the end of the phone'
- responding to unforeseen events, e.g. a family member being arrested or reported absent from school
- support with attending appointments. FIP staff transported families to appointments and provided childcare to enable them to attend. Whilst FIP staff stressed that it was not their aim to do things for families, the complex issues and vulnerable state of the families they worked with did require a degree of *'hand-holding'* in the early stages, and the journey towards encouraging and empowering families to do things for themselves could be very slow.

In addition to their direct work with families, the key worker was typically responsible for co-ordinating all interventions by other agencies, and for levering-in additional support from outside agencies where necessary. This involved carrying out a number of different tasks.

- **Acting as an advocate for a family**, contacting others to resolve problems and maximise benefits.

- **Organising and co-ordinating support** from other agencies, ensuring no duplication of support provided by different agencies; re-engaging services with families they had stopped trying to help; acting as an intermediary where relationships were difficult; being in a position to ask agencies to step back for a while if appropriate.

- **Ensuring a holistic and balanced approach**: convening meetings and facilitating decision-making that involved all relevant parties; finding solutions that accommodated the interests of both support-focused and enforcement-focused agencies.

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[9] Staff working in FIPs with core units were based very near to the core accommodation, and saw families either in their flats or in communal areas within the core unit.

- **Acting as a central point for information** about the family and the professionals who worked with them; passing information between parties as necessary.

However, while co-ordination was considered a major part of the key worker's role, there were circumstances where other professionals were performing this role. In particular, where a child was on the Child Protection Register or registered 'in need', a social worker had statutory responsibility for acting as the lead professional in relation to that child. Therefore, with respect to FIP families, the social worker sometimes played a role in co-ordinating other agencies, instead of or alongside the FIP key worker.

In addition, there was evidence of FIPs deferring the co-ordinating role to another professional with or without statutory responsibility on grounds that he or she had already established a close working relationship with the family at the time the FIP became involved.

4.3.1 Time spent, frequency of contact and working hours

The IS collected information on the level and type of contact FIPs had with each family. This Information was collected at two different points: between the time the support plan was first put into place and the first review of this plan (review one); and between the first and second review of a family's support package (review two)[10].

At the time of the first review 39 per cent of families received five or fewer hours of support a week, a similar proportion (40 per cent) received between six to ten hours a week, while a substantial minority (21 per cent) received 11 or more hours a week (Table 4.2). The average amount of time FIP staff spent supporting a family at the first review (7.8 hours a week) had declined slightly (to 7.5 hours a week), by the second review. While FIP staff were asked to report the number of hours they actually spent dealing directly with a family (i.e. contact time), the relatively high number of hours reported could indicate that some staff might have included both contact and non-contact time (e.g. writing up notes after visits, liaising with agencies from the office, travelling to see families).

Table 4.2   Number of hours a week FIP staff worked with families

	Column % Review 1	Review 2
1-5 hours	39	37
6-10 hours	40	45
11 or more hours	21	17
Don't know	0	1
Mean n. of hours	7.8	7.5
Total number of families	*314*	*193*

Base: All families who had reached each stage.

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[10] The timings of the reviews varied considerably, and therefore the amount of time FIPs had worked with families at each of these two stages varied.

The IS evidence also suggests that new projects were spending more time with families than established projects (11.1 hours per week, compared with 6.8 hours per week). This could reflect the time that new FIPs had available to work with families as they had not reached full capacity yet. It might also be because new projects had just started working with all their families and were at a more intensive period of the intervention. There also appears to be a small difference between the amount of time LA delivered projects spent working with families (8.1 hours per week) compared with voluntary ones (7.4 hours per week).

From the qualitative interviews with FIP staff it appeared that the amount of contact time also varied according to the type of intervention that was being delivered. Frequency of contact with families receiving the assertive outreach or dispersed service ranged from once a week to more than once a day depending on the circumstances of the family (e.g. the size of the family, the stage the family were at and the nature of their needs). A single visit had sometimes lasted up to several hours. Key workers responsible for families in the three core units in the sample had some contact with them every day, and typically more than once a day. For example, one project scheduled regular observation contacts lasting up to an hour in the morning, afternoon and evening, in addition to contacts arranged for delivering specific interventions and responding to families' needs on an ad hoc basis.

FIP staff also varied in the hours they were available to families, ranging from:

- Staff who worked flexi-time to allow visits outside standard working hours (early mornings, evenings and weekends) and who were on call by phone almost any time.

- Staff who worked standard office hours and did not give their mobile numbers to families. However, these staff tended to be working in the newer projects and there was evidence of arrangements evolving as the need for support outside standard working hours became apparent.

A key feature of the core unit model of intervention was the provision of 24-hour supervision throughout the week. Arrangements for providing this varied between projects offering this service. Where there were overnight staff on-site, these were additional workers employed specifically for that purpose, rather than key workers.

4.3.2   *Nature of intervention delivered*

FIP staff delivered and levered-in a wide range of different types of support, and tended to enjoy a considerable degree of autonomy in this regard. They emphasised the importance of having the scope to consider any type of service that might address the families' needs and goals, and took pride in their creativity in finding new ways to work with families. This creativity was also lauded by local agency partners.

From the IS we have quantitative evidence on the types of support FIP staff provided directly to families, as well as the support arranged on behalf of the family with statutory and voluntary agencies. The IS evidence showing the type of support FIPs provided to families are reported below and illustrated with findings from the qualitative evidence in Box 4.1. At the *first review* (Table 4.3):

- Three quarters of families (75 per cent) were receiving help to challenge their ASB, a further 45 per cent were being given support to stop offending, and anger management was provided to nearly a fifth of families (19 per cent).

- Sixty-seven per cent were receiving one-to-one parenting support, which was more common than parenting classes. The latter were delivered by FIP staff to less than a fifth of families (17 per cent). Parenting support is discussed in more detail at the end of this section.

- As discussed in Chapter Three, children and young people in many families faced some serious educational problems and the type of support delivered clearly reflects FIPs' attempts to deal with these issues. In 57 per cent of cases FIPs were supporting children into education, and in a further 36 per cent of cases help was provided in finding education, training and work experience. Childcare or early years education was also provided to a small number of families (eight per cent).

- Support in managing the risk of eviction was provided to 47 per cent of families, just under a third (31 per cent) were being helped to deal with neighbourhood conflict, while 43 per cent were receiving help to improve their property.

- As noted in Chapter Three, most families were economically very disadvantaged and a substantial number were in debt. While help with financial management was provided by FIPs to 38 per cent of families, employment support was provided only in a small number of cases (11 per cent).

- Support was also being provided directly by FIP staff with a range of health issues, including mental health (32 per cent), drug support (25 per cent), alcohol support (17 per cent) and support with sexual health issues (eight per cent).

The nature of the work that FIPs were doing with families at the second review show a similar picture in terms of the most common types of support provided. However, in most cases the proportion of families receiving different types of help had decreased by the second review. This reduction in their involvement with families could reflect that FIP staff were enabling families to do more things for themselves, as discussed earlier. This is also shown by a decrease, albeit small, in the average number of hours FIPs spent with each family (Table 4.2).

Table 4.3   Proportion of families receiving different types of support delivered by FIP staff

Multiple response	Column %	
	Review 1	Review 2
Challenging ASB	75	64
One-to-one parenting support	67	68
Supporting children into education	57	49
Meaningful activities for parents/children	54	53
Help managing risk of eviction	47	35
Support to stop offending	45	38
Support to improve property	43	40
Financial management support	38	33
Living skills support	37	27
Support finding education, training, work experience	36	33
Support with mental health issues	32	26
Neighbour conflict support	31	25
Support with other health issues	27	24
Drug support	25	21
Mentoring	25	26
Advocacy	20	16
Anger management	19	17
Parenting classes	17	15
Alcohol support	17	15
Domestic violence support	14	9
Employment support	11	10
Mediation	10	8
Childcare/early years education	8	6
Counselling/psychotherapy	8	11
Support with sexual health issues	8	10
Legal advice	6	8
Other	8	6
Total number of families	*314*	*193*

Base: All families who had reached each stage.

Box 4.1   Examples of the type of support delivered by FIPs (Qualitative interviews with FIP staff)

Challenging behaviour - Tackling the causes of ASB underpinned much of the work FIP staff undertook with families even if it was not specifically reported in this way. Specific examples that were mentioned included using a combination of structured activities (e.g. role-plays, theatre workshops, worksheets, diary-keeping) and informal discussions, chats and advice.

A range of activities were used as a reward for achieving goals and/or to address behaviour, improve family functioning and relationships. This was provided by key workers at home or on FIP premises. It included taking children out for diversion (e.g. sports and arts based activities) and rapport-building, giving parents time off and arranging whole-family activities such as a games evening or trip to the theatre. Also activities related to domestic maintenance were sometimes used to explore family dynamics and improve communication and teamwork skills.

Parenting advice and guidance - Parenting advice and guidance was provided in parenting groups or classes or delivered in one-to-one sessions at home. During these sessions parents covered routines, boundaries, discipline, rewards and sanctions. In addition, key workers made home visits to supervise the implementation of routines, e.g. around breakfast or bedtime. Additional support was provided with household activities including cooking, cleaning, washing clothes and personal hygiene.

Support with educational problems - Key workers encouraged children and young people to attend school or college, liaised with schools and education welfare officers over school problems and attendance issues, accompanied children to school or college and supervised early morning routines to ensure children got to school on time.

Support finding education, training and work experience - Key workers helped young people apply for college courses, seek employment and explore their employment options. They also provided encouragement, as well as arranging and accompanying young people to appointments with JobCentre Plus.

Support with housing issues - Support with tenancy management involved working with the family to understand and resolve housing issues, help with form-filling, acting as an intermediary between family and housing provider, linking the family up with legal advice and representation, accompanying the family to meetings, and providing advice on issues related to their tenancy, e.g. dealing with visitors, neighbourhood conflict.

Support to help improve the property - Practical support provided with home maintenance included painting, cleaning, tidying, and clearing garden**.** Key workers either carried out these activities with the family, bought in external help (using their own money or accessing funds from other agencies), or motivated the family to carry out these activities themselves.

Support with finance and budgeting - Financial support included sorting out rent arrears and other debts, providing advice with benefit claims, form completion, household budgeting and accompanying parents to appointments.

The IS data shows that FIPs levered-in support from at least one statutory service for 86 per cent of the families they worked with. Focusing on the first review, Table 4.4 shows that schools[11] were the agencies most likely to be mentioned (41 per cent), reflecting once again the emphasis on dealing with the school-related problems many children and young people were facing. Support for around a quarter of families was arranged with each of the following: health services, education, social services, YOS

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[11] These figures only reflect support levered-in by the FIP. They do not reflect co-working with agencies already involved with FIP families at the point of referral.

and Connexions. In a considerable proportion of cases, support had also been arranged with housing services (i.e. 17 per cent with LA housing departments and 11 per cent with RSLs). Again, support with employment did not feature in a majority of cases, with help via JobCentre Plus arranged for nine per cent of families.

While support from statutory agencies had been arranged for all families working with new projects, 18 per cent of families working with pre-existing projects had not received any FIP-arranged statutory support. As mentioned in Chapter Two, LA projects were also more likely to have arranged support from statutory agencies than voluntary ones: statutory support had been arranged for 93 per cent of families from the former, compared with 72 per cent of the latter. However, there does not appear to be any link between these two findings, as new and established projects were roughly evenly split between the sectors.

While there is again some evidence of a decline in the level of FIP support provided between the first and second review, some types of support delivered by statutory agencies (e.g. health and education services) seem to have been more stable than the FIP-provided support, as the figures were very similar at both reviews.

Box 4.2   **Proportion of families receiving FIP arranged support by different statutory agencies**

Multiple response	Column %	
	Review 1	Review 2
School	41	40
Health service	25	18
Education department/LEA	25	20
Social services	23	26
Youth offending service/team	25	26
Connexions	23	22
Local authority housing department	17	12
Police	13	12
Registered social landlord	11	11
Jobcentre Plus	9	10
Youth inclusion support panel	8	9
Sure Start/Children's Centre	6	6
Environmental health	3	1
Probation services	3	2
Other	10	9
None	14	13
Total	*314*	*193*

Base: All families who had reached each stage.

Support for three quarters of families (75 per cent) was also arranged with voluntary agencies by the first review. The nature of this was as wide-ranging as the support provided by FIPs themselves. Again there is some evidence of a reduction in the support provided to families over time, as by their second review the proportion working with voluntary agencies had declined to 67 per cent.

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Support with parenting

As shown in Figure 4.1, 17 per cent of families attended classes delivered by the FIP, 11 per cent received parenting training delivered by a statutory sector agency and seven per cent by a voluntary agency. The proportion receiving one-to-one parenting support was higher, with 67 per cent receiving such support from the FIP and seven per cent from a voluntary agency.

Figure 4.1   Families receiving parenting support by different agencies by review one
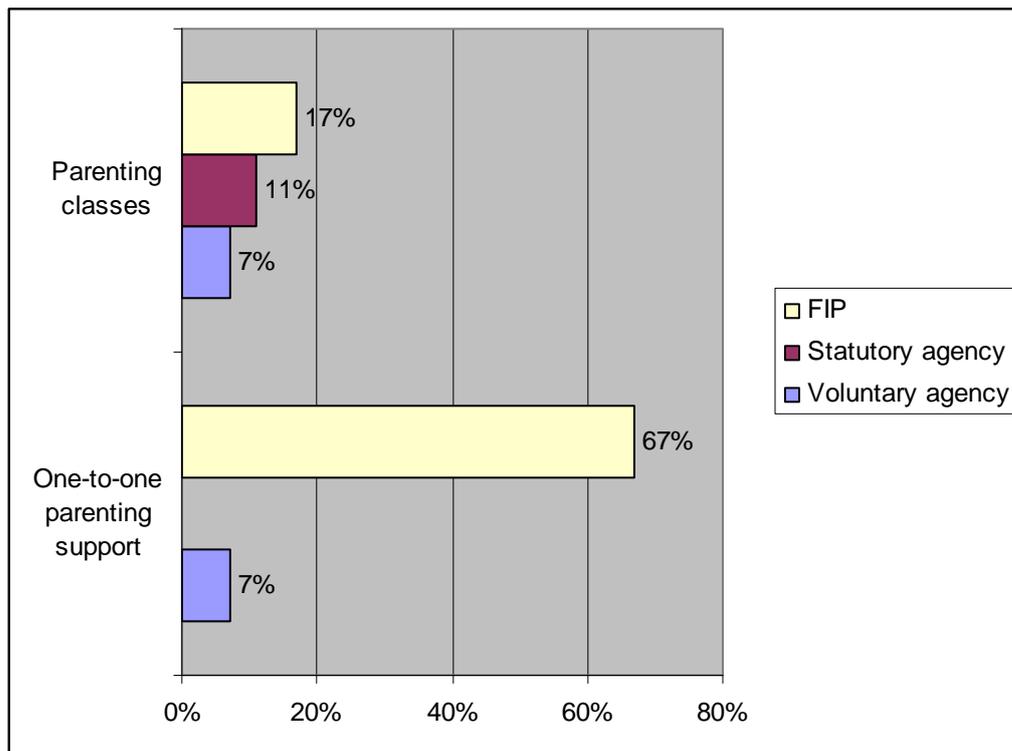
Base: All families who had reached review one (314).

It was clear from the qualitative interviews with FIP staff that support with parenting was understood to be a major and important aspect of the FIP intervention. However, at the time of these interviews, many projects were still in the process of accessing training and developing their capacity to deliver the structured parenting programmes endorsed by RTF. For this reason, there was a good deal of variation in the range of parenting interventions on offer and the extent to which they had so far been able to implement new learning.

As already mentioned, parenting interventions were delivered in-house and through external providers. A preference for externally-provided group provision was justified on grounds that a lot was available locally and/or because it was not considered feasible to require FIP staff to deliver parenting courses in addition to their other work.

One-to-one in-home parenting support was delivered to supplement and reinforce learning from parenting groups, or to prepare parents who were not yet ready for the group environment. It was felt that only in-home parenting support was required for some families. The point was also made that some FIP families had highly chaotic lives, and might therefore find it difficult to attend a parenting group, or to adopt some

of the parenting strategies recommended by structured programmes, such as reward charts.

It was clear that some FIP staff were providing advice and guidance about parenting without formal training. In these circumstances staff sometimes believed they already had the skills, experience and 'common sense' to do this and did not view the training as a necessary requirement. In contrast concerns were voiced about the risks associated with unqualified staff delivering parenting interventions.

All FIPs were encouraged by the RTF to access training for staff to deliver one of the three approved and evidence-based parenting programmes. Staff varied in the amount of choice they felt they had been given over which programme to select. Nevertheless, there were two main reasons for choosing one programme over others.

- Whether the programme had been **adopted or favoured by the LA** in the area where the FIP was based. It was felt that this would help the different parenting providers *'sing from the same hymn sheet'*, and create consistency between interventions delivered by the FIP and by others (e.g. in-home support from the FIP to supplement an externally-delivered parenting group).

- Whether the **programme was felt to be better suited to the type of families** the FIP was working with. This could result in different programmes being selected. For example, Triple P was felt to be well-documented, consistent, understandable, accessible and adaptable to different families. The view was also expressed that it was particularly well-suited to families perpetrating ASB. Alternatively, Strengthening Families was also felt to be particularly appropriate for FIP families, as it focuses on the 10-14 age range, which is when young people typically begin to get involved in ASB. Whereas Webster Stratton: Incredible Years was described as *'the leading model for two to eight year olds'* and considered particularly appropriate for parents who had encountered problems with making attachments or constructive play during their children's early years.

In addition to the three RTF-approved parenting programmes, FIP staff mentioned using a range of other packages. These were either aimed at parents of older children (packages called 'Living with Teenagers' and 'Parents of Teenagers' were mentioned) or designed to be delivered in the home rather than in a group setting (packages called 'Escape' and 'Parenting Wisely' had been used).

4.4   Implementing exit strategies

As noted in Chapter Two FIPs varied widely in the length of time they worked with families. Typically they stopped working with families when they completed the intervention and there was evidence that:

- the family's ASB had stopped or reduced to an acceptable level
- the family had reached a point where they were capable of sustaining the positive outcomes of the FIP intervention without continued FIP support.

Box 4.3   Example of a FIP withdrawing from a FIP case study family

The FIP had stopped working with a family whose behaviour had improved and were no longer perpetrating ASB. It was felt that the family's remaining issues would be better dealt with by other support services. Therefore the FIP proposed an exit strategy which involved engaging the support of other services to work with the family.   The key worker said the family accepted the strategy and were aware they could contact the FIP if they needed to.

Owing to the fact that the interviews with staff took place at a time when many new FIPs were in the early stages of their development, there was limited evidence about exit strategies. Where FIPs had decided to close cases, this decision had been taken at a meeting of the multi-agency panel responsible for reviewing and monitoring the family's progress against their support plan and contract.

FIP staff who had implemented exit strategies, had put together a package of support involving other agencies before withdrawing. These packages tended to focus on the continued involvement of those professionals who had been working with the family alongside the FIP so as to provide some consistency for families.

A package of support from these agencies was typically devised at one or more multi-agency panel meetings, where a new lead agency may also have been identified. Here, the FIP may also have tried to ensure that procedures were in place to ensure continued co-ordination between the different agencies once the panel meetings ended.

In addition to continued support from agencies already involved with the family, support may have been levered-in from additional sources, including other projects linked to a FIP (see Chapter Two). FIPs sometimes continued to have some involvement with a family after they had withdrawn the service. One FIP, for example, employed volunteers to provide an optional 'wind-down' service for families, perhaps visiting them once a month or just phoning to offer a friendly ear if needed – these individuals were introduced to the family by the key worker prior to departure. Key workers themselves might also have made occasional contact with a family by phone or in person; this could be ad hoc and vary from family to family, or it may have been more formalised, such as in one FIP where every family was called at three and six month intervals after the service had been withdrawn to check on behaviour and wellbeing.

A range of lower-level forms of continued involvement were also reported by FIP staff. Families had been invited back to the FIP premises for specific events as a way of keeping in touch. They may have been told that it was still acceptable for them to call the project if they needed support, though clearly this could require some management. At a minimum, project staff were able to monitor a family's progress from a distance, via information supplied by other agencies. If behaviour was reported to have deteriorated substantially, or new problems arose for the family, the FIP were sometimes prepared to work with them again.

4.5 Key points from the chapter

- FIPs engaged in a range of activities to promote their service to local agencies. FIP staff gathered a good deal of information about a referral before deciding on a family's suitability for a FIP, a decision which was either made by FIP staff on their own or in consultation with partner agencies.

- Predictably the primary referral criteria to be accepted for a FIP were a high level of ASB and homelessness, or risk of homeless, because of ASB.

- There was a good deal of variation in how family needs were assessed across projects and the way in which the support plan and family contract were used and reviewed.

- FIP staff emphasised the importance of having the scope to consider any kind of intervention that might address the families' needs and goals. Their creativity was also lauded by local partners.

- FIPs work commonly involved challenging families' ASB; anger management; one-to-one parenting; addressing educational problems; and organising activities for parents and children (e.g. sports and arts based activities for children, family outings and activities).   In addition FIPs levered in support from a number of statutory and voluntary services. Families appreciated the emotional support and practical assistance above other types of support they received through the FIP.

- Parenting is clearly a major and important aspect of the FIP intervention. At the time of our interviews, there was an emphasis on one-to-one parenting provision rather than parenting groups.

- FIPs varied widely in the length of time they worked with families. At the time of our interviews there was limited evidence about exit strategies. Where these had been developed a package of support was agreed with other agencies who were also working with a family or who were brought on board when the FIP withdrew. FIP staff emphasised the importance of withdrawing from families in a *'planned and phased'* manner rather than making a sudden exit. This was seen as giving the key worker a chance to judge the family's capacity for coping on their own, as well as preparing the family for the withdrawal of FIP support.

5 HOW DO FAMILIES EXPERIENCE FIPS?

Having previously considered how FIPs work, we now turn to the views and experiences of families. As will be seen families were generally unaware of the processes undertaken by the FIP at the referral and assessment stage (see Section 5.1). Families were aware that key workers reviewed their progress, goals and support needs even if they had had limited or no awareness of the actual support plan and contract. Views about the FIP service revolved around the relationship with the key worker (Section 5.3) and the range of interventions that were provided (Section 5.4).

Typically families were very positive about the support they were receiving at the point when they first started working with a FIP. Three to six months later, views depended on how much contact the family were having with a FIP, their relationship with the key worker and their assessments of the interventions they had received. Families clearly valued the emotional advice and practical assistance above other aspects of the service (Section 5.4). The ease with which families engaged with the FIP and other services (Section 5.5) depended on logistical issues, views about the service provider and whether they perceived they had a need for the service.

This chapter is based on evidence from in-depth interviews with 18 families and their key workers. Fourteen of the 18 families were working with the FIP in their own homes (i.e. assertive outreach) and the remaining four families had moved to dispersed accommodation[12].

Of the 18 families 12 were interviewed on two occasions, just after their referral to the FIP (Wave One) and three to six months later (Wave Two). Eleven of these 12 families were still involved with the FIP at the time of the second wave of interviews. The remaining six families were only interviewed on one occasion and we relied on the key worker to provide an account of what happened to these families.

The majority of this chapter is based on evidence from the family interviews - when key worker views are expressed, this is clearly stated.

5.1 Families initial involvement with FIP

Families had limited awareness of the referral and assessment process. Typically their first contact with a FIP occurred after their referral had been accepted. In rather more exceptional circumstances families had been consulted by the referrer prior to being referred and had sometimes been asked to sign a consent form at this stage.

Once referred families seemed to understand that their referral had either been initiated as a consequence of complaints about the ASB of the whole family or individual members; or instigated by a request by them for help. Not all families, however, acknowledged responsibility for the ASB; instead they sometimes believed

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[12] One family had moved into a core unit after we first interviewed them at Wave One. Unfortunately they refused to take part in Wave Two as the FIP had withdrawn the service from this family.

they were being *'picked on'* or that accounts of their behaviour had been exaggerated or misrepresented.

5.1.1   Initial impressions of the FIP

Aside from having an appreciation of the reason for the referral, families' knowledge about the FIP at this initial stage was typically limited. For this reason families judged the FIP to be like other services they had been in contact with. If their previous experiences had been poor, such as in the case of their contact with social services, then this resulted in them viewing the FIP with some suspicion and seeing the key workers as 'nosy busy bodies' who were 'interfering'.

> *'At first I thought, nah, she's just like a social worker. I don't like her.
> I don't like social workers.' (Child who had previously been put into
> care)*

In contrast, families who claimed to have more of an understanding of what a FIP was, viewed it as a source of help and support to address behavioural problems, or as another resource that they could use to tackle practical issues, such as repairs to the house.

> *'[Key worker] said it is an intervention scheme and works alongside
> social services to help with any practical things.' (Parent)*

> *'[Key worker] explained who she was and what was involved and how
> [she] could help us, and [with] what sort of problems […] there were
> certain rules, if we wanted her help then she could help us.'(Parent)*

Despite the way voluntary sector projects had promoted the service to families (i.e. as being voluntary and a charity), initial impressions did not seem to be linked to whether the FIP was run by the LA or the voluntary sector.

5.1.2   Reactions to being referred to a FIP

Families reacted to getting involved with the FIP in three ways:

- enthusiastic about getting involved
- reservations about their involvement but willing to *'give it a go'*
- sceptical and reluctant about getting involved.

Their reactions were dependent on one or more of the following four factors:

- the degree to which a **family trusted the professional** who made the referral to the FIP

> *'The first time they come in I was like I didn't trust them at first' cos
> they were with the Police when they come.' (Child)*

- whether a family **acknowledged they were responsible for the ASB**
- whether a **family wanted help or perceived they had a need for help**
- whether a **family believed a FIP could help them**.

These four factors, however, did not result in a consistent reaction to the FIP at the referral stage. For example, parents might consider the FIP staff to be interfering, but were so desperate for help, that they were willing to work with the project. Alternatively they might have found the FIP staff friendly, but were sceptical about their need for help.

5.1.3 Family needs assessment

It is not surprising that families were unaware of going through an assessment process given the rather informal way key workers approached this (Chapter Four). Their recollection of these initial contacts was of the key worker asking questions, taking notes, completing paperwork and asking their permission to gather information from other agencies.

The only comments made about this experience related to how comfortable families felt about answering questions at this early stage in their contact with the key worker. It was also acknowledged that it can take time for people to '*open up*'.

> *'They do actually grasp…on the surface of what you need…but things
> maybe sometimes change down the line because it's a trust thing.
> You can't just open up to someone, you do open up to them
> obviously because you have to, to a certain level. But you don't open
> up as much as what you do in time.' (Parent)*

This concurs with the views of FIP staff about the importance of assessing families' needs over time (see Chapter Four).

5.1.4 The support plan and family contract

Chapter Seven will highlight the importance that FIP staff placed on families' involvement in developing and reviewing the support plan. Despite this practice, it was typical for families to have little or no recall of the support plan or family contract beyond a vague recollection of being '*asked to sign something'*.

Families who did recall their support plan or contract varied in their understanding of its role and purpose:

- It set out the FIP's obligations to them in terms of the support that was on offer. These families were also aware of major sanctions hanging over them.

- It is a *'deal'*, stating that if they changed their behaviour and achieved goals set by the key worker, they would be rewarded by the FIP.

    > *' It's this agreement between me and [key worker], like what she can
    > offer and what I can offer for her and we sign [it].' (Child)*

    > *'Say I wanted to do hair and beauty [course] they will get me [a place]
    > and if I do it and I completely do it, [key worker] will take me
    > somewhere […] go every day, get your certificate and then we
    > choose where we want to go.' (Child)*

- It is support that the FIP would provide to them rather than changes in behaviour required of them.

Awareness of the support plan and family contract appeared to be greater when it had been developed at a multi-agency meeting or a FGC session that a family had attended.

Families were aware that key workers reviewed their progress, goals and support needs but without necessarily making specific reference to a support plan or family contract. As part of this process families occasionally said they had been to panel or other meetings to discuss this.

A family's presence at review meetings was viewed as an opportunity for them and the agencies to discuss, agree and co-ordinate their support. In circumstances where families had felt they were being victimised then it was viewed more negatively. As a consequence they had found it difficult to participate and to listen to what was being said. Family members also talked about feeling nervous before meetings because *'all eyes'* would be on them. At worst parents or children had decided against going to the meetings, or they went along because they had to.

Box 5.1   Example of a family's reaction to the review meeting

Julie only went to a review meeting to support her mum, who did not want to go on her own. She said it had been 'a load of crap' and very frustrating because a police officer had reported all the complaints the neighbours had made about the family, some of which were not true. Julie said the neighbours disliked the family and had complained about 'any little thing'. She said she left the meeting feeling that it had been completely pointless.

5.2 Contacts with a FIP

Families described two main ways in which the FIP had delivered the service: home visits and telephone calls.

Home visits for families receiving the outreach service were reportedly taking place between once a fortnight to three times a week at Wave One. The contact was often more frequent for parents than for children.   Even if children were in the house when a key worker visited, they might just say *'hello'* and then disappear. By Wave Two these visits had reduced, for example, from three times a week to once a week, or once a week to once every three weeks.

Families' views on this lack of contact varied from being:

- '*disappointed'* not to see their key worker so often, feeling as though they had been '*cast aside'*
- to being pleased as they were *'fed up with people coming round all the time'* to '*nag'* them.

Families living in dispersed accommodation said they saw their key worker from three times a week to everyday. When contact was occurring everyday, families found this *'too much'*, especially if staff were visiting at the weekends.

> *'Friday comes and we think oh you know we can have some time to ourselves because having someone in your house you know, five days a week […] all that support's there and its good but […] you feel at weekends [you want to be on] your own.' (Parent)*

Families emphasised the need to be able to re-arrange a home visit if it was no longer convenient for the family. Equally families appreciated the key worker letting them know if they were unable to keep an appointment.

Unexpected visits were rarely mentioned by families and in fact some families said the key worker would never turn up unannounced, as they would always call first to check if it was convenient. Those families that had received unexpected visits understood that the key worker needed to see what was really happening and to see, for example, that they were not *'putting on a show'* during planned visits.

In addition to home visits families would often speak to their key worker several times a week on the phone.   Usually families had their key worker's mobile phone number, so that they could call or text whenever there was a problem. This included during the evening and at weekends.

> *'If there are any problems, I know she's there, doesn't matter what time of the day, or evening, you know, she always gets back to me […] She's always there, she's like a twenty four hour thing.' (Parent)*

> *'They're on call for me if you know what I mean'. (Parent)*

5.2.1   Continuity of key worker

As part of their assessment of the service families were asked whether it was important to see the same key worker. For the most part families emphasised the importance of seeing the same key worker throughout their involvement with the FIP. Both families that had been allocated different key workers due to staff turnover and those that had received support from the same key worker throughout, outlined the reasons why it was important to have one key worker.

- To *'build up trust'* through spending time with and getting to know the family, so that the family feel they can confide in the key worker.

- To prevent the family having to explain their situation to someone new, especially around sensitive issues, such as domestic violence.

- To maintain continuity between past and future contacts. This keeps the family moving in the *'right direction'*.

   > *'Because obviously if you have different people […] you have to go through everything you've gone through with the first one. Whereas if you've got the same one at least they get to know your family, get to know you as a person as well, and they know what help you've had, what help you haven't had, and they can just basically keep guiding you in the right direction.' (Parent)*

- To avoid family members feeling as though they are being 'passed on', from one professional to another.

A change in staff had resulted in reinforcing negative stereotypes that families had about other services, like social services, where this had been a problem. At worst,

the experience of having to change key worker had in an exceptional case resulted in one member of the family refusing to work with a project.

> *'I had got used to her, I could talk to her, I was quite upset I was. You know the kids was quite upset because…they got to know her […] It hurt me because I thought that she could understand what I am going through and when she left I thought my God, she is gone.'*
> *(Parent)*

However, families did not always consider a change in key worker to be of consequence. In fact, some families said they liked the second key worker more because, for example, they preferred the approach or characteristics of the new key worker.

5.3   Views about the key worker

Families viewed their key worker as the public face of the FIP because they were the primary point of contact in the eyes of the family, and also responsible for delivering the majority of the service.

Assessments of the key worker revolved around the service they provided (Section 5.4) as well as various personal qualities – the ease with which families could relate to them, their accessibility and availability, their persistent approach, their role as enforcer and the degree to which they could trust them – which are addressed here. Views had sometimes changed between the Wave One and Wave Two interviews when, for example, the family stopped trusting the key worker or became irritated with the their persistent approach.

5.3.1   Ease with which they can relate to key worker

The ease with which families related to their key worker was based around perceptions of their personality, their listening and communication skills, their approach and manner, their background and lifestyle.

Where mentioned, the ease with which parents and older children could relate to their key worker was attributed to their friendly, helpful, caring and personable manner. Key workers were sometimes viewed as a *'friend'* or even a member of the family.

> *'She's just like one of us. She's kind of like my sister or my family.'(Child)*

They highlighted the way they felt listened to by the key worker and treated in a non-judgemental way. Parents also compared key workers favourably to social workers, considering them to be less *'strict'* and more '*down to earth.*'

> *'Social workers and these kind of people they think they are something because they have this job and [key worker] comes across more of as a friend and an understanding person'. (Parent)*

They were also praised for being quite tough and resilient to anything the family *'throw'* at them.

> *'Sometimes I shout down the phone at her […] I mean, it don't matter*
> *what you throw at [key worker], she just always stood there, it was*
> *like a brick wall there really.' (Parent)*

Children described the key worker as being fun and highlighted the way they had joined in with activities and made them laugh.

> *'We've had a laugh with each other. I was playing on my computer*
> *one day and [key worker] sat down and played it with me. [We] had a*
> *really good time.' (Child)*

Whether the family considered the key worker to share a similar background or have a similar lifestyle to their own, also underpinned the ease with which families could relate to their key worker.

> *'[Key worker is] not too snobby like posh people are like. I thought*
> *she'd be snobby and all that and she's not, she's like sound. Like*
> *lasses and that around the area, she just talks like them.' (Child).*

Mothers in some families felt more able to relate to their key worker if they were female, of a similar age and had children. For example, the mother of one family discussed how she would not have felt comfortable talking about domestic violence if the key worker had been male.

> *'It would be nice if [key worker] had kids and they know what they are*
> *talking about, if they have teenagers it would be nice. That is*
> *important as well. So then the person would understand what the*
> *other person is going through.' (Parent)*

5.3.2   Accessibility and availability of the key worker

Families especially valued the accessibility and availability of their key worker.

> *'I know she's there, doesn't matter what time of the day, or sort of*
> *evening, you know, she always gets back to me.' (Parent)*

They were reassured to know they could call someone out of hours if there was a family crisis. This had happened, for example, when a member of the family had been arrested or a child had been excluded from school.

Box 5.2   Example of the availability and accessibility of the key worker

> The Reed family reported that they would call their key worker in an emergency and, depending on how serious the problem was, the key worker would come round immediately. When the family received an eviction letter, the key worker arrived within an hour of the family calling her, despite the fact that it was supposed to be the key workers '*paperwork day'*.

Families sometimes contrasted the ease with which they could contact key workers using their mobile phone numbers with the difficulty they had experienced trying to speak to other professionals, such as their social worker. In the case of the latter they described only having a general office number for the duty officer, rather than their social worker. Families also appreciated the prompt way key workers would get back to them, which had not necessarily been the case with social workers.

5.3.3 Their persistent approach

Families described the way their key worker had continuously persisted with the family.

> '[FIP staff would] be there hammering on your door… and they'd come in, they'd say: 'Right. Have you got the kids up? Are they washed? Have they brushed their teeth? Have they done their hair?' By the time they threw all that at you, you're thinking to yourself, my god, what's going on here, you know. But they pushed, they do push you quite hard to get it done.' (Parent).

This approach was viewed positively by parents who felt they needed to be *'pushed and pushed'* in order to make a difference.

> 'It were good really because the kids and I really needed it, and…as they're pushing you to get it all done, you feel good by doing it anyway.' (Parent)

Interestingly, the key worker's persistence had been viewed as acceptable and sometimes necessary when they first started working with a family. It had also been reassuring for families to know that the key worker was not going to give up on them. However, by Wave Two families had sometimes become annoyed by the persistent approach and instead construed it as *'nagging the life out of us every week'*. As a result they were critical of the key worker for being '*repetitive',* '*nosy*' and invading their privacy.

5.3.4 Key worker's role as 'enforcer'

Generally, families equated the enforcement aspect of the key worker's role with an *'honest'* and *'up-front'* manner.

> 'If she's got a problem with us she tells us straight. She doesn't beat around the bush.' (Parent)

In this way it was seen as guiding and reminding them of the possible consequences of their behaviour.

> '[FIP offered] extra pair of hands really, sort of guiding you along and making sure you don't trip up or make a mistake, or if you did make a mistake, they wouldn't give you a telling off, it was just reminding you you can't do it and don't do it again sort of thing.' (Parent)

For example, one family reported that they had been told by the FIP that they needed to clear the rubbish from the garden, tidy the house and decorate before the housing officer's next inspection. The FIP did not, however, enforce the fact that they could lose their home if they did not comply with this request.

> 'They didn't say if you don't do this you would lose your home, it's just well, it needs to be done and it needs to be addressed now […] but not nastily. You know like when you're a kid and your mum says, come on, that needs to be done.' (Parent)

Reflecting the range of different interpretations to enforcement reported in Chapter Seven, there were also families who had witnessed the key worker taking on the role as enforcer and reporting them to other services, such as social services. This had

resulted in the family feeling as though they could no longer confide in the key worker and describing them as '*back stabbing'*.

> *'[Key worker] broke her neck to tell my social worker that I was going away [...] I don't think [key worker] actually should have gone to like the social worker and told them.' (Parent)*

In contrast, families did not always hold the key worker responsible in situations where enforcement action had been taken. For example one family had been evicted during their involvement with the FIP but viewed this as the decision of the housing association and not the fault of the FIP. Exceptionally, family members reported that they understood the key worker was *'just doing their job'* in reporting the family to other services.

At the other extreme there were families, however, who were not aware of the enforcement aspect of the FIP service. These people viewed the FIP wholly in a supportive light and did not realise that the FIP could impose sanctions on them.

5.3.5   Key worker's trustworthieness

> *'I think the important thing of it all was the trust, you've got to have the trust, if there's no trust there between the [key] worker and yourselves I don't think it would work.' (Parent)*

Inevitably, trust was raised as an important quality in determining how families viewed key workers. Families reported that when they trusted their key worker they confided in them about their behaviour or disclosed their problems to them.

> *'You can open up to her and stuff and like talk to her about problems and your guaranteed she won't go and tell anybody else.' (Child)*

In contrast, a parent reported that she had not told the key worker that she smoked cannabis because she was concerned how the key worker would react to this and judge her.

It was clear that trust could take time to build and depended on two key factors:

- **Whether the key worker had delivered on his/her promises** - At Wave One families were more positive than at Wave Two that key workers had delivered on their promises. Indeed there were examples of where families contrasted the way the FIP had not let them down in the way other services had.

  > *'It is just knowing that it is genuine. Knowing that [key worker]....is genuine and if she says she is going to do something she will try. It is knowing that [key worker] is not talk, talk, talk and is not going to go away and forget all about you. That has been the big difference for me.' (Parent)*

  By Wave Two, however, families sometimes reported feeling *'let down'* by the FIP, if for example the key worker had not organised a referral for a family member, or some home improvements. At this point trust in the key worker had started to erode.

In another case a family with teenage girls was told a female youth worker was going to be employed by the FIP to offer emotional support. However, due to a lack of resources the FIP was unable to employ the youth worker, leaving the family feeling let down.

- **Whether the key worker had maintained their promise of confidentiality -** Trust also depended on whether key workers had passed on information that families had confided in them. In this way trust had waned when a key worker had either threatened to report a family, or had reported them to other services. For example, a key worker was described as a 'grass' by a family who did not share the view that their behaviour was inappropriate. In other cases families reported that the key worker had not checked the facts with the family before reporting them. Either way the family no longer confided in the key worker and the relationship deteriorated and the whole family ended up disengaging with the FIP.

5.4 Families' views on the FIP service

As discussed in Chapter Four, a wide range of interventions were available to families through the FIP and other agencies that were levered-in. In this section we report the families' views about these interventions. The resulting outcome and impacts are discussed in Chapter Six.

5.4.1 Emotional support

The opportunity to have someone to *'off load'* to and talk to was valued as a key aspect of the service provided by a FIP. Family members, particularly parents, recurrently emphasised the way in which their key worker provided emotional support by just being there to *'chat'* one-to-one in an informal way about their problems and issues.

> *'[Key worker] has been my off loader…It is just having someone there to shout at or to cry on at that time and that is what [key worker] has given me.' (Parent)*

> *'Talk over your problems with [key worker], someone that is there for you away from the home, you know, so you can have a bit of breathing space, confidentiality, whether you want to laugh, cry or whatever you know, someone there for you to talk to and express yourself to and the same for the children and it was good, it was a good idea.' (Parent)*

Where children had received this type of emotional support they appreciated the opportunity to talk to the key worker about any problems they had.

Box 5.3   Example of emotional support given to a child by a FIP

Sue is the key worker for Natalie and her family. Sue takes Natalie out by herself once a week so that Natalie can talk to her about any problems she is having. Natalie talks to Sue about boys, gossip and music. She also talks to Sue about more serious stuff, like her mum's drinking and other family members who were having an affair. Natalie says she just talks and talks and Sue listens and provides reassurance.

5.4.2 Behaviour management

Another aspect of the FIP service that family members referred to was the way their key worker helped them to manage their behaviour. They were taught strategies for controlling their temper which, for example, involved ignoring people, avoiding or walking away from a fight, and breathing exercises to help them stay calm. Role play was also used to deal with difficult situations:

> *'Sometimes we role play […] a receptionist with this angry woman coming in and someone chatting to you and someone comes in. I had to deal with an angry customer. It's how to deal with someone that you're chatting to and someone who comes in shouting and stuff.' (Child)*

Family members said they had also been given anger management worksheets and diaries to keep a record of what made them angry so they could learn how to deal with their feelings. These had been used with varying success as family members often said they had not completed them, or they had only completed them for a short period of time. In a rather more exceptional case a child had thrown her diary away when her key worker left because she considered it to be something personal between herself and the original key worker.

Family members were also encouraged to use 'punch bags' or exercise in order to manage their aggression.

> *'That's why [brother] is going to karate class…So when he's angry he just takes it out up there and he does the kicking and punching.' (Child)*

The experience of going to anger management classes was also received with mixed enthusiasm. Depending on how receptive family members were to receiving help their reactions varied from enthusiasm about learning how to control their temper, to thinking they were *'pointless.'*

5.4.3 Organising leisure based and family activities

Children and parents were very positive about a way the key worker organised activities for them.

Children were particularly enthusiastic about the opportunity to take part in sports (e.g. karate, swimming, football and dance) and arts based activities (e.g. painting and drawing). Children discussed going to museums, theme parks, the cinema and fast food outlets with FIP staff, possibly with siblings but without their parents. They also appreciated going on 'adventure days' that had been arranged by the FIP, and involved, for example, abseiling, rock climbing and mountain biking. Any lack of interest or concern about these activities related more to the type of activity or a preference to spend the time doing other things, such as being with friends, rather than the way their key worker had organised them.

Parents appreciated the way the key worker had organised activities for their children during the holidays, when they were most likely to get into trouble due to boredom. These activities had also provided the opportunity for children to socialise with other young people and make new friends outside of the local area. Most importantly parents were thankful for the way these activities had distracted their children from being with family members or neighbours' children who were involved in ASB.

Families also valued the activities the key worker arranged for the whole family, such as:

- cooking with the key worker at the FIP office or in the family home
- going out for a meal together
- trips to the theatre and cinema
- sessions to improve the way they communicated with each other (e.g. by using role play sessions)
- arranging gym membership for them, although some family members had not used them.

Key workers were also praised for organising activities for parents to have a break from the household:

> *'Oh we will go for lunch, we will go for drives out, we will go around shopping, we will go to [town] and look all around the shops, we just have like a girly day really. And that is essential to the programme, what we are doing that I have that outlet and that I have that time away from everything.' (Parent)*

5.4.4 Supported referrals to other services

Family members appreciated the way key workers made appointments and referrals on their behalf, given them diaries to organise themselves, reminded them about appointments and sometimes even accompanied family members to them.

> *'I was like getting mixed up with different dates and that. So [key worker] got me a diary and that's something like [she] helped with where I am going.' (Parent)*

By Wave Two it appeared that family members were being encouraged to take more responsibility for dealing with their problems and to arrange their own appointments rather than rely on their key worker. For example, a family reported that the key worker had stopped driving them to appointments and had instead encouraged them to use the bus. This had resulted in this family not turning up for their appointments.

5.4.5 Household management and guidance

Help managing the household was widely valued by parents. In particular, they appreciated the way the FIP encouraged them to keep the house clean and tidy and helped them assemble a rota for the housework which involved the whole family. Help with decorating, refurbishing and moving to a new home was also discussed enthusiastically by both parents and children.

> *'[Key worker] is getting, like funds, like money and that for us to get carpets and things like that for the house. [Have to] clean our rooms and keep it clean for [key worker], and clean the house, do stuff around the house, jobs and that.' (Child)*

Box 5.4   Example of help with housing provided by a FIP

Grace felt the support she and her family received was '*unbelievable*' when they moved into their new home. Laura, the key worker, '*really got stuck in*' according to Grace, making sure the family were settled. Laura took Grace shopping to buy household goods, such as net curtains, blinds and lampshades. Laura also applied for a community care grant for the family and they received £1,200 which they used to decorate the house.

However, there were families that discussed how such support had been offered but had not yet materialised.

Families also appreciated the way key workers had acted as advocates for them organising long awaited repairs and mediating over complaints that had been made about them. They were grateful for the way the FIP had scheduled weekly meetings to update the family on complaints made against them and the effect this could have on their tenancy agreement.   When one young person had left home after a row with his parent, his key worker helped him apply for temporary accommodation from the housing office.

5.4.6   Financial advice and guidance

Parents also discussed how grateful they were to receive help with managing their finances, through advice around paying bills, writing budget plans and dealing with debt, such as rent arrears:

> '*She's helped get me on track, helped me sort out my bills, when I've got in… not in debt but sort of pushed to one side, so to speak. If I don't understand it, she'll go through it and, or phone up and get it sorted out.*' (Parent)

Help was also given completing application forms in order to claim benefits or chasing the progress of benefit claims. On occasion, key workers also took family members to the JobCentre to discuss their entitlements.

Box 5.5   Example of help with finance provided by a FIP

Michelle was given help with budgeting when her husband was sent to prison. At this time she was receiving Income Support on a weekly basis. Lisa, the key worker, helped Michelle to set up a weekly budget plan and persuaded the benefits office to continue with weekly (rather than fortnightly) payments. As a result of her discussions with Lisa, Michelle had put a big calendar up on her fridge and was keeping a record of when bills were due and had been paid.

5.4.7   Health advice and guidance

The evidence from family interviews suggests that families had not received much help with health issues. Where mentioned it involved key workers:

- arranging for children to have their sight and hearing tested
- organising for families to register with GPs and dentists
- referring family members to counsellors
- addressing drug and alcohol problems with family members by making referrals to support services.

Where key workers had been unable to arrange for a parent or child to access a particular health service then this had resulted in families feeling let down by a FIP.

For example, parents discussed how key workers had attempted to arrange for children to be assessed through CAMHS but had trouble organising appointments. There were also reports of key workers being unable to access counselling services for family members' mental health issues, such as depression, due to waiting lists. One family felt particularly let down when the key worker had been unable to organise a counsellor for one of the children.

5.4.8   Supporting children back into education

The main way key workers were reported as having helped parents with education issues was by contacting schools on their behalf to try and get children back into education. This was particularly valued by parents when children had been out of school for a while and nothing had been done to encourage them back into education. Also parents felt reassured that teachers and other education officials were more likely to listen to the key worker than to them. Parents reported that key workers helped them prepare for meetings with education officials and sometimes accompanied them to these meetings.

Parents also appreciated the way key workers took children to school to ensure their attendance:

> *'[Key workers] used to put [the children] in the car, take 'em to school even though it were just up the road, 'cos the kids would play up and say well I don't really want to walk, they were being lazy, so they used to say, come on then, to the car, and we'll drive you up there, and that'd be them gone.' (Parent)*

Children appreciated the way key workers talked to them about the importance of school and discussed any issues or problems they were having.

> *'I told them about [bullying] and they went in school and they sorted it out for me.' (Child)*

5.4.9   Training and employment options for young people

Young people appreciated the way key workers talked to them about their future career and training options. For example, a key worker helped a young person by talking her through a range of courses in the prospectus for the local college. Key workers also arranged appointments for young people at Connexions and the Job Centre, reminded them on the morning of the appointment and sometimes accompanied them to these meetings.

> *'She referred me to [name] which is the Connexions woman, and she has been like pushing things forward so I can get a college placement and stuff. Like chasing things up and all that. And like if I got an appointment, she will ring me up and reminds me and stuff.' (Child)*

Training and job opportunities did not seem to have been discussed with parents. When asked about the possibility of returning to work parents generally said they had other issues that needed to be addressed first, such as drug and alcohol problems and their children's behavioural problems. However, on occasion parents said they had discussed the possibility of looking into training courses and work at a later date with their key worker.

There were also parents who, when prompted, said they would like to get back into work, but reported that they had not been asked about this by their key worker. Exceptionally parents seemed unaware that this would be something their key worker could help them with.

5.4.10 Parenting advice and guidance

Parenting advice and guidance was the final area of support that was raised by parents. The prospect of going to a parenting group was greeted with varying enthusiasm. Where parents had turned down the offer or did not feel ready for a parenting group, they cited the following reasons:

- They had been on parenting courses in the past and therefore felt there was nothing more they needed to learn.

- They did not want to listen to someone telling them how to look after their children.

- They had been parents for long enough and felt their children were too old to benefit from different parenting skills.

    'I don't need parenting. I know how to look after my children. I know how to discipline them, so I didn't need that.' (Parent)

    'I could sit and run a parenting course myself 'cos I've done that many over the years, and [key worker] kept saying well do this parenting course, do this, do that, and I thought I don't need to do a course.' (Parent)

    'I've done parenting groups before so as soon as they said that, I said don't even bother; I've done two and they haven't even helped.' (Parent)

Parents who had been to a parenting group varied as to whether they had enjoyed the experience. The main value of the group highlighted was that it provided a chance for parents to meet with others in similar situations and share their experiences.

Conversely parents who were uncomfortable in a group situation sometimes emphasised the value of the practical parenting advice given by the key worker (or a parenting worker) at home on a one-to-one basis. These sessions involved advice around discipline, setting boundaries and putting routines in place. Parents particularly appreciated the way key workers had actually helped them get children up and ready for school in the morning and were available to discuss any particular behavioural problems their children were having.

5.5   Engaging with the FIP and other services

Families reported the following issues as having influenced the ease with which they had been able to engage with the FIP and other services:

- **The location where the service was provided** inevitably made a difference to how easy it was to engage with. There were three main difficulties for families:

whether they had children to care for at home, how easy it was to get to a service provided outside of their home and the degree of support that the key worker provided with their journey. In order to address these problems key workers sometimes provided the service within the family home.

> *'If I have to go to the [FIP] office, and if I've got the children here it's a bit of a nightmare because, obviously the baby, I can't keep like getting babysitters and things like that. Mainly, they come here, so I haven't got to go anywhere, so that makes it easier really.' (Parent)*

Alternatively, they gave families lifts so they could keep their appointments and use services outside the family home.

- **When the appointment is scheduled.** Irrespective of where the service was located the timing of the appointment either contributed to the ease or difficulty that families had. There were reports of appointments clashing for different services, or being awkward to juggle alongside childcare commitments. For example, parents were not able to take part in a parenting group when there was no one available to look after their children. In order to address this problem, key workers arranged for children to engage in other activities whilst the parenting group was being held. Otherwise families encountered problems keeping appointments when unforeseen events had occurred.

- **Views about the service provider was reported as having an impact** on the ease with which families used services. For example, where family members had been feeling uncomfortable about discussing something with their key worker, or other service provider, then this had resulted in them being more reluctant to engage with the service. A lack of trust or other concern about a service provider may have underpinned their discomfort to work with that service. Furthermore, in these circumstances, families reported being reticent about discussing their feelings with their key worker.

- **Whether the family perceived they had a need for the service**. Not surprisingly families reported being reluctant to use services they had been referred to when they did not think they had a need for them. For example, the parents of one family said that their key worker had put them on a computer course, but as they were not planning to work with computers they did not turn up. Other family members reported that they just '*couldn't be bothered'* to go.

5.5.1   *Views about ending contact with the FIP*

Commonly families were unsure as to how long they were going to be working with a FIP. They either said they did not know, or they vaguely assumed that a FIP would be there for them for as long as they needed, or until their behaviour changed. For this reason a family and their key worker might mention different time periods when asked about the duration of their FIP service. An example of this was where a key worker reported that they would be working with a particular family for 18 months, but the family were under the impression they would be involved with the FIP for two years. This seemed to be because the family thought the FIP intervention would last the same length of time as their suspended tenancy.

There were parents who were concerned as to how they would cope without the FIP. These parents discussed how they had come to rely on the FIP and were worried as to how they would manage when the intervention ended:

*'I feel what am I going to do when I lose [key worker]. I do rely on
[key worker] for things and I think that I would have to find someone
to replace him.' (Parent)*

In these circumstances families had been reassured by the FIP that there would be
other services in place for them when the FIP withdrew. Despite this, parents
sometimes hoped that the key worker would stay in touch to make sure the family
was coping, or they believed they would still be able to contact the key worker if they
needed to. There were also families who were reluctant for a FIP to withdraw, but
understood that it must come to an end at some point.

*'[It will] be a shame really because she's [key worker] been a real
inspiration to be quite honest, so it will be a shame. Obviously I mean
you've got to learn to stand on your own two feet and take onboard
what you've learnt and put it into practice.' (Parent)*

There were also families who were looking forward to ending their contact with the
FIP.

*'I don't want to not see [key worker] cos' [key worker] makes me
laugh. But I'd rather FIP wasn't in my life. As much as social
services…as much as anyone who don't need to be there.' (Parent)*

Families who were eager for the FIP intervention to end or families that could not
'wait to get rid of them' attributed this to the relationship with their key worker
deteriorating (e.g. when they had not delivered on promises or reported the family to
other services - see Section 5.4).

5.6   Key points from this chapter

- Families had limited awareness of the referral and assessment process.

- Families were aware that key workers reviewed their progress, goals and support
  needs even if they had had limited or no awareness of the actual support plan
  and contract.

- Contact between key workers and families through home visits decreased with
  time. Families' reactions to this depended on their relationship with their key
  worker. Being able to contact their key worker whenever they needed them was
  considered by families to be a crucial part of the support.

- The key worker was viewed as the public face of the FIP, as they had the most
  contact with the family and delivered the majority of the service. Families' views
  on the key worker seemed to be underpinned by their initial impression of the key
  worker - as someone who offered help and support to deal with behavioural
  problems, or a resource to help them tackle practical issues.

- The persistent approach adopted by a key worker could impact on the family's
  view of a FIP. Often, during Wave One families were more accepting of the
  persistent approach than during Wave Two, when they had become tired of the
  continued intrusion into their lives.

- Families were often positive about the supportive role of a key worker.

- The enforcement role was described as the key worker reminding families of the consequences of ASB, rather than taking action against them. On occasion, when key workers had informed other services of incidents that had happened, families generally found this difficult to accept. Families discussed losing their trust in the key worker if they felt they made promises they did not keep, or they did not treat what they had told them as confidential (including reporting families to other services). When a family no longer trusted their key worker, this had a detrimental effect on their relationship.

- Families appreciated the emotional support and practical assistance above other types of intervention they received through a FIP. Parents were reluctant to go to parenting groups for the following reasons: they had been on parenting courses in the past and felt there was nothing more they needed to learn; they did not want to listen to someone telling them how to look after their children; they felt their children were too old to benefit from different parenting skills.

- Families were commonly unsure as to how long a FIP would work with them. Their views on the service ending varied, partly depending on the family's relationship with their key worker.

6 EARLY OUTCOMES AND IMPACTS

FIPs have been set up to:

> *'Turn around the behaviour of families and reduce their impact on their community. In so doing, they also bring stability to families' lives, prevent homelessness and improve opportunities for children' (RTF) .*

In this chapter we assess how the quantitative outcomes for families changed between the start and the end of their contact with a FIP. Using the IS data we measure the extent to which ASB was reduced, homelessness prevented, and the outcomes for children and young people improved. We also report on the qualitative impacts identified by families, FIP staff and other local services to illustrate the IS evidence.

The IS results are based on the 90 families who completed the FIP intervention in the period we monitored (i.e. between February and October 2007). They show how these families' circumstances changed between the start and (successful) end of their contact with a FIP. The results are based on changes in outcomes reported by FIP staff who were working with these families. As will be seen, some outcomes measured relate to factual information (e.g. whether a child was excluded from school), while others are based on information that was more likely to be influenced by staff's subjective judgement about a family (e.g. if and what type of parenting problems a family faced). Throughout the chapter we have presented the IS results at the family level (i.e. we look at changes in outcomes reported for the whole family). In addition, where there is data available, we have also provided analysis at the individual level, focusing primarily on changes reported for children (aged 15 or under) and adults (aged 16 and over).

The IS findings should be treated with caution as the families included in the analysis were the first to complete the service and might not be very representative of all families FIPs work with. For example, these families might have completed the service sooner than others because they were more motivated and more engaged with a FIP, perhaps facing less severe or fewer problems than other families. Furthermore, these families were more likely to have worked with pre-existing projects, which could also have influenced their outcomes. It should also be stressed that these results cannot be used to assess the *quantitative impact* of FIPs, as the IS did not include a control group. As a consequence we cannot compare outcomes for families who worked with a FIP, with outcomes for families who did not work with the FIP (i.e. the counterfactual). In the absence of a control group, we do not know if and to what extent any observed improvement in outcomes was due to the FIP or to other influences that were not monitored (e.g. other types of intervention).

The qualitative results are based on the FIP case studies, which involved interviewing families and their relevant key workers on two occasions, just after the referral and then three to six months later. These findings show families' and FIP staff's perceptions of the impact that a FIP had on them. Where appropriate we also draw on the evidence from the focus groups carried out with local services who refer and work alongside a FIP.   While the IS results are based on 'closed cases', in all but one case, the qualitative evidence is based on families who were still working with a FIP.

In view of the timing of the evaluation, the evidence is inevitably focused on the early quantitative outcomes and early qualitative impacts arising from FIPs. However, even at this stage some considerable improvements were noticed in all key areas of the FIPs work. The IS data show that the level of ASB and criminal activities had declined considerably by the time families stopped working with a FIP (Section 6.1). Families' housing situation also seemed to have improved markedly, as shown both by a decline in the number of housing enforcement actions, and the qualitative findings, which illustrate the variety of ways in which the FIP decreased the risk of families becoming homeless because of ASB (Section 6.2). There was also a reduction in the risk of families engaging in ASB and becoming homeless measured across a number of key factors (Section 6.3). The outcomes for children and young people and impact on local services are discussed in Section 6.4 and 6.5 respectively.

6.1 Reduction in ASB

A primary objective of FIPs is to reduce the level of ASB in local areas. In order to measure this, FIP staff were asked to report which types of ASB families and individuals within the family were involved with at the start and end of working with the FIP[13]. The list of ASB types was derived from the Home Office's own categorisation of ASB (National Audit Office, 2006).

Reports about ASB had significantly declined for the majority of families when they finished working with a FIP. The largest group of families (61 per cent) were reported to have engaged in four or more types of ASB when they started working with a FIP, but this had reduced to seven when they exited the FIP (Figure 6.1). As shown in Figure 6.2, there was a substantial decrease in all types of ASB:

- Environmental damage (e.g. vandalism, litter/rubbish) declined the most, it dropped from 42 per cent when families first started working with the FIP to four per cent when families exited.

- There was a similar level of decline in relation to acts directed against people, which decreased from 32 per cent to seven per cent, and disregard for community and/or personal well being (e.g. nuisance behaviour, noise, rowdy behaviour), which decreased from 80 per cent to 20 per cent.

- The smallest, but still considerable, reduction was reported for misuse of public space (e.g. drug dealing, street drinking, prostitution, begging), which dropped from 70 per cent to 29 per cent.

A substantial proportion of families (35 per cent) were, however, still engaged in ASB when they completed the intervention.

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[13] The figures presented in this section are different from the Chapter Three figures, not only because they include only families who completed the intervention (rather than all FIP families), but also because they are based on information provided at a later stage. The information collected at referral (and used in Chapter Three) was updated when a full assessment was carried out, by this stage staff were likely to have more comprehensive information about families than was the case at referral, and this is reflected in the lower proportion of missing information at the assessment stage. This was the reason why we chose data provided at this stage (rather that at referral) as our baseline.

Figure 6.1   Number of ASB problems reported by FIP staff as applying to families at the start and end of the intervention
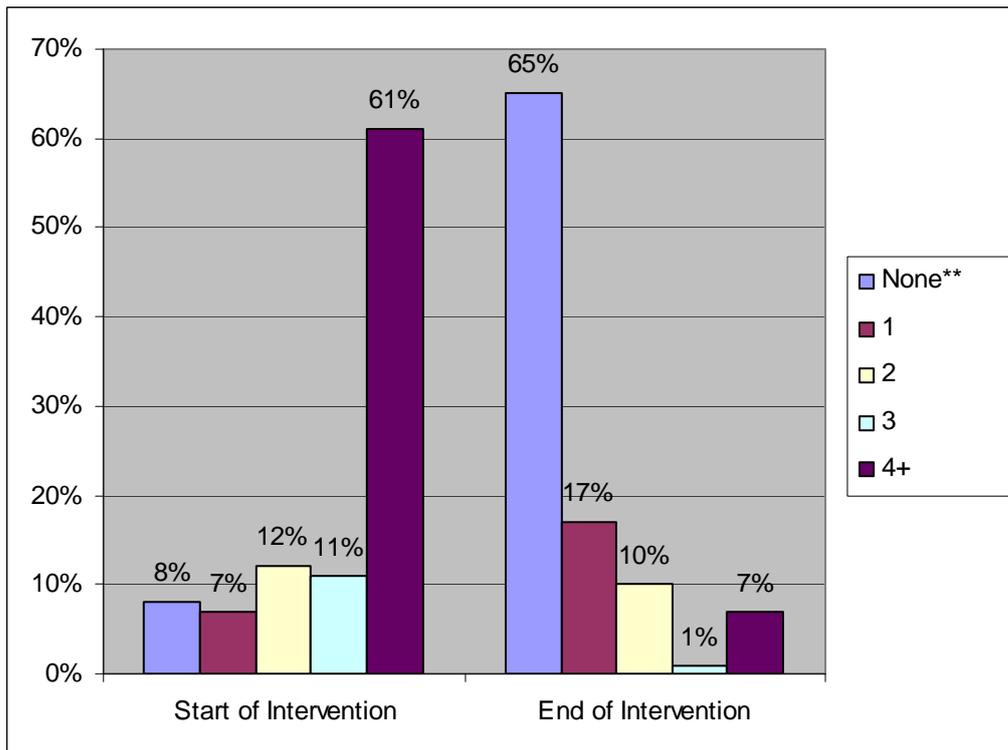
Base: Families who completed the intervention (90).

**In the early stages of the monitoring exercise, some FIPs entered 'none' if they were not sure which ASB issues the family had. This only affects a very small number of cases at the start of the intervention, because the problem was corrected as soon as it was identified and FIPs were instructed to use the 'other' category for these cases.

Figure 6.2   ASB problems identified by FIP staff as applying to families at the start and end of the intervention
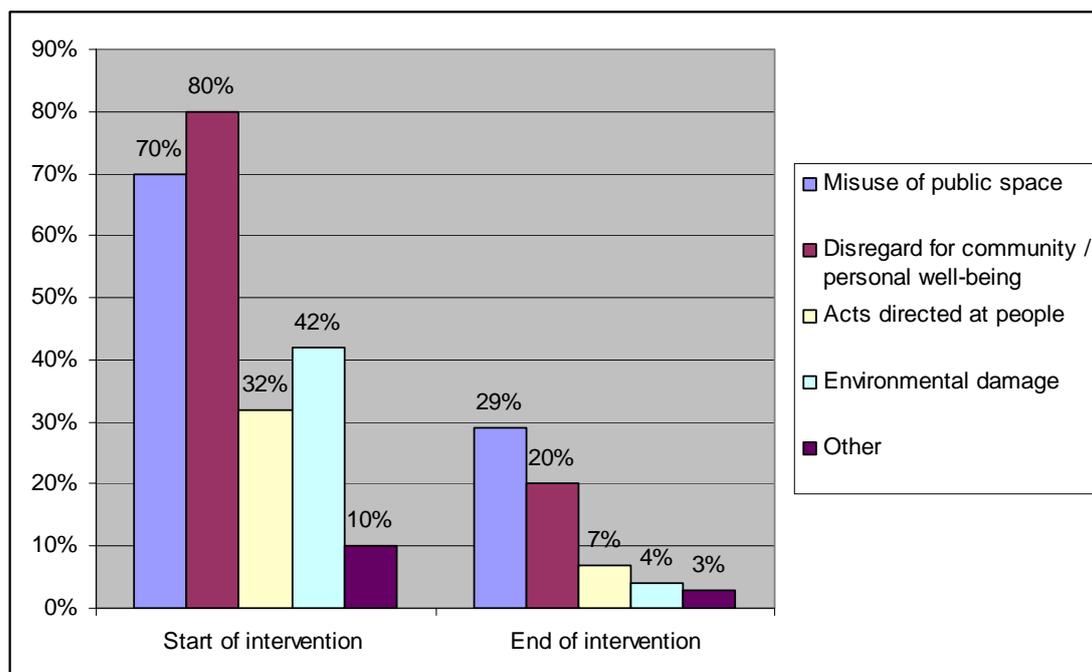
Base: Families who completed the intervention (90).

The individual level analysis[14] shows considerably lower levels of ASB, both at the start and end of working with a FIP, than the family level analysis (this is to be expected as the latter provides aggregate figures for all family members). However, like the family level data, analysis of individuals shows a considerable decline in ASB, for example, while 15 per cent of children were reported to have engaged in four or more types of ASB when they started working with the FIP, this figure had declined to one per cent by the time they completed the intervention. The equivalent figures for adults were similar, that is 18 per cent and three per cent (Table 6.1).

Table 6.1   Number of ASB problems identified by FIP staff as applying to individuals at the start and end of the intervention by age group

					Column %	
	Children aged 15 or under		Adults aged 16 or over		All	
	Start	End	Start	End	Start	End
No ASB**	55	88	57	83	56	86
1 ASB problem	11	8	9	10	10	9
2 ASB problems	11	2	11	3	11	2
3 ASB problems	7	0	5	2	6	1
4 o more ASB problems	15	1	18	3	18	1
Total number of individuals	*227*	*208*	*161*	*189*	*398*	*407*

Base: Individuals who were living in the family at the start and/or end of the intervention.
The total bases include individuals whose age was not known: ten at the start of the intervention and 14 at the end of it.
**In the early stages of the monitoring exercise, some FIPs entered 'none' if they were not sure which ASB issues the family had. This only affects a very small number of cases at the start of the intervention, because the problem was corrected as soon as it was identified and FIPs were instructed to use the 'other' category for these cases.

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[14] The number of individuals (in different age groups) can vary between the start and the end of the intervention, because individuals might have moved in or out of the household between these two periods. Some children might have also been re-classified as 'adults' by the end of the intervention, if they had turned 16.

Table 6.2   ASB problems identified by FIP staff at the start and end of the intervention by age group

Multiple response	Children aged 15 or under		Adults aged 16 or over		All	Column %
	Start	End	Start	End	Start	End
Misuse of public space	12	3	17	7	14	5
Disregard for community / personal well-being	41	11	37	9	39	10
Acts directed at people	9	2	9	2	9	2
Environmental damage	17	2	18	3	17	2
Other	3	*	3	2	4	1
Total number of individuals	*227*	*208*	*161*	*189*	*398*	*407*

Base: Individuals who were living in the family at the start and/or end of the intervention.
The total bases include individuals whose age was not known: ten at the start of the intervention and 14 at the end of it.
* This denotes a value of less than 0.5.

The qualitative evidence illustrates how this decline in ASB was perceived to have made an impact to the lives of children, families and the local community. It is based on interviews with families and key workers and focus groups with representatives of local services.

Children were not getting into trouble

Parents and key workers reported that children were not getting into trouble as much during school and in their spare time. They were less likely to be brought home by the police or sent home from school for fighting, abusive language, vandalism and other ASB. A combination of improved parenting skills, children learning to manage their anger and children engaging in activities at school and in their spare time was felt to have contributed to the reduction in this type of ASB.

Improved relationships with neighbours

Families reported that their relationship with neighbours had improved as a result of them refraining from arguing with them and using abusive language. Skills families had learnt that impacted on their relationships with each other, such as anger management and expressing themselves in a non-aggressive way, also improved their relationships with people outside of the family, such as neighbours and those in the wider community. For example, according to the key worker of one family the children were now playing outside with other children from the area, when in the past they had been reluctant to do so. When a child from one family was asked what would have happened if her family had not become involved with the FIP, she replied:

> *'Well I think we'd be getting into like arguments with people around here – more complaints would be made.' (Child)*

Box 6.1   Example of how relationships improved with neighbours

Michelle and her children discussed an ongoing feud they had been having for several years with the Barns family. Michelle had been accused of verbal abuse against the parents of the family and her children had been accused of physically assaulting the Barns children. The effects of the feud had spread into the wider community, resulting in other neighbours becoming involved and the community taking a general dislike to Michelle's family. Since working with the FIP Michelle and her children have learnt to control their anger and walk away from arguments. One of the older members of the community approached Michelle recently to say how pleased she was that they were all finally getting on and how much calmer and quieter the neighbourhood was as a result. Michelle said she was *'shocked'* at this and it made her feel good.

Residents feel safer

ASB, Community Safety and housing team representatives said residents were feeling safer in their homes and when walking around the local area due to a general decline in ASB (e.g. family members banging on doors, throwing stones at windows) and gang nuisance (e.g. threatening and shouting abusive language at people in the street). This was either attributed to a family having moved out of the local area or because family members had refrained from engaging in ASB.

Residents less disturbed by noise

ASB and Community Safety teams said there had been a decline in complaints from residents about levels of noise (e.g. families playing loud music throughout the night, having loud domestic disputes and children setting off car alarms). As a result they reported that residents had been able to open their windows and have undisturbed sleep.

Appearance of the area improves

FIP staff and representatives from local services also reported that the appearance of the local community had improved. This was attributed to:

- The FIP encouraging the family to improve the appearance of their home through arranging for windows and doors to be fixed, getting rid of graffiti and clearing the garden of rubbish.

- Family members curbing their ASB so there was less damage to property (e.g. bricks thrown at windows, cars scratched, graffiti), children not setting fire to dust bins, fewer smashed bottles and less rubbish on the streets.

6.1.1   Decline in enforcement actions

The IS results on enforcement actions closely reflect the ASB findings, and show a clear reduction. While one or more enforcement actions were reported for 45 per cent of families when they started working with a FIP, this figure had almost halved (23 per cent) when they left the FIP (Figure 6.3).

Figure 6.3   Number of enforcement actions against families reported by FIP staff at the start and end of the intervention
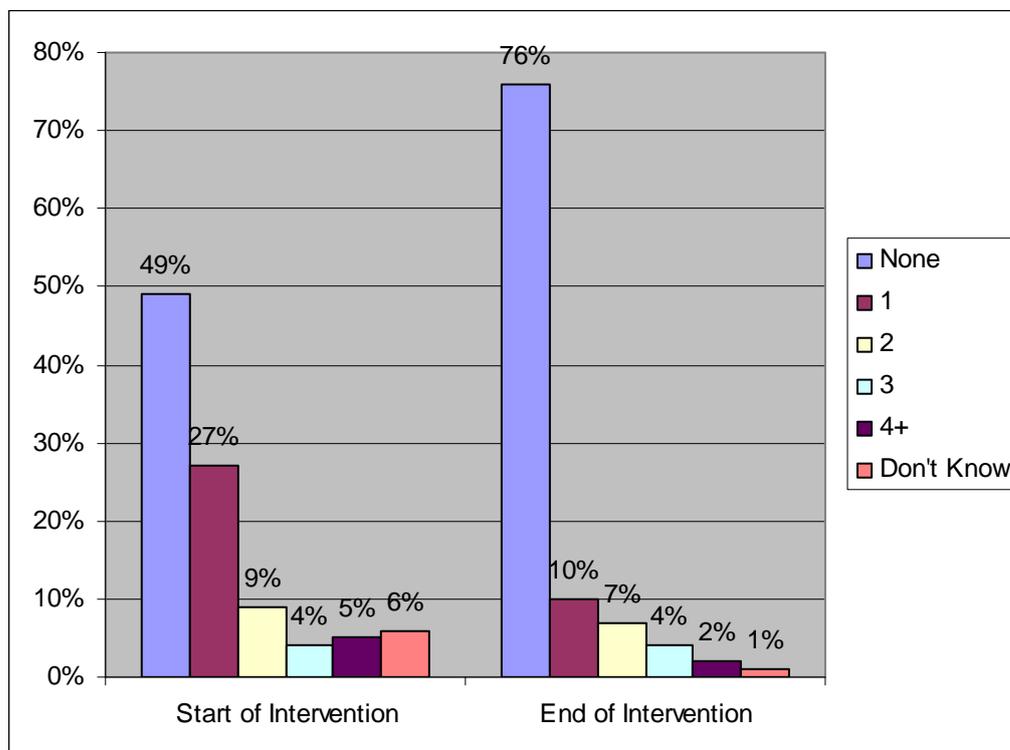
Base: Families who completed the intervention (90).

The decline was most evident for (Table 6.3):

- Contracts and agreements (i.e. ABCs, ABAs and parenting contracts): these declined from 21 per cent to four per cent of families leaving a FIP.

- Pre-court juvenile specific orders (i.e. verbal reprimand and final warning): these fell from nine per cent to two per cent of families at the end of working with a FIP.

- Warnings (e.g. early intervention warning, police, conditional and prostitute caution): these reduced from ten per cent to six per cent of families who had a warnings at the end of the intervention.

There appeared to be very little change in the level of court orders (e.g. ASBOs, parenting orders, Individual Support Orders) and juvenile specific orders (e.g. referral, supervision and curfew orders), which were reported for around one in ten families both at the start and end of working with a FIP. However, this may partly reflect the longer duration of these penalties compared with those discussed above and therefore any significant changes were unlikely to be detected in the period we monitored.

Table 6.3   Enforcement actions reported by FIP staff at the start and end of the intervention

Multiple response	Start of intervention	Column % End of intervention
Pre-court		
Warnings	10	6
Contracts and agreements	21	4
Pre-court juvenile specific	9	2
Abatement notices	0	1
Seizure of property	1	1
Fixed penalty notices and penalty notices for disorder	1	0
Court-related		
Juvenile specific orders	13	11
Court orders	8	7
Other court related enforcement	3	0
Don't know	6	1
Total number of families	*90*	*90*

Base: Families who completed the intervention.

6.2   Preventing homelessness

Another primary focus of FIPs is to help families prevent the need for eviction, stabilise their tenancies and improve their housing security. The IS monitored different aspects of families' housing situation, including changes in tenancy status and housing enforcement actions due to ASB. Seven per cent of families were in temporary accommodation when they started working with a FIP, only one per cent were still in temporary accommodation when they left the project.

As shown in Table 6.4, between the start and end of the service there was a decline (from 86 per cent to 82 per cent) in the number of families with a secure or (fully) assured tenancy, mainly because of an increase (from four per cent to 14 per cent) in the number of families with an introductory, starter or assured short-hold tenancy. This finding could be due to families moving into or out of dispersed accommodation or core unit, or to other temporary accommodation. In more exceptional cases, this could be due to the FIP being unable to halt the eviction process, when they started working with a family too late in the process.

Table 6.4   Families' tenancy status reported by FIP staff at the start and end of the intervention

	Column %	
	Start of intervention	End of intervention
Secure, fully assured or assured tenancy	86	82
Introductory, starter or assured short-hold tenancy	4	14
Non-secure demoted, demoted, demoted shorthold or regulated tenancy	1	0
Other	3	0
Don't know	6	4
Total number of families	*78*	*72*

Base: Families in rented accommodation at the start and/or the end of the intervention.

There were some marked improvements in relation to housing enforcement actions (Table 6.5), as 60 per cent of families had one or more when they started working with a FIP, but at the point when they exited the project this had reduced to one fifth (18 per cent). Despite these considerable improvements, the results suggest that the risk of homelessness was not completely eliminated for all families by the time the intervention ended: three per cent still had a notice of seeking possession, three per cent a postponed/suspended possession order, one per cent a warning letter, and one per cent a notice of demotion of tenancy.

Table 6.5   Housing enforcement actions against families reported by FIP staff at the start and end of the intervention

Multiple response	Column %	
	Start of the intervention	End of the intervention
Visit by housing officer	40	7
Notice of seeking possession	12	3
Postponed/suspended possession	0	3
Warning letter	32	1
Notice of demotion of tenancy	3	1
Injunction against unlawful use of premises	1	0
Other	3	1
Don't know	9	4
None	31	78
Total number of families	*75*	*67*

Base: Families who were in social housing at the start and/or end of the intervention.

The qualitative evidence further illustrates these findings, as a key and recurrent impact reported by families and FIP staff during their interviews was how the FIP had either helped to prevent a family become homeless, or moved them out of an area they were unhappy living in. Not surprisingly there were a number of wider impacts resulting from having this increased housing security. At the most obvious level it had reduced the stress and anxiety families were experiencing, which may have

underpinned excessive drinking and/or drug use, relationship problems, children fighting and arguing or having difficulties at school etc.   It was also evident in the way families were treating their homes and the positive way they discussed the future.

Families engaging in the outreach service became visibly more house proud over the period of our research (see Chapter Three for a description of the housing circumstances of families at the time of referral). Homes had been decorated and furnished with beds and tables, windows had been replaced, internal doors had been replaced or fixed, walls had been re-plastered and other repairs carried out. This work might have been arranged by the FIP, paid for by the FIP or just supervised by the FIP.

This feeling of a house becoming a home was also evident for families who had moved to a new property, as long as the conditions of the new home were viewed as an improvement (e.g. nicely decorated, well equipped and were as large or larger in size) to the 'old' home and they liked the area they had moved to. Families who reported feeling happier about their home appreciated having more space for the family which, for example, enabled them to all eat around a dining table, or more room for the children to play, or more bedrooms for the children to sleep in.

In turn feeling house proud resulted in family members taking more care of their homes which resulted in a safer and happier environment for children to live in. For example, parents were doing more housework and ensuring the home was cleaner and tidier. They were also encouraging the children to help with the housework. The interest that parents started to take in their homes was as a result of key workers encouraging family members to set up routines or rotas, improved parenting skills, and taking control of their lives as they stated to address addiction problems. There were also reports that children had stopped destroying their property, e.g. punching holes or drawing on the walls.

6.3   Reducing risk for families

Another aspect of the work FIPs do to achieve their primary aims is to reduce the risk of families engaging in ASB and becoming homeless. As discussed in Chapter Three, families were facing entrenched, multiple and often severe problems when they were referred to the FIP. The IS was, therefore, designed to measure the extent to which the nature and level of risk faced by families (as identified by a number of key risk factors) changed between when they started and ended their contact with a FIP. We first present an overview of how risk had been reduced drawing on the IS data and then focus in more detail, drawing primarily on the qualitative evidence, changes in relation to family relationships, health problems affecting children and adults, education and employment related issues.

The proportion of families reported to have *no risk factors* increased markedly from one per cent at the start of working with a FIP to 20 per cent by the end of it. Where risk factors were still present, there were considerable reductions in the number of risk factors families were reported to have. For example, 37 per cent of families were reported to have seven or more risk factors when they started working with a FIP, compared with 14 per cent by the time they left the project (Figure 6.4).

Figure 6.4   Number of risk factors reported by FIP staff at the start and end of the intervention
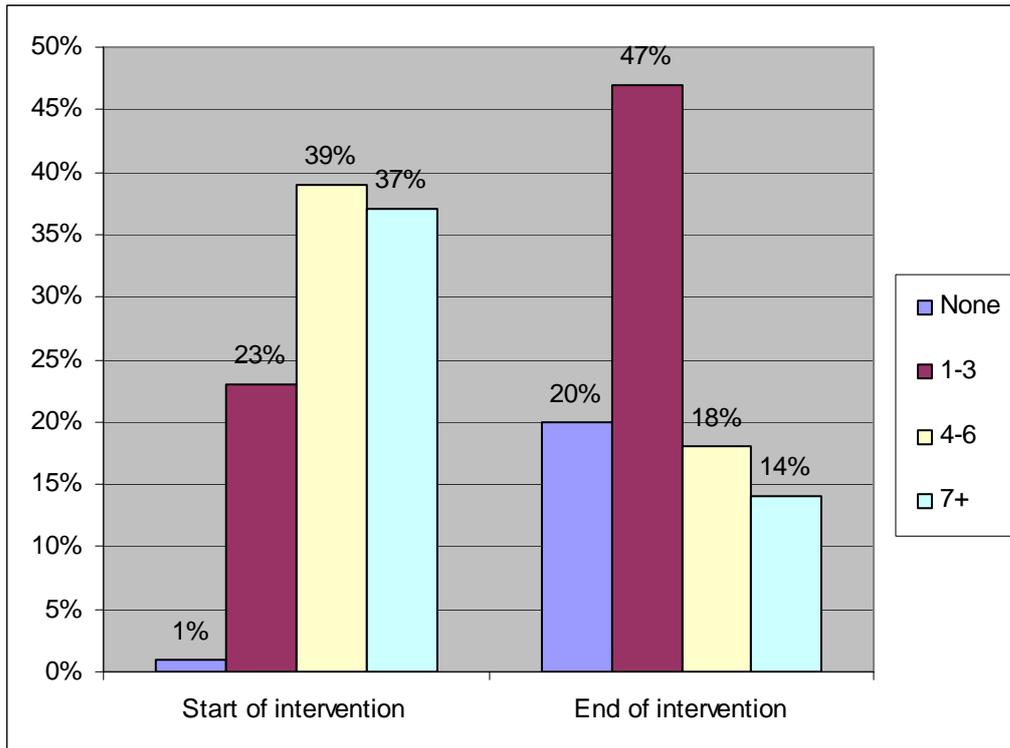
Base: Families who completed the intervention (90).

Table 6.6 shows that FIP staff reported a decline in all risk factors monitored:

- The largest reductions were found for: ASB, discrimination and crime against the family (from 29 per cent to eight per cent), difficulty in changing life to stop offending (from 23 per cent to seven per cent), domestic violence (from 26 per cent to eight per cent) and relationship breakdown (from 32 per cent to ten per cent).

- The proportion of families reported to have education and learning problems, poor parenting and child protection issues was halved by the time they left the project. There was also a decline in the number of children on the child protection register from eight per cent to six per cent. However, this figure should be treated with caution because the change was rather small, also between the start and the end of families working with a FIP there was a change in the base for this analysis (due to children becoming too old to be classified as children or no longer living with the family).

- The smallest, but still significant, decrease (from 67 per cent to 51 per cent) was found in relation to physical/mental health problems.

Table 6.6   Risk factors reported by FIP staff as needing addressing at the start and end of intervention

Multiple response		Column %
	Start of intervention	**End of intervention**
Physical/mental health problems	**67**	**51**
Mental health problems	38	36
Physical health problems	16	14
Drugs/substance misuse	34	16
Drinking problems/alcoholism	30	11
Education/learning problems	**71**	**38**
Truancy/ exclusion/ bad behaviour at school	52	24
Low educational attainment	38	24
Lack of positive activities for children	40	19
Lack of basic numeracy/literacy	24	17
Difficulties with daily tasks	30	10
Poor parenting	60	32
Inappropriate peer group	49	19
Family breakdown	32	10
Domestic violence	26	8
Child protection issues	21	10
Difficult to change lives to stop offending	23	7
ASB/crime/discrimination against the family	29	8
Teenage pregnancy **	2	3
Other	7	2
Total number of families	*90*	*90*

Base: Families who completed the intervention.
The categories and figures in bold include the sub-categories and figures below them.
** FIP staff were asked to select teenage pregnancy only if this was considered to be a risk factor for the family, therefore not all teenage pregnancies are necessary identified here.

6.3.1   *Reducing the risk of family breakdown*

Family members and key workers during the qualitative interviews reported how relationships had improved between parents, between parents and children, and between siblings. In short families felt that they would have *'fallen apart'* without the FIP. Parents also talked about how without help from the FIP their children would have been taken into care.

> *'I don't want to lose my kids. If I hadn't listened [to FIP] and like tried to sort them out then I think I would have.' (Parent)*

This appeared to have resulted from a number of other impacts discussed in this chapter (e.g. learning to communicate with each other in a non-aggressive way and to manage behaviour, reduction in drug and alcohol consumption, improved parenting skills), as well as the threat of eviction being removed.

Box 6.2   Example of how family relationships improved

The children from the Smith family all discussed the difference in their family since their mum had stopped drinking. Previously the children said their mum would just lie on the sofa drinking beer and sleep all day. She didn't care what they did and didn't do any housework so the house was always a mess. The children talked about how they would cook their own meals, which would usually be packet noodles. The oldest daughter (aged 15) tried to do the housework, tidying up and washing her brothers' and sisters' clothes, but found it difficult to keep on top of things because she's 'only a kid'. The FIP arranged for the mum to go to AA as well as a residential detox plan. Now that their mum was 'off the booze' the house was a lot cleaner and tidier and the children had home cooked meals. The children felt as though they were getting to know their mum, previously she was 'just an alcoholic', but now she was a real mum.

It was noted by children as well as parents that there was less arguing, fighting, and name calling in the household.

> *'That's all I wanted. Stop the arguments and the fighting and that in the house. That's stopped.' (Child)*

As relationships had improved in the household and families had been encouraged by the FIP staff to spend more time together, children and parents reported how they were feeling more like a family unit. Parents described how the family would now spend time together watching a film or eating a meal for example.

> *'None of us had a relationship together, we couldn't sit down as a family and have a meal together or anything like that, where we do now'. (Parent)*

Children talked enthusiastically about activities they now did together, such as bowling or going for pizza. Parents also discussed involving children in activities such as shopping and housework, which they had previously struggled to enforce, but had helped to bring the family closer.

Those families that had moved into dispersed properties also reported how the experience of making the move together had brought the family closer. It was also attributed to them living in a new area where they did not know anyone else and so they relied on the family for company.

Families taking control of their own problems

As a consequence of working with the FIP, key workers reported that family members were starting to address their problems themselves by, for example, contacting other support agencies to arrange appointments or to ask for help. For example, parents had contacted their local Jobcentre Plus to enquire about benefits or the school to ask why their child had been sent home. In another case a family, who had been evicted whilst working with the FIP, dealt with the situation themselves, and on the advice of the key worker, they contacted the local council to register the family as homeless.   Families also reported that they were using more services as a result of their increased confidence and the encouragement or assistance of FIP staff.

Feeling less isolated and more able to cope with family life

Parents commonly discussed feeling less isolated as a result of the emotional support provided by the FIP and, in turn, being more able to cope with family life. This was mainly due to talking to the key worker about any problems or concerns they had (See Chapter Five).

> *'I knew [key worker] was going to be there emotionally even if, you know, she's not in the office, I know I can phone her late at night on her mobile, you know, she's there […] I don't mix with nobody, I've literally been inside 18 years, I don't go out [...] But she's made me feel there is life out there.' (Parent)*

Meeting other people, using other services or taking part in parents groups also resulted in parents feeling less isolated.

Improved parenting skills

A common impact discussed by parents and key workers was improved parenting skills. This was attributed to working with key workers and parenting workers on a one-to-one basis, as well as going to parenting groups. Parents had learnt how to apply parenting skills by, for example, saying 'no' to children and really meaning it.

> *'They [children] used to just run around like lunatics all day, now I have them settled down and when I say no I mean no, like before I would say no and they would just laugh and then I would sit there and laugh, but now they know that no means no.' (Parent)*

Parents had erected boundaries and rules for children, giving them more routines and order in their life. For example some children now had curfews, set times for meals and going to bed. Sometimes parents and key workers had put together lists of house rules that had been pinned to the wall, such as no swearing, shouting or fighting. Some children also had reward charts, offering them a motivation to behave.

As part of their improved parenting skills parents reported that they were more able to control and manage their own anger. This enabled them to stay calm when dealing with their children. Children also noticed that their parents were less angry and 'less stressed.'

Parents were also reported to be dealing with children's health issues such as teeth, hearing, eyesight, and skin complaints. Parents were said to be making sure children were washing and had clean clothes, which meant that they were getting teased less at school for poor personal hygiene. In addition, there were reports of parents feeding their children properly as a result of learning about nutrition and diet, either through parenting programmes or informal parenting guidance from their key worker.

Parents said they had previously given up hope of being able to control the behaviour of their children but that they now felt they were more in control. One parent described how her children would leave the house and return home whenever they wanted. She had given up trying to control them and instead spent her evenings at a neighbours house chatting and drinking coffee. Since working with the key worker on her parenting skills she learnt how to be the *'boss'*. This included setting rules for her children, dictating, for example, when they needed to be in the house and when they needed to go to bed.

However, findings from the IS show that, while the proportion of families with poor parenting was halved, this problem was still reported for nearly a third (32 per cent) of families who had exited from a FIP.

The proportion of families reported to have child protection problems was also halved, but again child protection was still an issue for one in ten families who had completed the intervention.

Increased confidence and self esteem

Both key workers and parents illustrated how the FIP had helped to boost their confidence and self esteem. This was apparent in the way that parents were more talkative and open with others, more willing to attend courses or use services, or investigate them for themselves. This increased confidence appeared to be due to a combination of them: feeling less isolated, learning to manage their behaviour, improved parenting, addressing addiction and depression. For some parents, the act of going to a parenting course had felt like an achievement, as previously they rarely left the house and so this had also helped to boost their confidence.

This in turn led to parents feeling more confident about going out more often, being more willing to use other services, and open to talking to other parents and professionals. In particular parents reported being more willing and able to express their views at meetings with other agencies and services, as a result of having increased confidence and self esteem. This was also due to parents feeling that other professionals were more likely to listen to them when the key worker was present.

Parents also became more motivated to do things for their children, such as arranging activities for them and taking them on outings. For example, the mother of one family described how the key worker had spent time encouraging her to go out more, as well as reassuring her that people would be welcoming and friendly. The mother subsequently started going out more and taking her children to the park.

6.3.2 Addressing addiction and mental health issues

Parents and key workers discussed how FIPs enabled and motivated parents to get help addressing addiction problems and depression. Through in-depth discussions with key workers parents started to face up to their problems. For example, one key worker said that after continually talking to a parent about the amount she was drinking, she finally admitted to having a drink problem. Key workers would then refer parents to a specialist support service in order that parents might address this issue. This resulted in parents reducing or stopping drinking and using drugs, and starting to deal with the causes of depression, such as facing up to issues from the past. This in turn made parents feel as though they were more in control of their lives and their children. As we saw earlier (Table 6.6), the number of families reported to have drug/substance misuse problems declined considerably. A similar trend was found when looking at individual family members: the proportion of children with an addiction declined from ten per cent to two per cent, the decline among adults was smaller, from 13 per cent to eight per cent (Table 6.7).

Table 6.7   Health problems reported by FIP staff at the start and end of the intervention by age groups

Multiple response	Children aged 15 or under		Adults aged 16 or over		Column % All	
	Start	**End**	**Start**	**End**	**Start**	**End**
Drugs/substance misuse	10	2	13	8	11	5
Mental health problems	5	5	21	20	12	12
Physical health problems	4	4	11	8	6	6
Total number of individuals	*227*	*208*	*161*	*189*	*398*	*407*

Base: Individuals who were living in the family at the start and/or end of the intervention.
The total bases include individuals whose age was not known: ten at the start of the intervention and 14 at the end of it.

Table 6.7 shows that there was little change in relation to the proportion of children and adults who were reported to have physical or mental health problems, probably partly due to the fact that families were monitored over a relatively short period of time and many health problems typically require a long period to be resolved. The more limited evidence of physical and mental health outcomes may also be due to difficulties FIPs had 'levering-in' health services, which will be discussed in the next chapter. For example, the parents of one family discussed how the key worker had attempted to arrange for their child to be assessed through CAMHS but had trouble organising an appointment. As a result the child had so far not received the extra assistance the family were hoping the child would be given to help improve their behaviour and performance in school.

6.3.3   Employment and financial circumstances

Table 6.8 shows a small increase (from 20 per cent to 24 per cent) in the proportion of families in work, however, it is a very small increase and no definite conclusions can be drawn from it. On the other hand, the reduction in the number of families in debt (from 32 per cent to 22 per cent) provides a more clear indication of an improvement in relation to this issue.

Table 6.8   Families' employment and financial circumstances reported by FIP staff at the start and end of the intervention

	Start of intervention	Column % End of intervention
Workless family	79	74
Family member(s) in work	20	24
Family work status unknown	1	1
Family receiving out-of-work benefits	79	82
Family not receiving out-of-work benefits	14	14
Family's benefit status unknown	7	4
Family in debt	32	22
Family not in debt/FIP staff not aware of debt	68	78
Total number of families	*90*	*90*

Base: Families who completed the intervention.

Analysis of adults' main activity shows a similar picture, as there was hardly any change in the number of family members in work, however, there was an increase in those in training or education, from 11 per cent to 17 per cent (Table 6.9).

Table 6.9   Main activity of adults reported by FIP staff at the start and end of the intervention

	Start of intervention	Column % End of intervention
Unemployed	43	41
Looking after the home	23	20
Training or education	11	17
Full-time work – 30 or more hours a week	7	5
Part-time work – 1-29 hours a week	7	9
Permanently sick or disabled	7	8
Retired	1	1
Other	1	1
Total number of individuals	*161*	*189*

Base: Adults aged 16 and over who were living in the family at the start and/or end of the intervention.

From the qualitative interviews there was limited evidence of FIPs impacting on parents' employment and training decisions. This may in part be due to the length of time they had been working with a FIP and a preference by key workers to address problems parents had, such as drug and alcohol addictions, before considering employment options. Where it was discussed (see Chapter Five) it seemed from the family interviews that parents did not feel ready to consider training and job opportunities due to behavioural problems of their children (such as children regularly getting sent home from school), their own addiction or health issues, or they could not afford to come off their benefits and pay for childcare. Not surprisingly this latter issue seemed to be a particular issue for the larger families.

6.4 Improving the outcomes for children and young people

In addition to reducing ASB and preventing homelessness the other primary objective of FIPs is to improve the outcomes for children and young people. Most of this evidence is based on the qualitative interviews with families and key workers and groups with local services.

6.4.1 Improving the health of children and young people

A key focus of the Every Child Matters agenda is addressing the health issues – in particular obesity and substance misuse - of children and young people. Our interviews suggest that as a result of working with a FIP children were eating more healthily and engaging in more physical activities which resulted in them losing weight. Key workers also encouraged children to walk or cycle to school.

Box 6.3	Example of how children's health improved

Sue, the key worker for the Williams family was concerned that one of the children had asthma and all of the children had weight problems. Therefore Sue arranged for the children to have school dinners, rather than packed lunch to control their lunch portions. She discussed healthy eating with the mother of the family and encouraged her to walk her children to school rather than take them in the car. She convinced the father of the family to take the children to the park at the weekends to play football and encouraged the children to join after school sports clubs. This resulted in the children losing weight and an improvement in the health of the child with asthma.

Increased confidence and self esteem

As with parents there were reports of children's and young people's confidence and self esteem increasing. As will be seen, this appeared to underly a number of the impacts identified below. In particular, it was attributed to a combination of them engaging in school, participating in a range of activities in their spare time, managing their behaviour, making friends and addressing their problems.

Addressing addiction and other problems

A reduction in self-harming among children and young people was also reported, as they were encouraged to discuss their problems with their key worker and referrals were made to other professionals.

> 'It's like calmed me down a lot and like it's, before I use to self-harm and everything but I stopped that because I have been working with [key worker] it's really helpful, she says what is the point of like cutting yourself like you might as well just punch something…my mum and dad are going to buy [a punch bag] so we're going to put it out in the garden. [Key worker] says why hurt yourself? You might as well just go and punch up the punch bag.' (Child)

As already mentioned, the IS data shows a decline in the number of children with an addiction problem (Table 6.7). During the qualitative interviews young people reported a reduction in their consumption of alcohol and drugs which was also observed by key workers. This was attributed to key workers educating young people about the dangers of drugs and alcohol and referring young people to other support services if needed. For example, one 15 year old boy had stopped drinking alcohol after talking to the key worker about the harm he was doing to himself. The key

worker revealed, however, that the boy was still using cannabis, and so had arranged for him to see a drugs counsellor.

6.4.2 Improving participation in education, employment and training

As shown in Table 6.10, the number of children with SEN did not change between the start and end of the intervention. The number of 5-15 year old children who were reported to have educational problems (i.e. truancy, exclusion and/or bad behaviour at school) declined from 37 per cent at the start of working with the FIP to 21 per cent when they left. There was also a decline in the number of children excluded from school, from six per cent to two per cent, however, this result should be treated with caution as the number of excluded children was very small (i.e. ten children at the start of the intervention and four at the end of it).

Table 6.10   Children's SEN status reported by FIP staff at the start and end of the intervention

	Start of intervention	Column % End of intervention
Child has SEN	16	16
Child does not have SEN	54	56
Don't know	30	28
Total number of individuals	*227*	*208*

Base: Children aged 15 or under who were living in the family at the start and/or end of the intervention.

Improvement in attendence and behaviour in school

Families and FIP staff discussed the important impact FIPs had made on encouraging and supporting children back to school.

> *'If we're about to go into a school and we're nervous, [key worker] goes, 'come on you can do it'. Gives you that much confidence in yourself, and stuff like that.' (Child)*

This resulted in children who had previously been excluded returning to school. It also led to children turning up to lessons more regularly and not playing truant. This impact was attributed to the key worker liaising with education officials to get a child back into school, the work the key worker had done with the child themselves and improved parenting.

Box 6.4   Example of how key worker helped get children back into education

Tracey, the mother of six children discussed how her son, Peter, had been excluded from school a year ago. During this time Tracey never received a letter about Peter returning to school. The key worker was now having to 'fight' to get Peter back into school. Another child from the same family, Nicky, had recently been excluded from school and the key worker had instantly arranged for the child to attend a PRU three days a week, whilst she tried to get Nicky back into full-time education. According to Tracey, if the key worker had not been involved, Nicky would have just 'slipped through the net', as had been the case with Peter.

Children were also said to be arriving at school on time and behaving themselves when in school. They were also taking their education and their future more seriously as a consequence of discussions with their key worker.

> 'She [key worker] sits down and she talks to me and she says 'why, why, why do you want to be naughty in school because you could just get your grades, because you can get top grades yeah and then have a nice car, nice job, good money' and that's really helped me.' (Child).

Managing their behaviour

Children (and their parents as well) reported that they were more able to control their temper and stay calm. This was attributed to anger management classes, filling in anger management worksheets or discussing with their key worker ways to control their temper and express their emotions such as writing in diaries, exercising or using a punch bag.

Rather than dealing with a situation they were unhappy with through shouting, swearing and becoming violent, children said they had stayed calm and walked away from difficult situations. This had resulted in children's behaviour improving at school and at home and as a consequence they were getting into less trouble and fewer fights.

> 'She's [key worker] made me realise violence don't solve anything. She's made me turn into the non-violent type'. (Child)

Considering options for the future

As a result of the work the FIP was doing, children and young people also appeared more inclined to think about their future and felt more confident about achieving their goals. Young people discussed their aspirations with their key worker and received help visiting Jobcentre Plus and Connexions and applying for college courses. Young people were also encouraged by their key worker to do things for themselves, for example go to Connexions and explore their training and work options.

> 'I would be on my arse, if it weren't for [key worker], I wouldn't have gone to Connexions or the JobCentre or anything like that.' (Child)

Box 6.5   Example of options for the future being considered by young person

Jane was 16 years old and had no qualifications. When her family first became involved with the FIP, she was not in education or employment. She discussed how before working with the FIP she would spend most of her time watching television and hanging out on the streets with friends. Lucy, the key worker, went through the local college prospectus with Jane and they discussed what she might like to do for a living. Jane decided she wanted to be a hairdresser and Lucy was helping her to make this happen. Lucy enrolled Jane with Connexions so she could find a college to take basic qualifications in Maths and English. Jane told Lucy that in the meantime she would like to get a part-time job to give her something to do and so Lucy took her to the local JobCentre to see what was available.

6.4.3 Engaging in positive activities

Children, parents and FIP staff reported that the FIP encouraged children and young people to engage in a range of out of school activities. This helped to relieve

children's boredom, boosted their confidence and self esteem and encouraged their interest in other pursuits.

Children were particularly enthusiastic about taking part in activities and the impact this had on their lives. During Wave One interviews a group of children became quite animated when describing the activities they had taken part in and started demonstrating their karate moves to the researcher. During Wave Two interviews, these same children were still keen to take part in such activities.

As a result of going to after school clubs and activities parents and key workers reported that children had become more 'sociable', were making new friends with what were considered to be *'more appropriate'* peers. The IS also shows a decrease in inappropriate peer groups reported by FIP staff (Table 6.8).

6.5 Impacts on other services

The final way in which FIPs were perceived to be having an impact was on local services. This evidence is based on qualitative interviews with local agency partners and FIP staff.   FIPs were considered to make an impact on other agencies in three ways, these are discussed in turn below.

Breakingdown the barriers between families and services

An important impact identified by local services was that FIPs helped to rekindle families' trust in other services.   Given the challenges that FIP staff faced in trying to engage families (See Chapter Seven) who were disillusioned with services and resistant to working with a FIP, then this was felt to be quite an achievement. Families talked about feeling let down in the past by other services, which had resulted in them being sceptical and mistrustful about their ability to help. Once families became convinced that a FIP would deliver on their promises and not give up on them, then this had a positive impact on their trust in other services and professionals.

> *'It also breaks down the barriers I think as well, where families have said no they don't want to work with the service, [the FIP] have been working with them and showing what that service can do for them, so the barriers have been broken down with the service that we provide as well'. (Local service provider)*

Reducing the burden on services

FIPs were also reported as having reduced the burden on local services in the following ways:

- **FIP staff had eased local services workload by** taking families off their hands or working alongside them and sharing their workload.

> *'Whereas before you [YOT] might have washed your hands of the families or you might have…you know, banging your head against the wall or trying to find a not particularly good fit from another service. But now you've got a service that actually directly wants to engage the hardest to reach rather than wants to get rid of the hardest to reach.' (Local service provider)*

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Local agency partners discussed how a FIP provided other professionals, such as social workers and youth workers with 'respite' whilst they worked with families on their case load, as working alongside a FIP helped to spread the workload.

> *'I think they have helped move this particular family forward[…] the girls weren't going to school at all or getting to school like 11, 12 o'clock or whatever. So, two of the key workers and myself [Family Aid Worker, Children and Young People's Services] we used to take it in turns going round at like half seven every morning, and that carried on for weeks… I couldn't have done it on my own, and I was the only one at the Statutory Services doing it. So, if they weren't doing it, I would have just run out of steam.' (Local service provider)*

- As FIP families started to address their problems, then there were **fewer issues for other services to deal with** and as a consequence less pressure on them and their workloads. For example, a reduction in crime and ASB meant police were being called out less frequently and an improvement in children's behaviour at school meant teachers were finding them easier to work with.

- The FIP offered **new solutions for tackling problems**, such as installing a punch bag to help with anger management, being there early in the morning to get kids up for school or take them to school in a taxi. Tackling these issues not only took the pressure off other services, but also inspired them to tackle issues in a different way. For example, a respondent from one agency discussed how when sitting in on a multi-agency meeting, the issue had arisen that a child from one of the FIP families was refusing to get into the taxi provided for them to attend a special school that was some distance from the family home.

> *'And they [FIP staff] turned around and said, well, we will go to the school with him, we will pick him up at half past seven in the morning. We will drop him all the way to [school], and I went, wow. Now, the rest of the other organisations, they are having to stop and think now in their tracks. So some of the organisations are saying, we will get there for half past seven and we will go in the taxi with this youngster to get him to school too.' (Local service provider)*

However, other professionals did discuss the resource implications involved in such problem solving, some commenting on the FIP being in a privileged position in order to be able to pay for such luxuries.

Improving multi-agency working

Views were more divided about whether a FIP had made an impact on multi-agency working. Reactions seemed to depend on the pre-existing culture of multi-agency working in a LA as a whole, or the particular agency or team where a FIP was based. It did not seem as though the department or agency in which a FIP was located or whether the LA or the voluntary sector were delivering the FIP had a direct bearing on impacts. However, as discussed in Chapters Two and Seven both these factors could influence the ease with which FIPs were able to establish relationships with other services and the extent and quality of them. This in turn influenced the resulting impacts that a FIP was having.

Three different levels of impact were identified:

- **The FIP makes little or no impact on multi-agency working** when there were already good pre-existing links with other services. YOS-based FIPs presented a good example of where multi-agency links were already in existence and so the FIP was seen as 'joining the table' rather than improving the way agencies worked together.

- **The FIP helped to formalise multi-agency partnerships by giving them a structure**. In these circumstances the FIP was reported as having 'built up' partnerships with other agencies through formalising contact procedures and information sharing.

- The FIP was said to have **improved the way agencies were working together** by for example, improving communication between agencies, set up procedures for information sharing and convened multi-agency meetings, including steering groups, referral panels and support plan meetings.

Where FIPs had formalised or improved multi-agency working, respondents said this had increased awareness of the work being done by other services. Knowing this information enabled a FIP and other agencies to reduce the duplication of effort that had been happening before. This also exposed agencies to other services and agencies that might be helpful in the context of their work.

The very act of all agencies being encouraged to attend a meeting together had helped them to understand the wider context for the family and thereby get to the root of their problems. For example, an education official might be aware of a child's problems in school, but not aware of their home circumstances. Also, by being persistent FIP staff had encouraged and persuaded other agencies and professionals to come to the table who had not previously wanted to be involved.

> *'We had a meeting here, where I think that some of the professionals didn't want to involve one of the beat officers, because his view of the family was extremely negative. My view was, and luckily, the key workers here view was, well, if they have got a negative view of the family, let's bring them in so that we can actually get them to understand some of the issues. And work with us as opposed to excluding them […] and I believe it was a success that cut down the chances of the family and the kids being arrested. And, gave that police officer an understanding of the case…oh, they are the kids we spoke about who are doing x, y and z because of their mum and dad. And they approached them in a very different way that I think was quite successful.' (Local service provider)*

There were reports of an improvement in co-ordination of support for families after a FIP became involved. This was a result of the key worker organising and co-ordinating support from other agencies and acting as a central point for information about a family and other professionals working with them. This meant other agencies were able to make one phone call to the key worker to find out what was happening with a family, rather than having to contact lots of different people.

A final impact identified was that bringing all the agencies together helped them to arrive at an agreed plan and be more jointly accountable. This also resulted in a clear and consistent 'shared' message being passed on to families and ensured that

families could not play agencies off each other. Professionals were contacted by FIP staff to check they were offering families the support they had agreed to and had to explain at panel meetings their reasons for failing to deliver on their promises. For example, one YOS worker discussed feeling shame and '*professional embarrassment'* when she admitted at a meeting that she had not carried out the tasks expected of her.

6.6   Key points from this chapter

- In view of the timing of the evaluation, the evidence is inevitably focused on the early quantitative outcomes and early qualitative impacts arising from FIPs.

- Reports about ASB had significantly declined for the majority of families when they finished working with a FIP. The largest group of families (61 per cent) were reported to have engaged in four or more types of ASB when they started working with a FIP, but this had reduced to seven when they exited the project.

- While one or more enforcement actions were reported for 45 per cent of families when they started working with a FIP, this figure had almost halved (23 per cent) when they left the FIP.

- Sixty per cent of families had one or more housing enforcement actions when they started working with a FIP, but at the point when they exited the project this had reduced to one fifth (18 per cent).

- The proportion of families reported to have *no risk factors* increased markedly from one per cent at the start of working with a FIP to 20 per cent by the end of it. Where risk factors were still present, there were considerable reductions in the number of risk factors families were reported to have. For example, 37 per cent of families were reported to have seven or more risk factors when they started working with a FIP, compared with 14 per cent by the time they left the project .

- The number of 5-15 year old children who were reported to have educational problems (i.e. truancy, exclusion and/or bad behaviour at school) declined from 37 per cent at the start of working with the FIP to 21 per cent when they left.

- Local agency partners and FIP staff reported three types of impacts of on other services: breaking down the barriers between families and services; reducing the burden on services; and improving multi-agency working (although this depended on the culture of multi-agency working already in existence)

- These positive results need to be verified by a quantitative *impact* assessment which will compare the outcomes of FIPs against those of a control group of families who do not receive the FIP service.

7 REFLECTIONS ON THE DESIGN AND OPERATION OF FIPS

In this penultimate chapter we draw (primarily) on the qualitative evidence to present FIP staff's and local agencies' reflections about four core features of the FIP specification.

In Section 7.1 we consider views about the different FIP models and delivery arrangements. Our evidence indicates a clear consensus in favour of providing the outreach service.   The degree to which the FIP was embedded within the LA team or department in which it was based appeared to underpin the extent to which the location and delivery arrangements were viewed as important.

FIPs have been designed to work with the most problematic families who are persistently perpetrating ASB and at risk of losing their homes or other significant enforcement action.   As will be seen in Section 7.2, FIP staff and local agency partners were cautiously confident that they were selecting the most 'problematic' and entrenched families to work with a FIP, but we have no robust way to verify this.

The key challenges of the FIP approach are for key workers to juggle the twin track approach of support and enforcement, to secure and sustain families engagement with a FIP and finally to judge when it is appropriate to 'let go' of a family.   The strategies that FIP staff adopted to address these challenges are reported in Section 7.3.

Finally the FIP specification emphasises the need for a 'common endeavour' between FIPs and the other services who are working with families. In the final section (7.4) we reflect on how effectively FIPs and other local services and agencies were working in partnership.   As will be seen, the ease with which FIPs were able to establish relationships and secure 'buy in' from other agencies depended on two related issues – the local context in which a FIP was operating and the attitudes of professionals towards a FIP.

7.1 Views about the design of FIPs

During the qualitative interviews with FIP staff we explored the design and delivery arrangements each project had adopted (Chapter Two) and the rationale underpinning these. The discussion revolved around their views about the different FIP models, the importance (or not) of where a FIP is located in the LA and whether and how it is linked with other services. Finally we explored their reasons for contracting out the service or delivering it 'in house'.

7.1.1 Views about the FIP models

There was a general consensus among FIP staff that it was preferable to work with families in their own homes if at all possible. Moreover, the assertive outreach model was considered the easiest and cheapest of the three to set-up and deliver.

A number of positive reasons were also given for setting up a dispersed model or core unit in certain circumstances:

- Both the dispersed and core models, but particularly the latter, provide a powerful tool for working with families at the most severe end of the ASB scale (who are likely to be homeless).

- Moving home had the potential to benefit families psychologically, by giving them a feeling of making a *'clean break'* or *'fresh start'* where they were unknown to local people. It also distanced families from ongoing neighbour disputes and negative influences arising from friends, associates or family members living nearby.

- Moving prior to an inevitable eviction could help a family avoid the problems they would be likely to experience as a result of having an eviction on their record, including finding future social housing.

- The offer of a potential tenancy provided families with a powerful incentive to engage with a FIP and make positive changes to their behaviour (an incentive considered particularly important in the case of homeless families, who were not in a position to be motivated by the threat of eviction).

Challenges to dispersed and core unit models

FIP staff who were hesitant about adopting the dispersed or core unit models, put forward the following reasons:

- Lack of need. It was felt that the decision over whether to adopt a dispersed or core unit model should depend on whether there was actually a need for this type of service. In addition, the case for a core unit, also needed to be based on local assessments of whether this model could deliver outcomes over and above what might be achieved by the dispersed approach.

- Problems with housing stock, particularly in highly-populated inner-city areas. Staff emphasised that it was not just a matter of having sufficient properties, but of having suitable properties (e.g. for the large families FIPs tend to work with) in suitable areas (e.g. with an ethnic mix amongst which the family would feel comfortable). One FIP had responded to housing stock problems by securing dispersed properties from the private rental sector, but this had come at a cost, with deposits having to be sourced from core FIP funds.

- More exceptionally, FIP staff reported having come up against legal difficulties associated with acquiring properties, such as organising 'licences' in which to deliver a dispersed service.

There were also a few additional objections specific to the core unit model:

- The temporary aspect of the core unit model was seen as creating an *'artificial'* setting that could *'institutionalise'* families and fail to empower them with the skills required to live in the community. In addition, it required families to move twice, which was seen as likely to disrupt them and again threaten the sustainability of positive outcomes.

- It was perceived that moving families into a core unit (where more than one family was resident) could have a negative effect on each other's behaviour.

- It was felt that a period spent in a core unit could *'stigmatise'* a family, and make it difficult for them to secure housing in the future.

- The cost of acquiring property and developing a core unit. Once set up, the very different staffing requirements entailed by providing a 24-hour supervised on-site service could be difficult to meet and/or highly expensive.

- It was felt that the design of the residential model was overly punitive, and thus at odds with the twin track ethos of FIPs - combing support with enforcement.

7.1.2 Views about where FIPs were located in the LA

FIP staff and local agency partners varied in terms of whether they regarded the location of a FIP as having a bearing on the way a project worked with families or other agencies. They ranged from believing it made no difference to feeling that it could influence the style of the service or the approach taken. For example, one project manager of a FIP based in an ASB department felt that this was the appropriate location because FIPs were essentially about reducing ASB. In contrast, the manager of another project, based in Children's Services, felt that their location symbolised the way FIPs focused on improving the lives of children and families – and asserted that locating it in the ASB department would put too much emphasis on enforcement over support. It was also proposed that the location of a FIP within the LA could be of real practical significance, influencing the extent and quality of a FIP's relationships with other key statutory agencies.

The degree to which a FIP was embedded within a team or department appeared to underpin the extent to which the location was viewed as important. For example, staff working in FIPs based in ASB departments could feel that their location helped secure vital links with ASB enforcement officers, while those based in Children's Services felt similarly about working closely with social workers.

Staff working in YOS-based FIPs saw their projects as having a particular advantage by virtue of being located within a pre-existing team made up of seconded staff from a wide range of relevant agencies. They described how they were able to access a wealth of information on families from the shared YOS database, and from other staff within the YOS who would very often have first-hand knowledge of families referred to the FIP. Locating the FIP here was seen as providing staff with access to a sympathetic source of information, support and advice from professionals working in a comparable way with challenging families. This could be accessed on an informal basis as the FIP was seen as a part of the same overall structure, and staff were sitting in close proximity to the rest of the YOS. It was also perceived to have benefits in terms of facilitating access for FIP family members to a range of important services, including some that, it was felt, might be difficult to access quickly were the FIP based elsewhere (e.g. mental health or substance misuse services).

Box 7.1   The YOS-based FIP

Micki, a key worker in one FIP, said that being based in the YOS had given her easy access to information about FIP families through the shared databases Storm, YOIS and UMIS. She emphasised that this had provided *'critical information* [e.g. about the safety of a property before she goes to visit] *that…would take a long time to gather'* if they had not been based in the YOS.

Micki also felt that being based in a YOS had made it easier for her and her fellow key workers to informally communicate and work together with other professionals involved with the family, as they tended to all be based within the YOS and were sat very close to each other. For example, Micki said it was really useful having a drug worker, an alcohol worker and a parenting worker in the YOS. They could give her advice about working with the family, visit the family with Micki and also help her access services.

It was clear, however, that the extent of the links between FIPs and other key agencies was the product of a number of factors over and above departmental location. These are discussed later in this chapter.

7.1.3   *Views about delivery arrangements*

As reported in Chapter Two, 24 FIPs were being delivered directly by a team within the LA, 22 had been contracted out to an independent voluntary sector agency, four were being managed by a housing provider and three were being run by a combination of the LA, a housing provider and a voluntary sector agency. Three main reasons for contracting out the delivery of FIPs were identified.

- **Ease of initial engagement with families**. Staff and local partners associated with FIPs delivered from both sectors expressed the view that FIPs delivered from the voluntary sector might find it easier to engage with families initially. It was felt that they would be perceived as independent from and less threatening than their statutory counterparts, and free from negative connotations, e.g. of threats to tenancy or taking children into care.

- **Speed of set-up**. The perception that NCH had experience of delivering FIPs or similar services would be able to *'hit the ground running'* and deliver a FIP *'off the shelf'*.

- **Experience and expertise**. The view that there was no point seeking to reinvent something that was already being provided to a high standard by NCH. It was also suggested that voluntary sector organisations tended to be a bit more flexible and creative in their ways of working.

Two reasons for delivering a FIP directly from a team within the LA were put forward. Interestingly, both echoed reasons given for contracting out.

- Speed of set-up was given as a reason for *not* contracting out, as it was felt that a tendering process would have slowed down the development of a FIP.

- The presence of relevant skills and expertise within a LA was also given as a reason for in-house delivery.

Though no further reasons for the decision to deliver FIPs in-house were given a perceived disadvantage of voluntary sector delivery also emerged during the

interviews and discussions with FIP staff and local agency partners. LA Staff felt that projects delivered from the voluntary sector might find it more difficult to build relationships with key statutory agencies necessary for delivering an effective service. Results from the IS provide some support for this view, as projects located within LAs were more likely than voluntary ones to arrange for support to be delivered to families by statutory agencies (93 per cent compared with 72 per cent). There was also a feeling among local agency partners based in the statutory sector that they might be more wary about sharing information with a voluntary organisation. Examples of voluntary sector FIPs enjoying close links with statutory agencies provided a counter-argument here.

7.1.4 Whether FIPs were linked to other projects

FIPs were sometimes working very closely with one or more linked projects. These projects either seemed to operate separately but have very close communications between them, or they were jointly managed and worked alongside each other in a single over-arching structure. The linked project(s) were either providing a FIP-type service for families who had lower level needs (i.e. lower level ASB) or they had a rather different function. For example, in one case a linked project was providing short-term parenting support for families with different levels of ASB.

Box 7.2	The 'linked project' structure

Project Z was delivered by a voluntary sector organisation that had been working in the area providing a support service for families perpetrating ASB for a number of years. This service was less intensive than the FIP, as families received an average of one visit a week from a support worker. Before the FIP, it targeted families with a range of levels of ASB – from the more severe end down to the milder end, where the service had a more preventative focus. When the LA decided to apply for FIP funds, it seemed obvious to ask the same voluntary provider to deliver the FIP.

The FIP worked alongside Project Z, which had changed its focus to families with less severe needs. Esther, the project manager, described the two projects as *'level one and level two'*. Each project had a dedicated project manager, with a strategic level manager overseeing both.

Families were referred to whichever project was most appropriate. Esther explained: '*we've actually got three of the referrals that came through to the FIP were from [Project Z], and they were families where they needed a more intense service, and also hadn't been engaging as well as they could be* [...] *and the ASB was escalating, so they were referred through to the FIP'*. Esther was also able to refer families that did not meet the FIP's criteria to Project Z. This had helped the FIP keep a tight focus on those families at the severe end of the spectrum.

Esther expected the FIP to work with families for *'a period of intensity'* lasting up to 12 months. They would then have the option to refer the families on to Project Z for up to two years of continued, less-intensive support.

The linked structure was valued by staff working in this type of project as it meant that they could adopt a broader more holistic approach and engage in both 'preventative' and 'reactive' service provision at the same time. Specifically this design had:

- Meant they could offer some level of service to a wider range of families and particularly those families who were just below the eligibility threshold for referral to a FIP (see Chapter Three for the referral criteria).

- Offered fluidity over time, as families could move between the different levels or *'tiers'* of a project as appropriate, whilst retaining continuity of information and approach. Staff were keen to emphasise that families' progress was not always linear, for example their behaviour may improve for a period and then suffer a setback, perhaps due to a significant event such as a bereavement or a family member returning from prison. The linked structure had equipped staff with a way of responding to these situations. In this way the linked project could also be used as part of an exit plan for families who were not ready to withdraw completely from services.

Another example of a linked project was one where short-term parenting support was provided alongside the FIP. This was also considered helpful as a model, as it provided a preventative service that could be targeted at families at an earlier stage, before they progressed to needing a FIP of any kind. It was also commented that some families who refused to work with a FIP might be willing to accept some parenting support, so that some progress could at least be made in that regard. During this time it was felt that the family might be persuaded of the value of working with the FIP.

7.2 Were FIPs working with the 'right' families?

The FIP specification indicates that projects should focus on the most problematic families who are persistently perpetrating ASB and at risk of losing their homes or other significant enforcement action. FIP staff and their local agency partners were cautiously confident that the referral process was enabling them to reach the 'right' families (i.e. the most problematic families with the most entrenched issues). The referral process was felt to be relatively straightforward and communication between FIP staff and referral partners was commonly felt to be good.

FIP staff believed that they were working with the 'right' families because they met the primary referral criteria as specified by the RTF (e.g. high levels of ASB, homeless or at risk of becoming homeless because of ASB). There were, however, four further justifications given for believing they had reached the intended beneficiaries of FIPs as amongst their referrals were:

- Families that were **well known to different agencies** and kept appearing on the 'radar'. Referral forms showed that some of the families were already involved with a high number of agencies; sometimes FIPs had received multiple referrals for the same family.

    'Agencies tend to have a 'oh yeah I know that family' kind of reaction.' (FIP staff)

- Families who had **entered into a cycle of ASB and disadvantage,** resulting in considerable agency involvement with several generations of the same family.

- Families that **other agencies had given up on**. Agencies believed that there was no hope left in making a difference to FIP families, resulting in the family being *'written off'.*

- Families that were **notorious in their area for ASB** and considered to have had the greatest negative impact on the community (i.e. the police, housing and ASB teams had received the highest number of complaints against them).

> *'If you're deeming the most anti-social on the basis of who has the most impact on the community, then that's based on reports. Whether it's to the police or to housing or to RSLs or to the ASBU...that's how we know.' (Local service provider)*

The IS results show that the families who were referred to and accepted by FIPs had higher levels of ASB and risk than the families who were turned down (see Chapter Three). Despite these reports there is a lack of robust evidence to actually verify whether FIPs were reaching the worst families (i.e. we cannot compare the families referred to/accepted by FIPs with the potential target group of families in the local area).

7.2.1 Whether FIPs were missing families

Despite the general consensus that FIPs were reaching the 'right' families there was uncertainty about the extent to which families were being missed – those who were '*slipping through the net'*. FIP staff and referral partners identified three broad sets of circumstances in which this might be occurring, these are discussed in turn below:

Whether families were coming to the attention of the authorities

In order for families to come to the attention of the authorities, complaints need to be made against the family. FIP staff and their local agency partners were concerned that this might not be occurring for the following reasons.

- Cultural differences and practices resulted in certain ethnic minority communities dealing with the situation in the community. FIP staff and local agency partners believed this was because going to the authorities was not viewed as culturally acceptable within these communities.

- The community were too scared and intimidated by a family to make complaints against them. In these situations it was felt that community members would be put at risk, if they complained about a family.

- The community might not make complaints against a family because they did not feel there was anything that could be done; the community had given up on the family.

- Those in privately rented accommodation were more likely to be evicted by landlords than reported to authorities. If families were destroying a house and having a negative impact on the local community, the landlord would not want them to live in the house.

However, it was also pointed out by FIP staff and local agency partners that if families were not coming to the attention of the referral agencies, it was unlikely that these were the most problematic families.

Lack of awareness about the FIP

Unsurprisingly FIPs were concerned that families may not be coming to their attention if local services were unaware of the service they were providing and the types of families they were working with. Given the time it took to raise awareness about FIPs and build effective links with other services, this was a particular issue for the newer projects.

A reluctance to refer

A reluctance amongst certain services (e.g. health and social services) to refer families to a FIP was suggested as another reason why projects may not be reaching their target families.   Arguably this too may be underpinned by a lack of awareness. A number of other reasons for this reluctance were also given.

- Professionals did not think a FIP could offer anything different to the service provided by other agencies, possibly because they did not understand what FIPs were trying to achieve.

- Agencies did not 'buy in' to the principle of multi-agency working. These agencies were seen as isolating themselves from other services, offering their independent support to families but not involving other agencies in order to meet the needs of all family members. This was particularly seen as an issue with healthcare professionals.

- Agencies did not accept or respect a FIP because, for example, they were sceptical about the credentials and qualifications of FIP staff, they considered the FIP to be '*treading on toes'* or they were resistant to the FIP 'ethos' (see Section 7.4).

7.3   Working with FIP families: key challenges

There were three key challenges facing FIP staff in their work with families.

7.3.1   Balancing support with enforcement

The first main challenge for key workers was in embracing the 'twin track' approach of support balanced with enforcement outlined in the FIP specification. FIP staff and local agency partners were clear that the FIP played or should play some sort of enforcement role, but there was a good deal of variation in terms of exactly how this was construed in principle, and played out in practice. All FIPs clearly communicated to families the potential consequences of continued ASB in terms of enforcement action that could be taken by other agencies. However, as can be seen in Box 7.3, they varied in the degree to which they viewed themselves as playing a role in bringing about such action. The IS results show that FIP staff played a role in putting into place enforcement actions in a substantial minority of cases (28 per cent by the first review and 29 per cent by the second one).

Box 7.3   FIP staff's approach to balancing support with enforcement

FIP staff's views ranged across a spectrum, falling into four mutually exclusive groups. Those FIPs that were prepared to consider a wider range of actions under the remit of their enforcement role (subscribing to one of the 'stronger' interpretations below), nevertheless tailored their approach to the individual family in any given case.

Group 1 ('weakest' interpretation of enforcement role)
FIP staff did not see it as part of their role to pass on information about the family to other agencies; to give evidence against the family; or to initiate enforcement action against the family.

Group 2
FIP staff were **prepared to pass relevant information** about families on to the enforcing agencies, and were clear with families about their obligation to do this. However, they did not see it as part of their role to give evidence or to initiate enforcement action against the family.

Group 3
FIP staff were **prepared to give evidence against families** in court to support enforcement action taken by others. However, they did not see it as part of their role to initiate, or ask others to initiate, enforcement action against the family.

Group 4 ('strongest' interpretation of enforcement role)
FIP staff were **prepared to initiate, or ask others to initiate, enforcement action** if necessary.

The way in which FIPs' role in enforcement was interpreted by FIP staff and local partners affected the extent to which playing this role was construed as a challenge. Those who subscribed to the view that enforcement primarily meant the communication of sanctions (aided by the family contract), and the FIP's multi-agency responsibilities (see Group 1 or 2 in Box 7.3) tended to downplay suggestions of a tension between FIPs' supportive and enforcement roles. For these people the enforcement role essentially meant being honest, and it was asserted that there was little or no tension between this and acting as a support to families, with their best interests genuinely at heart:

> *'They [FIP staff] can be friendly with the families without necessarily taking their side'. (Local service provider)*

Nevertheless, it was recognised that even this sort of honesty could be challenging in the early stages of working with a family, when relationships were delicate and the focus was on building trust and rapport. Moreover, where a stronger interpretation of the enforcement role was posited, it was recognised that the these twin roles could indeed be in tension, and that this required sensitive handling by skilled professionals.

The ease with which FIP staff were able to play an enforcement role was affected by three factors.

- **Professional background and prior experience of working in a 'twin track' way**. FIP staff with social work or YOS backgrounds, for example, felt they were already accustomed to working in a 'twin track' way. For staff with backgrounds in the provision of support-only services, adjusting to this way of working involved some learning.

- **Family's attitude to working with a FIP**. If a family signed-up to work with a FIP with reluctance, or was resistant or slow to engage, playing any sort of enforcement role during the early stages could prove highly challenging and risky. This, in some cases, had led FIP staff to suspend playing any sort of enforcement role until a time when it was deemed to have become feasible.

  > *'[With one mother the FIP workers are now saying] 'Right, this stops now. We've done this, this and this, you are gonna lose your kids and you are gonna be evicted and that's the bottom line, so buck your ideas up, see that you've got a problem with alcohol' [...] But if they'd have said that to her four, five, months ago, she'd have just said piss off, so, and they wouldn't have got back in the door, cos it's a voluntary project at the end of the day.' (FIP staff)*

- **Whether there was sufficient evidence to convince families that enforcement action could and would be taken**. FIP staff emphasised the importance of making families believe that they did have *'teeth'* and that enforcement action would be taken if necessary. This was sometimes seen as a challenge owing to the reluctance of LAs to take enforcement action, for example in one borough where nobody had been evicted for five years and demoted tenancies were rarely completed. In addition, FIP staff who were keen to play a stronger enforcement role sometimes complained that the tools at their disposal (e.g. ABCs, parenting contracts, parenting orders) had limited effect (punitive or deterrent) on families.

In practice, the challenge of combining supportive and enforcing roles had sometimes led to a separation of these roles between different individuals. Thus, if the key worker felt unable to play an enforcement role, or judged that doing so would jeopardise the supportive relationship, somebody else had been brought in to play the role instead. This could be a member of staff from an enforcing agency or a colleague based in a FIP, for example project managers were sometimes described as making themselves available to play *'bad cop'*.

7.3.2   Ensuring engagement

The second main challenge was ensuring families engaged with a FIP throughout their contact with them.

In order to overcome initial resistance FIP staff had highlighted the following when they introduced their project to a family:

- **Emphasised how the FIP differed** from other agencies in order to overcome prejudices based on past experience, for example highlighting the intensity of the support; the key worker as a single point of contact; and the practical, hands-on nature of the support.

- **Highlighted the FIP's independence** from other agencies which a family had negative perceptions about, such as social services. FIP staff working in the voluntary sector had also tried to engage families by highlighting their voluntary or charitable status.

- **Emphasised the aspects of the service most likely to appeal** to a family, for example home decoration, help with tenancy issues, activities for young people.

During their early contacts FIP staff employed the following strategies to build relationships in order to ensure families engagement with the FIP. They:

- **Spent a lot of time with a family** to make the FIP's commitment clear and send the message that this was not an intervention they would be able to ignore.

- **Attempted to build trust** by keeping all appointments, being reliable, being honest (*'telling it like it is'*), doing what they said they would and not making promises they would not be able to keep.

- **Built rapport** by talking to family members, getting to know them, taking an interest in their views and experiences, (again) being honest, emphasising the families' strengths, giving praise.

- **Focused first on the issues of most importance** to a family. Often, when a FIP started working with a family, the focus tended to be on *'crisis intervention'* along with practical, hands-on support. The latter may have reflected a need to deal with certain practical issues quickly (e.g. a pest infestation in the home or a need for urgent home repairs) and/or a strategy to make some quick progress in areas that mattered to the family in order to establish trust and rapport. Deeper, more complex issues, including those most closely related to a family's ASB, tended to be tackled later, when trust and rapport had grown.

- **Involving a family in the development of their support plan.** FIP staff emphasised the importance of the family playing a key role in developing their support plan, to give them a sense of ownership over it. Where a family was unhappy with some element of their plan, staff said they would try hard to resolve this, as their main objective was to come up with a plan that was realistic and workable.

- **Set some short-term achievable goals** to motivate families and enable them to see change quickly taking place.

A 'persistent' approach

Being persistent was seen as an absolutely essential quality of the FIP approach and vital for ensuring that families continued to engage with a FIP in the longer term. Staff recurrently emphasised how they needed to have a very determined approach when dealing with families. They described needing to have '*a passion to be persistent…a passion to want to prove that these people can be changed'* and the need to literally *'knock on the door and keep going until you get in'.*

Alongside this determination they highlighted the need to be very creative in finding solutions to address whatever barriers families put up who were reluctant to engage (e.g. missing appointments, not answering the door or phone, open hostility).

> *'We just think of different ways of working with that person, this is to start with, obviously you know, as the case goes on we have, we have much higher expectations but we would, you know, look at the reasons why that person isn't making the appointment, you know, it might be just sort of mental health issues, can't get out of the door in the morning….we would try*

and do home visits or talk to them over the phone or, you know what I mean, we'd just do different things' (FIP staff)

As part of their persistent approach FIP staff:

- Worked on the organisation and time management of a family by for e.g. giving them diaries and calendars.

- Made sure that they reminded them about appointments by either texting or phoning them and sometimes even accompanying them to appointments.

- Reminded them of the benefits of working with a FIP as well as the consequences of non-engagement.

- Explored the barriers and difficulties underpinning their reluctance to engage.

As can be seen from Box 7.4 very few families (five per cent) actually disengaged from a FIP in the period we monitored (i.e. February to October 2007).

Box 7.4   Families who disengaged with a FIP and their reasons for this

The IS results show that only five per cent of families disengaged from a FIP. Of these:

- thirty two per cent of families refused to carry on with the FIP (see reasons below)
- just under a fifth of families (18 per cent) moved away from the area
- fifteen per cent of families no longer worked with a FIP because their children had been taken away
- nine per cent of families had separated and were living apart
- nine per cent of these families had become too high risk to work with.

The qualitative interviews with FIP staff provided further illustration of the reasons why families disengaged from a FIP:

- The family signed-up to the FIP in order to stave off the threat of eviction but never had any real intention of co-operating.

- The family became disillusioned as they initially thought that the FIP would collude with them against other agencies or secure funds or support for them that the FIP did not subsequently agree to deliver.

- The family took time to realise that the FIP would really require efforts and changes from them in exchange for the support provided, even though this had been made clear to them from the outset.

- The family became uncomfortable with the persistence and intrusiveness of the FIP, or pulled back when it became hard to conceal sensitive or incriminating issues.
  'Because we were bringing too much heat and focus on what was really going on in that house.' (FIP staff)

- The parents lost their faith in their key worker after they had been threatened with having their children put into care. The family blamed the FIP for this as they believed the key worker had told 'lies' to the social services.

- The family lost momentum after some initial successes and fell back into old patterns of behaviour.

7.3.3 Judging when to withdraw

The final challenge that FIP staff discussed in relation to their work with families was judging the appropriate time to withdraw from a family:

> *'There is a big learning area in terms of how, you know, how you judge accurately the exit point. Because, you know, if we stay until the point is, is that there is nothing wrong in that family whatsoever, we could be there ten years... And it's that, how long is a piece of string, isn't it?' (FIP staff)*

In circumstances where some thought had been given to exit strategies, staff were agreed that it was vital for a FIP to withdraw its support gradually, in a *'planned and phased'* manner, rather than making a sudden exit. Two key reasons were given for this approach:

- It gives the key worker the chance to judge and monitor how the family copes with gradually reduced support and look for any signs of difficulty sustaining positive change.

- It prepares families for the eventual withdrawal of a project, and illustrates their new skills and abilities to *them*. Staff were clear that families should be made aware at an early stage of the project's intention to withdraw, and wherever possible that this should be presented in a positive light:

> *'It's all about positive praise, again it's like identifying the family's strengths, you know. "There are so few arguments now, that you don't need me" […] and that's brilliant.' (FIP staff)*

It was also considered of great importance that the best possible package of support from other agencies be put in place before a FIP withdrew, with the aim of creating a seamless transition. These packages were likely to focus on continued involvement from those professionals who had been working with a family alongside a FIP so as to provide some consistency for families.

7.4 How well are FIPs working with other agencies

As described in Chapter Two, FIPs work with other agencies and services in two main ways – they require referrals from other agencies and they need to work alongside other agencies also involved with FIP families in a complementary way.

It was evident from the IS and the qualitative interviews that there was a good deal of variation in the ease with which FIPs were able to establish effective co-working relationships with statutory agencies. The IS findings in Table 7.1 show that the relationships that emerged as particularly positive were those with housing, education and the YOS[15]. The qualitative evidence indicates that these relationships were typified by frequent contact and a flow of information in both directions, as well as a mutual valuing and respect between agencies.

In contrast, health and social services were among the more difficult agencies for FIPs to work with. Social services were reported as the agency that was hardest to

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[15] Sample sizes were too small to present data on other statutory agencies.

lever-in support from compared with any other agency (29 per cent reported this as 'not very easy/not at all easy', compared with no more than 11 per cent in reference to any other agency).

Table 7.1   FIPs' views on how easy it was to arrange for support to be delivered by statutory agencies

	LA Housing	School	Education Dept/LEA	YOS/ YOT	Health	Conne -xions	Column % Social Services
Very/quite easy	88	75	73	70	66	60	42
Not very easy/not at all easy	0	7	11	3	11	8	29
Neither easy nor difficult	13	18	16	27	24	32	29
Total n. of families	*56*	*136*	*81*	*75*	*76*	*75*	*83*

Base: All families who had reached the first review.

The way in which staff and local agencies conveyed their stronger and weaker relationships during the qualitative work are illustrated in the following boxes.

Box 7.5   Example of a good relationship with schools

Participants based in local schools in one area all reported excellent working relationships with the FIP.

There was communication *'all the time'* between the schools and the FIP by telephone and email. Eleanor, Head of a local PRU, described the two-way flow of information that took place: *'they return all your calls but they also make lots of calls to you. Because, I mean, if they've been out to the family the night before and the meeting hasn't gone particularly well, then they phone you the next day 'okay, I just wanted to let you know in case the child is distressed today'. And equally if the child came in distressed, we would have phoned and said 'look, the child is distressed, is there anything going on?'.*

Staff met up at a core group and FIP-convened support plan meetings. FIP staff also regularly came to the schools to see pupils or update staff on what had been happening with families. Jane, Deputy Head of a local secondary school, agreed that the FIP had been *'brilliant* […] *because you've got someone there who you can contact that you know has been with the family* […] *we've learnt that we can absolutely rely on them'*.

Greta was a school nurse. She described how a child from a FIP family arrived at school very distressed because she thought her family were about to be evicted from their home. Greta called the FIP, and a FIP worker rushed to the school to talk to the child, while another went to the house to see what was happening. Greta and the other participants from local schools agreed that having the FIP to call on in a crisis situation was very valuable.

Greta drew a parallel between schools and the FIP because *'we have children coming in five days a week, so we have the children in front of us and FIP are the only other organisation that are actually working in that sort of direct manner with the families'*. She felt this created *'sort of an affinity'* between them.

Box 7.6   Example of a good relationship with the police

Frances, the manager of a FIP, said they have a '*fantastic'* working relationship with the local police: *'they just live with us, they breathe with us, they walk with us, they listen to us, they respect us, they are our eyes and ears in the community'*.

Police officers attended *'every single one'* of the six-weekly FIP support plan meetings, and sat alongside FIP staff on social care case conferences and core groups. They were also represented on the FIP's own steering group.

An officer would ring the FIP office or drop in any time there had been a call-out or incident involving a FIP family. Frances explained: *'they come in, show their note books, tell us who they've stopped, when they've stopped them, if there's any incidents that have gone on overnight'*. FIP staff also had access to the police database, so they could keep up-to-date on any reports about the families.

Frances described the local police inspector as *'an absolute champion'* of the FIP. This supportive attitude was illustrated recently when the police were planning to arrest a member of a FIP family, but were aware that the FIP key worker might be in the house at the time. Frances said: *'so as not to have any effect on our intervention* [...] *they informed us and worked around us until we had finished that support visit'*.

While FIPs staff reported good working relationships with individual staff based in health and social care, these links emerged as weakest overall during the qualitative interviews. A distinction was, however, drawn between different parts of the health service, with staff working in areas such as mental health and substance misuse support described as more engaged, on the grounds that they saw the work of FIPs as directly relevant to them. There were also reports of some good relationships with individual health workers, especially GPs, health visitors and school nurses.

Box 7.7   Example of a poor relationship with health

Mena was the manager of a FIP. She considered the FIP to have good relationships with a wide range of agencies, largely due to the fact that multi-agency working was well established in the LA before the FIP came along. The one exception, however, was health. Mena said this was *'where there is less engagement at the moment and it is less easy to involve them in the process'*. She had not yet been able to identify a nominated health professional as a lead contact for the FIP, which she thought was *'quite indicative of where we are'*.

Mena attributed the difficulties she experienced in involving health in the FIP to the fact that they are *'not well geared up to multi-agency working'* and that there had *'always been a fairly tense relationship and quite a challenging relationship to kind of marry the kind of ethos of the health service with the ethos of social care'*.

Mena said the exception was CAMHS, as the CAMHS worker based in the YOS had been very supportive of the FIP.

Box 7.8   Example of a poor relationship with social care

Emma was the manager of a FIP. In seeking to build relationships with other agencies, her '*main problem*' had been social care.

Emma had faced resistance from social workers about the creation of the key worker post '*because they said that basically they were social work posts. Well, they are not because they are generic posts that does housing, that does everything. That coordinates a package of care'*.

Emma felt that social workers' resistance to the FIP reflected an *'elite'* attitude and a degree of *'professional snobbery'*, that had made social care reluctant to engage with multi-agency working more generally. She described how a social worker recently attempted to refer a family to the FIP on the grounds that no other professionals had the capacity to provide the level of support needed. However, when Emma questioned further what efforts the social worker had made to put together a multi-agency package of support for the family, it transpired that little had been done. Emma felt that this was indicative of a lack of commitment on the part of the social worker to her role as a multi-agency co-ordinator.

Emma wished that social care would understand that the FIP's involvement can benefit not only families but also them directly: *'us being involved at an early stage stops the families coming into a statutory environment, so consequently reduces the capacity issues that they've got at the moment'*.

The ease with which FIPs were able to establish relationships and secure 'buy in' from other agencies depended on two related issues – the local context in which the FIP was operating and the attitudes of professionals towards the FIP. We now discuss these in turn.

7.4.1   The local context

The local context was largely but not completely determined by seven instrumental factors.

- The **extent to which a culture of multi-agency working had been previously developed** locally. Where multi-agency working was already happening (e.g. where information-sharing protocols and/or multi-agency fora had been established) FIPs were particularly well-placed to establish or enhance multi-agency relationships.

- The **length of time the FIP had been in operation** as this had a bearing on the opportunities they had to establish and build links with other agencies. For this reason the more established FIPs were further advanced in creating these links. Some of the newer FIPs felt they had been under pressure from the RTF to start working with families before multi-agency links had been fully established, which had caused them problems in the early stages.

- **The amount of time and resources that other services had to work alongside the FIP.** FIP staff had encountered problems in terms of professionals not attending meetings, not returning phone calls, or requiring a lot of chasing to fulfill their responsibilities in relation to families' support plans. These sorts of challenges were particularly associated with social workers (see Table 7.1), as they received the highest 'dissatisfaction rating' from FIP staff in relation to the ease of levering-in support. While these difficulties were partly attributed to a negative attitude towards the FIP (see attitudinal factors below), FIP staff also

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reflected that they at least partly resulted from the intense pressure some professionals were under:

'I don't think that it is ever about agencies deliberately wanting to be obstructive or, you know, not being interested, but a lot of agencies' resources are very thin on the ground in terms of the demand. You know, so it is very difficult, and so I think that on an individual basis, you know, where you do have a named worker, generally speaking they have been quite helpful. Doesn't mean they are always able to commit resources though.' (FIP staff)

- **The quality of the communication between strategic and operational levels within different services and agencies**. In some cases FIPs appeared to have secured good 'buy in' at a strategic level, for example with supportive representatives on a FIP steering group, but this was not felt to be filtering down effectively to frontline workers.

- **The ease with which FIP staff could identify one key link at the appropriate level within an agency**. Identifying a key link person was sometimes deemed a necessary first step towards establishing a broader relationship with an agency. Being able to find a link person in health emerged as a particular problem, due to the size, complexity and re-structuring of Primary Care Trusts, plus a suggested lack of 'buy in' - to FIPs in particular or multi-agency working in general.

- **Whether a FIP was being delivered by the LA or not.** As mentioned earlier in this chapter, the view was expressed that FIPs delivered directly by LAs found it less challenging to establish links with other statutory agencies than those delivered from the voluntary sector or other independent organisations (e.g. Arms Length Management Organisations).

- **The actual department or agency in which the FIP was located**. It appeared from our evidence that FIPs located in certain departments of the LA (e.g. a YOS) might find it easier than others to build links with other agencies, as these departments had been set up to work across agencies. As a consequence it was easier to embed the FIP within the operation of the agency.

7.4.2   Attitudes towards the FIP

The extent to which local services had 'bought in' to the idea of a FIP also affected the quality of referral and co-working relationships. Perhaps unsurprisingly this was primarily discussed in relation to circumstances where there was perceived to have been a lack of 'buy in' from certain professionals or agencies. In Box 7.9 we illustrate the ways in which a lack of 'buy in' had been manifested in the behaviour of other agencies towards FIPs. A number of factors appeared to underpin the lack of 'buy in' to the FIP:

- **Scepticism about FIP staff's qualifications and credentials**. Concerns were expressed that FIP staff were not required to have formal social care certification. FIP staff were also sometimes said to lack an understanding of the legal requirements under which other professionals were working, for example concerning school attendance or child protection.

- **A belief that FIP families were not deserving of continued support**, as they had not responded to numerous opportunities to engage with agencies in the past and as a result had eventually been *'written off'*. This view appeared to be underpinned by a degree of pessimism about any professional being able to make progress with the family, and a feeling that resources could be more effectively deployed elsewhere.

- **Viewing the FIP as *'treading on toes'*.** There was a sense that some professionals felt resentful about the FIP becoming involved with families for whom they had previously seen themselves as primarily responsible. FIP staff also felt that they ran the risk of their involvement being seen as implying others' failure. One strategic FIP manager paraphrased these attitudes.

  > *'Hang on a minute, we've got our statutory work to do, we've already worked out our priorities, we already know what we're doing, got our protocols and everything in place, you're parachuting in saying that you've got something special - well hold on...' (FIP staff)*

- **Resistance to the FIP 'ethos'.** This could take two contrasting forms: professionals being uncomfortable with the enforcing or 'punitive' element of the FIP model (e.g. YIPs, parenting providers); or dismissing the FIP as too 'soft' (e.g. police, ASB teams).

  FIP staff had also found themselves faced with the challenge of justifying to other professionals why a relatively large amount of resources were being invested in families perpetrating ASB, especially where the use of rewards had been observed; qualms of this nature tended to come from professionals who were also privy to the victims' point-of-view (e.g. housing officers).

- **Being seen as a *'flash in the pan'*.** The fact that FIPs' funding was short-term was felt to have obstructed staff's efforts to persuade other agencies to take the project seriously and make efforts to work together (indeed, it was commented that even the use of the word 'project' conveyed a short-term impression)[16].

It should be noted, however, that these negative reactions to the arrival of FIPs were by no means universal. In fact, FIP staff reported that some professionals had been very relieved to have a further channel of support for the most challenging families on their caseloads, with some even *'celebrating'* the FIP's arrival as a *'saviour'*.

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[16] Since the completion of our fieldwork funding had been confirmed for 2008-2011.

Box 7.9   How lack of 'buy in' affected agencies' behaviour

- **Not making referrals or making inappropriate referrals** due to a lack of understanding of the referral criteria or the work done by the FIP or the referral process.

- A lack of **respect for, or resentment towards, FIP staff**.

- A **reluctance to attend meetings, return phone calls, or to fulfill responsibilities** in relation to families' support plans.

- A **reluctance** (specifically raised in relation to social services) **to assess or take on new cases** where child protection issues were identified by the FIP.

- A **reluctance to pass on information** to the FIP. This problem was associated particularly with health. While there was some appreciation of the reasons for the reluctance of health professionals to share information with non-health specialists, it was also felt that this could lead to FIPs lacking vital information. For example, one key worker recounted how a health visitor had not informed her when a member of a FIP family had taken a drugs overdose, which she felt had been detrimental to her efforts to address the individual's drug dependency.

- **A reluctance to work jointly and instead handing over cases to the FIP**. This could cause awkwardness, as one FIP manager explained:

  'We have to keep pushing that message that we are not really here to pick up all of the social welfare issues of the families, we are here to support the families but in conjunction with agencies as well.' (FIP staff)'

7.5   Key points from the chapter

- There was general consensus that it was preferable to work with families in their own homes. The assertive outreach model was considered to be the easiest and cheapest to set up.

- Moving families into dispersed or core unit options helped to distance families from negative influences and provided the opportunity for them to make a *'fresh start'*. Resistance to this model focused on practical barriers, including cost and lack of appropriate housing stock as well as more principled objections to core units.

- The degree to which a FIP was embedded within the LA team or department in which it was based appeared to underpin the extent to which the location was viewed as important.

- Contracting out the delivery of a FIP to a voluntary sector agency was perceived to have some potential benefits, particularly in terms of families' engagement. However, it was also suggested that FIPs based in the voluntary sector might find it more difficult to build effective relationships with statutory partners.

- FIP staff and other agencies believed they were reaching the intended beneficiaries because they met the primary criteria (e.g. high levels of ASB, homeless or at risk of becoming homeless because of ASB). Also, amongst their

referrals were families that were well known in the area for causing ASB and had been in contact with different agencies for generations. However, FIP staff and other agencies were concerned that there may be families 'slipping through the net' due to agencies not referring families to a FIP and families not coming to the attention of the authorities.

- Staff and local agency partners were clear that FIPs played an enforcement role alongside their supportive one, but this was interpreted and played out in different ways.

- Once a family had signed up to work with a FIP, strategies may still have been required to secure their full engagement. FIP staff felt that spending a good deal of time with them, talking to them and taking an interest, and being reliable and honest, were important in this regard.

- FIP staff were agreed that it is important to withdraw from families in a *'planned and phased'* manner rather than making a sudden exit. This was seen as giving the key worker a chance to judge the family's capacity for coping on their own, as well as preparing the family for the withdrawal of FIP support.

- While there was a good deal of variation between FIPs in terms of which relationships were stronger and weaker, those that emerged as particularly strong across projects were with schools; housing officers; the police; ASB teams and the YOS. Relationships with health and social care emerged as weakest, although distinctions were drawn between different parts of the health service.

- A number of contextual factors influenced the extent to which FIPs were able to establish good working relationships with other agencies. These included the quality of multi agency relationships locally, the time and resources other professionals had to work with the FIP, and the extent to which links at a strategic level 'filtered down' to frontline workers.

- Attitudinal factors also influenced the extent to which other professionals had 'bought in' to FIPs. For example, they may have questioned the role, ethos or expertise of the FIP, or seen it as 'treading on the toes' of the professionals already involved.

- A lack of 'buy in' to FIPs could be manifested in other professionals' behaviour in a range of ways, including a lack of referrals, inappropriate referrals, or a reluctance to share information or work together.

8 CONCLUSIONS

A national network of FIPs was set up as part of the Respect Action Plan, launched in January 2006. These projects were set up to reduce ASB perpetrated by the most anti-social and challenging families, prevent cycles of homelessness and achieve the five Every Child Matters outcomes for children and young people. FIPs use an '*assertive*' and '*persistent*' style of working to challenge and support families in order to address the root causes of their ASB. There are different ways in which the service can be delivered: outreach support to families in their own home; support in a non-secure tenancy located in the community – the dispersed option; and 24 hour support in a residential core unit where the family live with project staff.

This evaluation has provided evidence of the design and operation of the 53 FIPs. It has reported on the experiences and views of all those who were directly involved – FIP staff, FIP families and local services and agencies who worked alongside the FIP. It has also illustrated the wide array of impressive (but early) outcomes reported.

In this final chapter we reflect on the value and role of FIPs (Section 8.1). Based on our evidence we conclude that there are eight features of the FIP model that are critical to its success (Section 8.2). As this model of working is increasingly being used as a blueprint for services for 'at risk' families and individuals, we present our evidence on wider applications of the FIP service (Section 8.3). We end by raising issues for consideration about the longer term development of FIPs (Section 8.4).

8.1 Views about the value and role of FIPs

FIP staff and local services roundly endorsed the contribution that FIPs were making to existing service provision (and the number of referrals to the projects were posited as evidence of this). When asked about the need for a FIP in the local area responses were affirmative - *'definitely'* and *'absolutely'* – and adjectives such as *'marvellous'* and *'brilliant'* were used to describe their work. Indeed it was typical for all those involved with their design and operation to be almost evangelical about their role and value.

> *'[FIP] have been an absolute lifeline really in terms of liaising with those families and keeping those children sort of in, in the eye really.' (Local service provider)*

> *'I have been working out in the community since 1989 and this [service] is so desperately needed and has been needed all of my working life.' (FIP staff)*

> *'I think this a piece of work that has been long overdue. Long, long overdue and without sounding rude, you know, anyone with common sense can see that this is the way forward.' (FIP staff)*

Much more exceptionally, it was suggested that FIPs would not be needed if services, such as social services, had picked up families at an earlier point in time and actually provided the support they needed.

Whilst there was broad agreement that certain elements of the FIP model were employed elsewhere, other comparable services were either viewed as:

- more preventatively-focused (such as in the case of YIPs, YISPs)
- more enforcement-led (such as in the case of social services or YOTs)
- predominantly working with young people or specific age groups such as in the case of YISPs, YOTs and YIPs (where the primary focus is on five to 18 year olds)
- lacking the time to do the kind of intensive work that FIPs do as their case loads are much larger.

Based on the evidence from FIP staff and local agencies, it appeared that what was unique about the FIP model was the way it combined the core features of the service (i.e. rather than any one feature in isolation) to work with families with entrenched problems, who were at risk of losing their home, their children or both.

8.2   Eight critical features of the FIP model

We have identified eight critical features of the FIP design based on our conclusions drawn from the evidence collected from FIP staff and local services:

8.2.1   Recruitment and retention of high quality staff

FIP staff and local agency partners saw the success of projects as heavily dependent on the quality of the individuals working in them.

> *'Because you could have all these resources but then if you have got the wrong kind of people like doing it, it is not going to work.' (Local service provider)*

Much praise was levelled at the dedication, commitment, skill and enthusiasm of FIP staff. It was evident that staff working in FIPs came from a range of professional backgrounds, including social care; housing and homelessness prevention; the criminal justice system; youth services; education; parenting; and health services. Having staff with different backgrounds, areas of strength and expertise was viewed as an asset when drawn on effectively, as it ensured a more rounded service for families.

Views varied about whether FIP staff ought to have particular types of formal qualifications or professional experience, such as in the social work field. Some concerns were raised about a lack of qualifications or relevant experience among FIP staff in relation to certain aspects of their work such as one-to-one parenting support. The view was also expressed by local partners that FIP staff could be better-informed about relevant legislation and processes such as in the case of child protection, housing law and enforcement, and data protection.

However, project staff and local agency partners commonly agreed that personal qualities were at least as important as qualifications and experience when working

with FIP families. For this reason, it was felt that FIPs should not become too restrictive in seeking to recruit staff with particular types of qualification or background:

> *'The two people I've come into contact with, I'm not sure what qualifications that they, what formal qualifications that they do have […] I'm very wary about going down the line of saying that they, that these people would have to have this certain level of qualification […] you can lose some excellent people.' (Local service provider)*

The personal qualities considered important for working with FIP families were interpersonal and communication skills; determination; resilience; tenaciousness; positivity; humour; patience; flexibility; energy; enthusiasm; and a genuine passion for the work.

Retaining key workers

Staff retention was also an important issue for FIPs, as key worker consistency was felt to be vital for families. According to the IS, at the first review stage 91 per cent of families were working with the same key worker they had at the start. By the second review stage, this had reduced to 86 per cent.

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

8.2.2 Small caseloads

Having small caseloads, and therefore being able to invest a relatively large amount of time in each family, was clearly identified by staff, local partners and families as a critical feature of the FIP model and untypical of other services. This feature of FIPs was often referred to as 'intensity'.

Staff and partners felt that the intensity of the FIP approach enabled projects to achieve a number of objectives that less intensive services had struggled to address in the past.

- **To build up trust and rapport with families**. This, in turn, enabled key workers to be honest and direct with family members, which was also seen as critical.

- **To be available when families needed them**. Having small caseloads meant that key workers were usually able to respond quickly to families' requests for advice or help, which was much appreciated by the families we interviewed. Staff emphasised that caseloads needed to be sufficiently small, so as to allow key workers to respond to crises or unforeseen events that might lead to a family needing a greater time investment than usual for a limited period.

- **To uncover and get to the roots of deeply entrenched problems**. Spending a substantial amount of time with a family enabled FIPs to go further than other services in identifying and addressing underlying issues. Staff and partners felt

that this was part of the reason why FIPs were able to make more progress than other services in terms of addressing families' problems and reducing ASB.

> *'I would say the key worker, um, has a very privileged position because they're not putting a plaster on anything, they're not patching anything up, they're going in and supporting […] but they're given the time to do that.' (FIP staff)*

- **To supervise and coach families learning to change their behaviour**. This was mentioned particularly in relation to the adoption of new parenting routines and practices, e.g. around breakfast and bedtime. It was felt to be much more effective than simply providing instruction and leaving parents to try and apply it on their own.

- **To be persistent and tenacious with families**, both when faced with resistance or disengagement, and in terms of repeating and reinforcing messages frequently to families. The latter was seen as important for bringing about the profound changes in mindsets and attitudes that can be necessary for breaking cycles of ASB.

- **To be persistent with agencies**. Having time to chase and pursue agencies in order to make sure that families were receiving the benefits and interventions they needed was also seen as critical.

8.2.3   Key worker model

The key worker model was also raised by staff and partners as being another crucial feature of the FIP model. Having one key contact with a clear responsibility for the family, to be available to support them and be an advocate for them was vital for securing families' engagement and trust and confidence in the FIP. The close key worker-family relationship had also inspired feelings of responsibility in family members that could be conducive to improvements in behaviour, e.g. because they did not want to disappoint the key worker or be told off by them.

As described in Chapter Two, the majority of FIPs were structured in such a way that each family had a single key worker as their main or sole contact, who spent a substantial amount of time with them. However, other models involving multiple or 'back-up' key workers were used.

8.2.4   A whole-family approach

The fact that FIPs were not just working with the person presenting the problem but instead considering the needs of all family members – parents and children alike - was felt to be a pivotal feature of the service. It was said that prior to FIPs, professionals had to refer each family member separately to, for example, social services or YOS, which had resulted in the involvement of a number of different agencies focusing on different individuals with no one person considering the whole family.

FIP staff and families indicated that projects tailored the service according to needs and so the extent to which they were working with all family members varied. In certain cases they had either minimal or no involvement with one or more family

member(s) if, for example, they were too young, did not have a need, were not resident in the household, or had refused to work with the FIP.

Despite this, there were three key reasons why staff and local partners believed it was important to have a level of involvement with every family member that allowed them to obtain a good overview of family relationships and dynamics.

- **Family members influence one another**. Therefore, good work done with an individual in isolation might be undone in the home. Working with the whole family mitigates the possibility of regressive influence.

  'If you're just trying to engage the young person and say things like 'you shouldn't be committing ASB, don't do it again', send them back into the environment where they came from. And then what happens is that the family haven't changed. In order to have a sustainable change you need to have the whole family go through that process, so that they can all be converted, if you like' (Local service provider)

- Working with every member of the family was seen as **necessary for affecting the kind of sea-change in lifestyle and mindset** which is essential for breaking a cycle of behaviour that may have persisted for generations. Even without regressive influences, working with less than the whole family was seen as unlikely to bring about such a profound level of change.

  'There's no point working with the individual committing the ASB because the family may well produce another two or three children, and you'll be working with those [later on]. If you work with the family then the skills are transferable and may well improve the life chances of the new siblings coming through.' (Local service provider)

- The whole-family approach was also **considered more able to get to the root of the problem** and be able to uncover the underlying causes of ASB, which may lie in the relationships between family members and the dynamics of the family as a whole.

Thus, the whole-family approach was seen as an essential feature of the FIP model, and a great improvement on the traditional approach whereby different agencies – or even different personnel from the same agency – targeted different individuals within the family and focused solely on them.

8.2.5   *Staying involved for as long as necessary*

In Chapter Two, we described how the length of time for which FIPs worked with families varied according to a range of factors. Nevertheless, staff and local partners saw the fact that FIPs could realistically plan to be involved with a family for a long time, as an important feature of the model. Families also highlighted this as something that set the FIP apart from other services, and was greatly appreciated.

Knowing that they could stay involved for the *'long-haul'* allowed FIP staff to take a long-term approach to their work where needed. For example, it allowed them to spend a considerable period of time in the early stages focusing on practical, relatively non-sensitive issues in order to build the trust and rapport needed to start work on the more sensitive issues that tended to be closely related to ASB later on. Staff and local partners emphasised that some FIP families had very complex,

deeply-entrenched issues, which only a long-term approach could possibly hope to tackle.

8.2.6   Scope to use resources creatively

Having considerable autonomy over how money was spent was voiced as another central feature of FIPs, as it enabled staff to consider a wide range of different kinds of service, and to adapt their plans according to families' changing needs and circumstances over time. This meant that they could work in a very flexible, creative and holistic way, which was remarked on and lauded by local partners. Crucially, it also allowed them to buy in services to meet families' needs where necessary.

Flexibility over the use of funds also allowed FIPs to purchase goods and items to aid their own work with families, such as paint for the family to decorate their home; a punchbag to help a young man control his anger (though they had also accessed funds from social services and charities for this).

8.2.7   Using sanctions with support

In Chapter Seven, we presented a range of interpretations of exactly what role FIP staff played in the enforcement of sanctions for families' continued ASB. In spite of this variation, however, there seemed to be general agreement among staff and local agency partners that FIPs needed to make use of sanctions in some way, alongside support, in order to ensure families' engagement and receptiveness to interventions.

In practice, families who agreed to work with a FIP tended to do so for one or both of the following reasons:

- They were under threat of serious sanctions (e.g. eviction, having their children removed) and perceived the FIP as a way of avoiding these.

- They recognised that they had support needs and were attracted by the support the FIP could offer.

However, genuine engagement involved more than simply agreeing to work with the FIP. It involved the family being receptive to the service and in principle being prepared to change.

It was quite typical for FIP families to be in denial about the need for them to change their behaviour. For example, they disputed certain allegations; blamed their behaviour on others' actions; or argued subjectivity i.e. that what someone else saw as ASB, they saw as normal behaviour (e.g. *just children being boisterous*). Where used effectively, the possibility of sanctions being enforced provided a stark illustration to families of the severity of their actions and thus prompted them to acknowledge their ASB. Having done that, they then came to see that support from the FIP might be needed or helpful for making the necessary behavioural changes. At this point, they became genuinely engaged with the FIP (i.e. more receptive to interventions and more open to change).

The necessity for families to acknowledge the need for behavioural change had two key implications for FIPs' use of sanctions alongside support.

- **Where a family did not desire support**, the simple threat of sanctions may be sufficient to bring about initial agreement, as they may perceive themselves as being *'at the last chance saloon'*, with no option but to work with the FIP. However, this did not necessarily amount to a genuine acknowledgement of the need for behavioural change. Our evidence suggests that when family members acknowledged the need for changes in their behaviour, and the support they required to effect these, they became more receptive to the FIP and more open to change. Thus, even where the threat of serious sanctions may in itself be sufficient to secure *engagement*, it could still be necessary to bring about acknowledgement and acceptance in order to deliver a truly successful service.

- **Where a family desired support**, sanctions may not be needed to secure initial agreement. However, a family may simply desire support for its own sake, without acknowledging the need for behavioural change. In that case, the FIP may still need to make use of sanctions in order to bring about this acknowledgment, which was needed to ensure that the support delivered would be effective for the family and community alike.

8.2.8 Effective multi-agency relationships

FIP staff and local partners clearly identified multi-agency working as a critical feature of the FIP model.

> *'I don't think [FIP] would work at all if you weren't actually working with other agencies. [...] it is a multi-agency project because we need information from all the different sources and they all feed into what is happening, and if we have any that haven't linked into that it's like missing a piece out of the puzzle, and it could be that one vital piece that could make the difference, so I actually think that's quite crucial to the work.' (FIP staff)*

Where successful, multi-agency working was described as having a number of important benefits:

- it ensured that families received all the services and interventions they needed
- it sent a consistent message to families, which created a clear sense of expected change
- it minimised opportunities for the family to *'play agencies off against each other'*
- it enabled the FIP to get to the root of the family's issues and problems – and thus, hopefully, to the causes of their ASB.

Seven key requirements for ensuring good practice in terms of multi-agency working were identified by FIP staff and local agency partners – these encompass actions for FIPs and actions for all agencies (including FIPs).

Actions for FIPs:

- **FIPs to allow sufficient time and resources to** establish and build links with other agencies.

- **FIPs to promote and publicise their work on a regular basis**. Clarity about FIPs' role and purpose, the role of partner agencies, and the potential benefits

for other agencies of engaging with a FIP, was seen as vital for securing 'buy in' from potential partners. Staff also highlighted the power of robust evidence on the outcomes and impacts of FIPs for drumming up support and pre-empting negative assumptions.

- **FIPs to maximise the potential of strategic links with partner agencies**. FIP staff were positive about the potential for using strategic level links to maximise and enhance links with frontline workers. It was also felt that strategic-level links could be used to resolve operational-level problems as and when they arose:

  > *'It's always been difficult to access services […] it's also*
  > *difficult to get information […] that is where you would expect*
  > *to perhaps get difficulties, but in theory, because we have*
  > *got the buy in from the senior managers, if we do encounter*
  > *any problems, they will deal with it swiftly.' (FIP staff)*

- **FIPs to build bridges with partner agencies by sharing learning and training resources.** Where challenges had been faced in establishing multi-agency relationships, sharing learning and training resources had sometimes proved helpful. For example, one FIP had offered other professionals some of their funded places on a parenting training course, while another put on some open training sessions in housing law.

Actions for all agencies:

- **All agencies being willing to play a part.** Effective multi-agency working was felt to require 'buy in' to the FIP approach from all agencies. This meant communicating well and being available, accessible and reliable. Local agency partners considered FIPs a model of good practice in all these respects. FIP staff were considered easy to contact and prompt in responding to requests for information or issues that needed addressing, and this was particularly appreciated. FIPs were also praised for the way they kept all parties informed and up-to-date, including during the referral period.

- **All agencies being willing to share information**. Accessing information stood out as one challenge that FIPs found particularly difficult to tackle. This may highlight a need for higher-level negotiation around information-sharing (at a local or even national level), as individual FIPs may struggle to negotiate increased access on their own.

- **All agencies having a respectful and collaborative rhetoric**. FIP staff recognised the need to acknowledge work already done by other professionals; show respect for their experience and perspectives; and actively encourage co-working and an honest exchange of ideas. They were also aware of the need to take care to avoid implying criticism. To this end, they felt that it could be important to convey the message that FIPs can achieve results where others had struggled mainly as a result of resources:

  > *'I think obviously what we've been doing is really selling the*
  > *differences, and obviously trying to do it in a very conciliatory way,*
  > *so we're not looking like we're undermining any of the professionals,*
  > *and the very worthwhile work that they have and continue to do. So*
  > *I think it's really flagging up, look, one of the key things is that it's an*

> *intense service, we can give those hours that are needed. Often, you know, other agencies have much higher caseloads.' (FIP staff)*

Local partners confirmed this, feeling that FIP staff listened and showed appreciation for others' priorities and needs.

Whilst strong co-operative multi-agency cultures were clearly in existence long before FIPs were developed, the FIP model was generally considered to have embodied the approach very well. There were also reports that projects had helped to advance a culture of multi-agency working in their areas, by opening up lines of communication between agencies and setting a good, clear example that could be followed in non-FIP settings.

8.3   Wider applications of the FIP model

As part of the discussion of the FIP design we asked research participants to reflect on whether this approach could be use with families or individuals in other contexts. A key factor influencing views about the wider applicability of this model of working was whether sanctions were felt to be a crucial factor to making this way of working successful (as this would limit the circumstances in which the model would be effective).

This aside, a number of suggestions were made for how the model could be applied to families and individuals. However, FIP staff and their local partners emphasised that if a FIP-type approach were to be used with a broader range of families, it should not result in a dilution of the work done with the most problematic families, resources for these families should be ring-fenced as a top priority.

There were two groups of people that could potentially benefit from this model of working – albeit with certain limitations (for example, in the case of vulnerable people who were not committing ASB, the combination of enforcement and support was not viewed as appropriate).

Families with less serious ASB

A recurrent suggestion was that the FIP service should be extended to those with lower level ASB and that more preventative work should be done with families before issues become too acute (and eviction proceedings and child protection actions have escalated).

Vulnerable families or individuals who are not engaged in ASB

It was also recommended that aspects of this approach should be used to focus on other 'vulnerable' families or individuals who have severe support needs but are not committing ASB (i.e. replicating the intensity of FIPs without the sanctions). Specific examples mentioned included: families with relationship and/or parenting problems, vulnerable individuals such as care leavers in foster homes or vulnerable people preparing for independent living, families with child protection issues (i.e. who face the prospect of their children being taken away), young people who are playing truant or who have been excluded from school and young people leaving prison.

8.4   Final remarks

This evaluation has provided positive evidence of the way in which FIPs are operating. There is general consensus that the FIP model is 'fit for purpose' and is required to deal with the families they are targeting. Testament to their perceived success is the way the FIP model is being rolled out to other areas. It is also being used as a blueprint for services with families more broadly classified as 'at risk'. The recent Families At Risk Review clearly endorsed the importance of this approach and has led to a plan to set up a number of Family Pathfinders from April 2008, which will apply and build on the learning of FIPs.

> *'Excellent children's services and excellent adults' services are not enough in isolation. To transform life chances and break the cycle of disadvantage, services must go further. They must 'think family'.'*
> *[Families at Risk Review]*

Similarly the Youth Task Force Action Plan sets out a commitment to establish 20 Intensive Intervention Projects that will extend the FIP model to work with the most challenging and problematic young people.

At the time of our research the 53 FIPs were at varying stages of development and not all were fully operational. Plans were also afoot to extend the service some FIPs were providing by, for example, adding a dispersed or core option or increasing the number of families they were working with.   It remains to be seen, however, how well the FIP model will work once all FIPs are operating at full capacity.   The small caseloads and time that key workers have at their disposal to work with families is an essential aspect of the way FIPs work. Should this time be eroded due to a lack of resources, then they may not be so successful in their aims.

Similarly it is essential that FIPs are realistic about the length of time they should work with a family.   The need for 'a quick fix' and the desire to avoid families becoming 'dependent' on a FIP needs to be weighed against the complex, deeply entrenched and often intergenerational problems these families have.

As is often the case with new initiatives, the timetable for the development of FIPs was ambitious. As a result new projects have taken longer to set up than anticipated. It is clear from their experience that the importance of allowing sufficient time for FIPs to develop is critical to their future success. This time should not be underestimated as it is required to prepare the ground work and build the links (and ensure buy in) at the local level, as without this the work of the FIP can be easily undermined.

The FIP specification indicates that projects should focus on the most problematic families who are persistently perpetrating ASB and at risk of losing their homes or other significant enforcement action. Our evidence indicates that FIPs were clearly working with families that met the primary eligibility criteria and have higher levels of ASB and risk than those who were turned down. Despite these reports there was a lack of robust evidence to actually verify whether FIPs were reaching the 'right' families. The profile of FIP families will need to be monitored in the longer term to assess this further and investigate whether families are being missed and why for example white families may be over represented.

The early outcomes reported by FIP staff for the 90 families who completed the FIP intervention in the period we monitored are more than encouraging. Considerable

improvements were evident in all key areas of the FIPs' work. ASB and criminal activities had declined considerably at the point families exited from a FIP. Families' housing situation also seemed to have improved markedly. Furthermore, a decline in the risk of families engaging in ASB was reported, as were positive outcomes for children and young people. Local agency partners and FIP staff also endorsed the way FIPs helped to reduce the burden on local services working with challenging families; contributed to multi-agency working; and helped to break down some of the barriers between FIP families and other services.

The final judgement, however, about the efficacy of FIPs will ultimately depend on a formal impact assessment which compares the outcomes of FIPs against those of a control group of families who do not receive the FIP service. In tandem with this, more work needs to be done to assess the degree to which outcomes are sustained in the longer term. We now have evidence from FIP staff of what happens to families at the point they leave the project, but it is less clear what happens further down the line. Early indications from research carried out by Nixon et al. (2008) suggests that the positive outcomes are sustained in the longer term. Six months on there had been no further significant complaints about the families' ASB they interviewed (in six projects). Equally the risk of homelessness for these families had been reduced and the family home was secure at the point of the interview. This work needs to be replicated across all 53 FIPs and these longer term outcomes need to be assessed quantitatively.

At the time when we did our research, there was real concern among those directly involved with FIPs about the future sustainability of projects due to the short-term funding. To a large extent this was addressed by the recent Government commitment to ongoing funding of up to £18 million to support and sustain FIPs for a further three years (until 2011). However, for projects depending on more than one source of funding there was still uncertainty about being able to rely on other funding streams such as Supporting People and the Neighbourhood Renewal Fund. Also, in the longer term FIP staff said they may struggle to access mainstream funding streams which could result in tensions within local authority funding plans. More importantly it may end up diluting the FIP model.

1 Barnsley
2 Bolton
3 Kirklees
4 Knowsley
5 Oldham
6 Rochdale

7   Camden
8   Hackney
9   Lambeth
10 Newham
11 Southwark
12 Tower Hamlets
13 Westminster
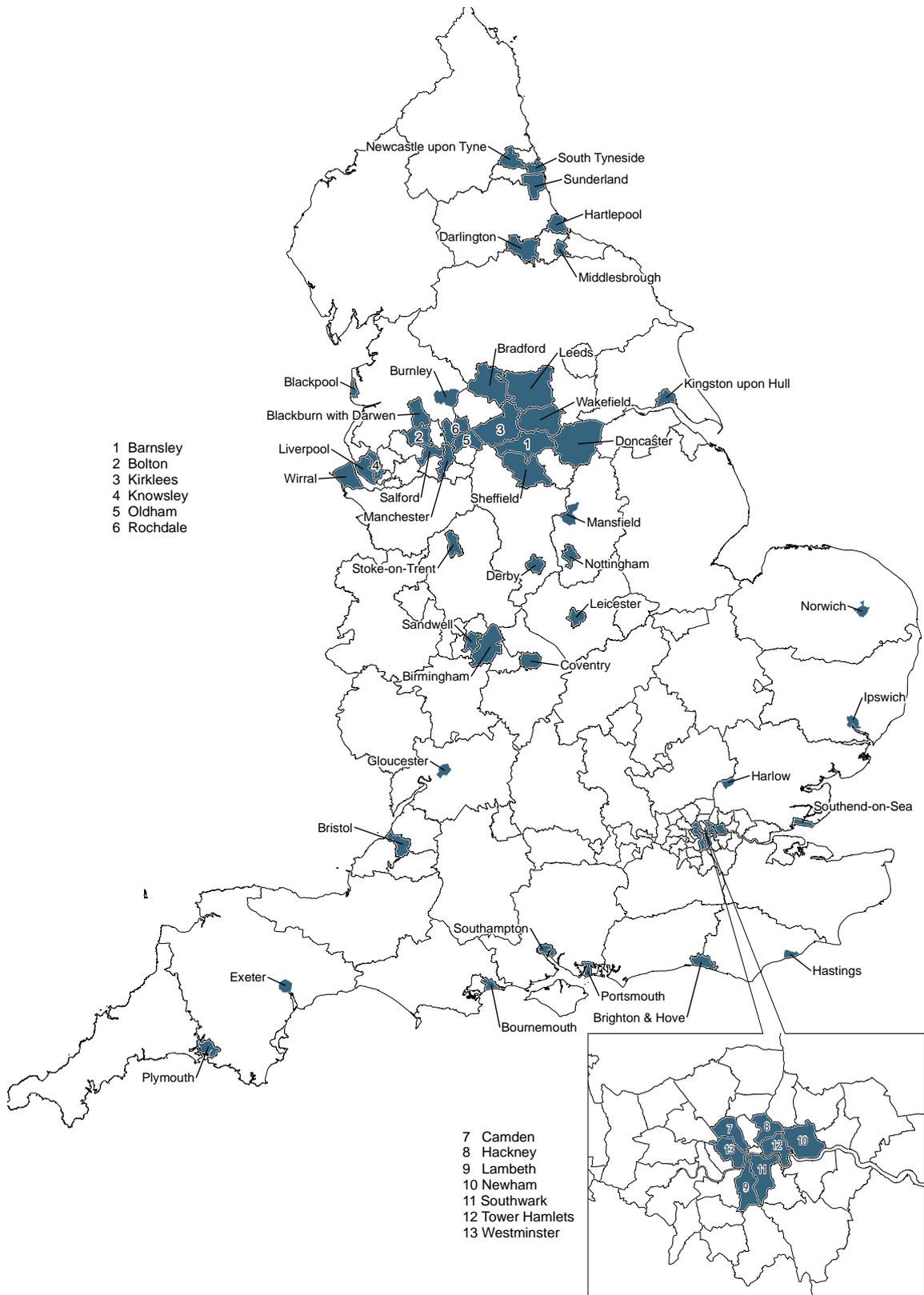
APPENDIX B   TOPIC GUIDE FOR MAPPING STUDY INTERVIEWS

Topic Guide for Site Visit Interviews
Managers guide

This guide is for FIP Managers and others with a strategic overview of the project (NB sections likely to be of most relevance to respondents with a strategic perspective who do not work in the FIP itself – e.g. Local Authority Strategic Leads – are marked 'STRATEGIC' in shaded boxes). All shaded notes in the guide are <u>indications only</u>: please use the guide flexibly and adapt your questions to the individual respondent as usual.

1.   **Introduction**

- Introduce self & NatCen
- Introduce study:
  - part of national FIPs evaluation funded by RTF and Communities and Local Government
  - visiting small number FIPs in person, talking to rest on telephone
  - building up picture of how they work, views & experiences
  - (where adapting an existing project) need to explore how project's developed/changes since becoming an 'RTF FIP'
  - (if appropriate) have seen your project bid / other documents
- Reassure re confidentiality (inc not passing info between colleagues)
- How we'll report findings
- Emphasise voluntary participation
- Digital recording – check OK
- Reminder of interview length – check OK
- Any questions/concerns?

2.   **Participant(s) & project background**
WHOLE SECTION STRATEGIC

- Briefly describe your role(s) in FIP
  - responsibilities
- How long been in job
- History of involvement with FIPs-type work

Guidance re focus of interview (if not yet clear)
Across all interviews, we want to explore the design and set-up of the FIP, then work through the various stages families go through – referral, assessment, drawing up a contract/support plan - and then talk about the actual interventions themselves, including working alongside other agencies. Can you give me a sense of which of these areas I should focus on with you, to make sure we use this time wisely?

- Area that your FIP covers – describe (focus on level of deprivation / type of ASB)
- Nature of any similar services / projects working in this area (inc multi-agency fora)

3.   Design, set-up and overview of project

- Initial set-up
    - reason for setting FIP up in area
    - who involved in setting FIP up
    - which department of LA is responsible for FIP; reasons for this
    - who's delivering FIP (local authority or voluntary sector provider); reasons for adopting this approach
    - composition, role and remit of any steering group(s)
    - which model of intervention adopted (outreach / dispersed / core); reasons for this & how decided
    - degree of flexibility felt had in developing model

- Current situation
    - how long been running / stage of development
    - (if pre-existed FIPs) briefly describe changes that have taken place as a result of RTF funding

- Nature and number of staff
    - staffing structure
    - roles & responsibilities of staff members
    - recruitment; backgrounds, required skills
    - training and support offered
    - retention (ensuring consistency for families)

- Profile of families
    - number of families working with
    - whether currently working at capacity
    - types of ASB, issues/problems they have etc.; (if applicable, how changed)

- Interventions and services provided (if applicable, how changed)
    - issues / needs (most commonly) dealt with in support packages
    - what types of parenting support available (Webster Stratton 8-10 yr olds; Triple P, Strengthening Families 10-14 Yr Olds)
    - balance of support delivered by FIP vs others
    - where families access support (e.g. inside / outside home)

- Working with families
    - how much time do they typically spend working with a family per week
    - when are they available to families; shift patterns & emergency cover
    - how many FIP staff are involved with a family (max, min, average)
    - how long work with a family (max, min, average)
    - how nature of support / level of contact varies for different families (e.g. according to level of intervention / severity of need)
    - how nature of support / level of contact varies for different family members
    - how ensure you're meeting all family members' needs
- Key worker role
    - key tasks & responsibilities
    - size of caseload

- balance of co-ordination & delivery
- nature of relationship with families – what part does enforcement play & how helpful as a tool
- how is balance of enforcement and support achieved; challenges in doing this & how overcome; degree to which using this approach previously
- need for 'persistence' in their role
- how role / relationships different to other workers

STRATEGIC
- How do they promote their FIP to public and professionals (including potential referrers)h
  - how others know about FIP
  - nature of any outreach activities undertaken

STRATEGIC
- Key links made with other agencies and services in area
  - which agencies do they have links with
  - (if not mentioned) explore links established so far with health, JobCentre Plus, parenting providers and landlords
  - which links most crucial
  - how links achieved
  - how ensure multi-agency 'buy-in'
  - what does multi-agency working mean in practice (having contracts; being on steering group; nature & level of contact)
  - kinds of information shared & at what stage of process; nature of any systems used

STRATEGIC
- Funding
  - level and source(s) of funding (RTF and others)
  - approximate amount from each source
  - conditions attached to funding (inc. how long guaranteed for)
  - who manages finances in project; who should our cost benefit analyst contact to ask for financial information

STRATEGIC
- Guidance & support
  - nature of any guidance / support required (from RTF or elsewhere)

4. Referral, assessment & contract / support plan
NB THIS SECTION MAY BE COVERED WITH EITHER MANAGERS OR DELIVERERS, SO MAY NOT BE APPROPRIATE IN EVERY INTERVIEW
I would now like to ask you in detail about the way you select, assess and work with families.

- Describe the process by which families are referred to FIP
  - agencies that refer
  - how families identified and targeted
  - stages / tasks involved in identification and referral
  - description of referral form

- Other organisations / people making referrals
  - reasons they choose to refer to FIP
  - level and type of contact between FIP and (potential) referrers
  - whether have initial discussions about families prior to formal referral
  - how would describe relationships with (potential) referrers

- Assessing referrals
  - who involved
  - what involved (e.g. meeting, other communications)
  - assessment criteria, flexibility
  - how long takes; variation & reasons

- Involving families in referral
  - when is contact made with families
  - who makes this contact
  - how is it done (visit, phonecall etc.)
  - how do families react to being contacted
  - how does FIP respond if family refuses

- Rejection at referral stage
  - proportion of families rejected at referral stage
  - reasons for rejection
  - how rejection communicated to referrers; how dealing with inappropriate referrals
  - how rejection communicated to family
  - what happens to rejected families
  - whether families can be referred again; what would have to change to be accepted

- Views on referral process
  - effectiveness at targeting right families
  - challenges / problems with referral process & how overcome

- Views on family needs assessment
  - what does this aim to do
  - effectiveness in meeting aims
  - challenges / difficulties and how overcome

- Views on role & importance of family contract / support plan
  - key features of effective contract / support plan
  - importance in the work they do

5. **Reflections on FIP design, implementation and delivery (where not already covered)**

- How easy/difficult to set up and develop FIP
  - challenges / difficulties experienced to date & how overcome

- (If applicable) transition from previous project
  - how easy / difficult to make the transition
  - challenges / difficulties in making transition & how overcome

- How well do they feel FIP is working at the moment

- Impact of where FIP located in local authority
- Impact of LA/voluntary sector delivering the service

- Are they reaching the most problematic families
  - how do they know; what evidence do / will they have
  - how will they address if they are not

- How easy is it to work with families
  - which family members easier / more difficult to support

- What challenges / difficulties have they experienced working with anti-social families
  - how do they ensure families engage with project
  - how do they handle families who want to drop out; how much of a problem
  - views on role / importance of key worker
  - types of support easiest / hardest to deliver
  - types of support most / less successful; how judged
  - views on parenting training being provided; success of parenting programmes with families (if known)

- Views about multi-agency working
  - how well are they working with other agencies
  - keys to effective multi-agency working; how do they judge this
  - challenges / difficulties & how overcome
  - views on how introduction of FIP has affected multi-agency working (inc. from families' perspective)

- Views about guidance & support
  - role of RTF

6. The future

- Plans for development over next year (i.e. during RTF funding period)
  - interest in developing a core model

- Sustainability & future funding

- plans for future funding
- views on sustainability post-RTF funding
- potential changes to way FIP operates post-RTF funding?

- Expected outcomes
  - for families in short / medium / long term
  - for communities in short /medium / long term
  - will the FIP achieve its aims?

- Judging the FIP's success
  - how they will judge FIP's success in short / medium / long term
  - how will they judge the success of multi-agency working in short / medium / long term
  - how long does it take for different impacts to become evident (*if appropriate/helpful, explain that we're exploring the feasibility of measure the impact of FIPs)*
  - how will they ensure benefits for families last beyond FIP's involvement

- Key challenges
  - what might threaten / limit success of FIP
  - strategies for tackling these challenges

7.   Reflections on the FIP model
WHOLE SECTION STRATEGIC

- Advantages / disadvantages of the FIP model
  - which aspects of design are critical for helping families
  - which aspects of design are critical for helping communities

- Wider applications of the FIP model for working with other families (including those who are not anti-social)

- Early thoughts/suggestions for improvements to FIPs
  - to the design of FIPs
  - to the referral process
  - to the assessment process
  - to the family contract / support plan
  - to the way they work with families
  - to the key worker role
  - to relationships and ways of working with RTF
  - other suggestions / improvements

- If you had to advise the RTF on setting up FIPs again, what would you say they should do differently?

8.   The evaluation
WHOLE SECTION LOWER PRIORITY

Before I finish, I'd just like to ask you a few specific questions to help with other parts of the FIPs evaluation.

STRATEGIC

- Community witnesses
  - any involved in FIP already? If so, nature of involvement – re specific families, or more general? Likelihood of being able to recruit 2 for interview?
  - (if none involved in FIP already) we've been asked to try and access the community perspective on the FIP – how could we best do this? Who should/could we speak to?
  - ethical / data protection issues

STRATEGIC

- Focus groups with people from local agencies with strong interest in FIPs, to explore multi-agency working.
  - who should we ask (contact details if possible)
  - how to recruit

- *(If not already asked)* Would it be possible to have blank copies of key documents (e.g. referral form, family contract/support plan) to use as prompts in our interviews with family members?

9. <u>Conclusion</u>

- Anything to add?
- Questions about interview / evaluation in general?
- Reiterate confidentiality assurance
- Thank you

APPENDIX C   TOPIC GUIDE FOR INTERVIEWS WITH FAMILIES

Topic Guide for Adult Family Member Wave 1 Interviews

- The primary aim of this interview is to explore family members' initial views and experiences of the FIP, focusing on the referral and assessment processes and early experiences of receiving interventions. However, we are likely to be speaking to families who have been involved with a FIP for different periods (i.e. it may not be logistically possible to recruit all families who have just been through referral and assessment) so it may also be appropriate to explore early outcomes and impacts as well as initial reflections
- This topic guide is designed for interviewing adult family members. It may be used with 1 or more adult member(s) of each selected family, in one-to-one, paired or triad interviews.
- We also have an equivalent children / young person's topic guide. Our assumption is that we will interview adults and children separately, so will only use 1 topic guide in each interview (although an adult may be present during some interviews with children).
- Where possible the aim is to do the parent interview before other family members

1.   Introduction

- Introduce self & NatCen
- Introduce study:
    - part of national FIPs evaluation funded by RTF and CLG
    - visiting small number of families
    - understand views and experiences of FIP and suggestions for improving / changing
- Digital recording – check OK
- Reassure re confidentiality (including from KW and other family members)
- How we'll report findings
- Reminder of interview length – check OK
- Reiterate voluntary nature of interview (also that can take a break and fine to refuse to answer any question)
- Any questions/concerns?

2.   Participant(s) background and circumstances

- Participant(s): name, age and what currently doing now
- Who lives here with you: names, ages, relationships and current activities (where not clear from other family interviews)
- Other family members not in household: names, ages, relationships and frequency of contact (only need to ask this once)
- Length of time living in home; area
- Views about local area
- Nature of accommodation; who owns the property (only need to ask this once)

3.   Initial contact with the FIP

NB families may not be aware they have been through a formal referral process. Also they may have had to sign a consent form at the very start of their contact – which was different to the contract
Check which term they use to refer to the FIP (e.g. NCH etc).

- First contact with FIP
  - when were they first in contact with the FIP
  - who put them in contact with the FIP (if known)
  - who were they first in contact with at the FIP
  - what form did this first contact take (e.g. visit, meeting, phone call)
  - what information were they given at that point
  - what was discussed at that point

- Whether heard of FIPs prior to involvement
  - if so, what did they know / think about FIPs
  - where did they get this information from

- How aware were they that they were being referred / put in contact with the FIP

- Why did they think they had been referred to / put in contact with FIP
  - explore types of ASB being perpetrated if appropriate
  - views on whether referral was appropriate / justified
  - any reservations about taking part; how handled
  - whether thought they had a choice

- Initial expectations / hopes / concerns
  - how dealt with any concerns
  - nature of any discussions with family members & others (e.g. professionals) at that stage; impact on them

4. Assessment and contract/support plan

NB as before, families may not be aware that they underwent an assessment, and may not distinguish clearly between the assessment period and ongoing work thereafter.

May help to show families a blank contract/support plan so that they know what we are talking about.

- Describe what happened in first few weeks after initial contact with FIP
  - who did they have contact with in the first few weeks (FIP & other agencies)
  - what form did the contact take (e.g. phone calls, letters, meetings)
  - what were they & other family members asked to do (e.g. family group conferencing, filling in forms)
  - what did they talk to KW / other FIPs staff about during their first few meetings?

- How did they feel at this time
    - hopes / expectations
    - worries / concerns

- Drawing up contract / support plan
    - how was this drawn up (e.g. at meeting)
    - who was involved (respective roles)
    - how far were family members consulted
    - nature of any issues for discussion/disagreements; how resolved
    - how did they feel about what was put in their first support plan/contract

- Describe contract/support plan
    - what support & targets & sanctions for different family members
    - what time period does it cover

- Reviews of contract / support plan
    - how frequently is / will be reviewed
    - purpose of reviews
    - what form review takes (meeting / other method / ongoing)
    - who involved
    - (where appropriate) nature of any changes made at review/s; actions resulted

- Views / reactions to contract / support plan
    - role & value of contract
    - views on content of their contract
    - nature of any concerns
    - how dealt with
    - ease / difficulty of complying with contract

5. **Support / interventions received**

I'd now like to ask you about the kind of involvement you and your family have had with the FIP and other people and agencies. I'd like to start by asking you about your Key Worker. Can I just remind you at this point that nothing you say will be passed on to your Key Worker or anyone else.

NB Where a project pre-existed FIPs funding, we need to be very clear about support / interventions provided before and after it became a FIP

- Support provided by Key Worker
    - what does KW do for them & their family
    - where is this support provided
    - frequency of contact with KW (different family members)
    - describe their (and family's) relationship(s) with KW

- Support provided by other FIP staff (if any)
    - which staff / how many
    - what do these staff do for them & their family

- where is this support provided
- frequency

HIGH PRIORITY

- What other professionals/services are they in contact with; probe all & prompt for health, JC+ and parenting
  - reason for contact/s
  - how did their contact come about
  - when did contact begin (NB check whether before involved with FIP)
  - what do these agencies do for them and their family
  - frequency of contact with each service
  - how easy is for them to get to these services

HIGH PRIORITY

- What (if any) contact do the different services have with each other
- How well do the different services work together
- How do they complement and support each other
- How is this organised; by whom
- Can they describe some examples of where this works well / less well

HIGH PRIORITY

- Future expectations
  - how long do they think they will be in contact with these services (probe all services in contact with including FIP)
  - how do they know this
  - (where appropriate) how are they preparing for services coming to an end

- Where any services have ended
  - circumstances in which this happened
  - reasons for service ending
  - how they dealt with this
  - feelings about service ending; what difference did it make to them; how are they managing without service

- How easy to keep appointments
  - whether missed any appointments
  - circumstances in which happened
  - how dealt with

- Whether dropped out of any of FIP services being provided
  - circumstances in which this happened
  - reasons for dropping out
  - how dealt with
  - feelings about having dropped out; what difference did it make to them
  - what might have persuaded them to stay on

6.   Impacts of FIP

The extent to which it is possible to cover these issues will depend on how long the family has been involved with the FIP.

HIGH PRIORITY
- What difference has the FIP made to them personally
- What difference has it made to other family members
- What difference has it made to the members of the local community

> **Could prompt for:**
> - Anti-social behaviour / criminal activity
> - Housing situation
> - Neighbour / community relationships
> - Family relationships
> - Parenting skills
> - Child behaviour
> - School attendance / achievement
> - Employment / education status or aspirations
> - Physical / mental / emotional health
> - Confidence / self-esteem
> - Ability to access appropriate services

- Which types of support have made the most difference
- Who / what else has resulted in positive impacts (e.g. Key Worker)
- How far did they anticipate that the FIP would help them in this way
- Has anything got worse as a result of their contact with FIP
  - how did this happen

HIGH PRIORITY
- What would be different now if they hadn't got involved with the FIP?

HIGH PRIORITY
- What difference do they think the FIP will make to their lives in the future (next 6 months or longer than this)
- How likely is it that the positive impacts will last
- Concerns for future

7.   Views/reflections on service received to date

- What do they think of the FIP and why

- How important is it to have a service like FIPs & why
  - what role should it provide
  - who should it be aimed at

- Views on FIP services received by them and other family members
  - role / importance
  - extent to which meeting their needs; needs of family members
  - extent to which met their expectations

- How does the FIP support compare with similar support received pre-FIP (if applicable)
  - how does support provided by other services compare with provision pre-FIP

- Views about the way the service/s is/are delivered
  - how easy is it to get involved with different services
  - what if any difficulties exist (e.g. transport, cost of travel, fitting around other commitments)
  - which services do barriers apply to
  - how have they addressed barriers

- What do they see the KW's role as being
- Views about their key worker *(remind re confidentiality)*
  - explore specific examples where helpful / less helpful
  - co-ordinating and overseeing other services / professionals
  - support and control of their behaviour
  - importance of seeing same/different person
  - how relationship compares with other professionals

- Nature of any outstanding support needs
  - views on reasons why not currently receiving
  - how dealing with gaps; expectations

8.   **Suggestions for improving FIP**

- Views on how FIPs service could be improved
  - how families are selected / referred
  - how families needs are assessed
  - nature of the support provided
  - way support is provided (inc. KW model)

- How far do they think FIPs can help to reduce ASB?
- How far do they think FIPs can reduce homelessness?

- How they would describe the service they have received from FIPs to another person?

9.   **Conclusion**

- Anything to add?
- Questions about interview
- Reiterate confidentiality assurance
- Consent to re-contact (collect contact details if necessary)
- Incentive (if applicable)
- Thank you

APPENDIX C   TOPIC GUIDE FOR GROUPS WITH LOCAL SERVICES

Topic guide for focus groups with local services

This guide is designed to be used in focus groups with representatives from local agencies that have some involvement with a FIP. We are interested in exploring two key ways in which local professionals might be involved with a FIP:

- Referring families
- Working alongside the FIP and providing support to the same families

Each group will last between 1 ½ - 2 hours. While the focus of the discussion may vary according to the particular perspectives of participants, the key aims of each group will be:

- To explore the nature of different agencies' involvement with FIPs
- To gather views on the role and value of the FIP in the local community
- To gather views on the FIP 'model' or way of working
- To explore views and experiences of referring families to the FIP
- To explore views and experiences of working with the same families as the FIP
- To explore views and experiences of multi-agency working in the local area, and any effects the FIP has had or could have on this
- To collect suggestions for potential improvements to FIPs and gauge the level of overall support for the project among local stakeholders.

1. Introduction

- Introduce self & NatCen
- Introduce study:
- part of national FIPs evaluation funded by RTF and Communities and Local Govt
- this FIP is one of 9 case studies where we're speaking to staff, families & local stakeholders in depth, to build up a full picture of how the FIP works and its role and value in the local area
- Digital recording – check OK
- Important you feel free to speak openly & honestly – feel free to criticise FIP
- Reassure re confidentiality; inc. respecting each other's confidentiality
- How we'll report findings
- Emphasise voluntary participation; free to take a break/use the toilet
- Want to hear people's views and experiences, so disagreement is OK
- Reminder of finish time of group – check OK
- Check how group refer to FIP
- Any questions?

2. Participant background

Go round the group and ask for:

- Name
- Job title (and brief description if not obvious what they do)

- Brief description of involvement with FIP (if possible establish whether experience of referrals and/or working alongside FIP)

3. Awareness of FIP

- How first became aware
- What (if any) information provided about FIP
  - how provided; and who delivered (if appropriate)
- Views about information provided; any information would have liked but didn't receive
- How clear were they about the FIP model
  - nature of any confusion
- How clear about their potential role/involvement with FIP
  - nature of any confusion

4. Views of the 'FIP' model

- What did they think of the idea of a FIP when they first heard about it
  - what was attractive / unattractive
  - nature of any concerns

- What would they say are the key features of a FIP

  If necessary, prompt for:
  - key worker model
  - co-ordinating role (probe re comparison with 'lead professional' model and other ways of working)
  - whole family approach
  - enforcement and support (NB. ASK to what extent do they see the FIP playing the enforcement role)
  - intensity
  - persistence

5. Referral (if appropriate)

If not already clear, establish which participants have been involved in referring families to the FIP – spend less time on this if some participants have not.

- Who do they see as the FIP's target group
- How clear are they about the referral process
- What do they understand to be the FIP's referral criteria

  If necessary, prompt for:
  - threat of eviction
  - ASB complaints / enforcement orders
  - child protection
  - adult-only households

- Views on the referral criteria
- How far is it helping to identify the most problematic famiies

- how do they know this
- (where appropriate) reasons why not reaching them; and how to overcome

- Can they describe their experiences of referring families to the FIP

- How well is the referral process working
- Ease / difficulty of making referrals
  - how easy / difficult to access information required
  - how easy / difficult to share information required
  - how easy / difficult to complete forms

- How would they describe their relationship with the FIP when referring families
- How well does the FIP communicate with referrers
  - usefulness of any preliminary discussions with FIP
  - satisfaction with way in which FIP kept them informed about referral's progress
  - satisfaction with post-referral feedback

- Rejected referrals
  - feelings about any rejected referrals
  - how dealt with rejections; what happened to those families

- What (if any) changes would they like to make to the referral process (and criteria)

6. **Working with the same families as the FIP (if appropriate)**

If not already clear, establish which participants have been involved in working with the same families as the FIP – spend less time on this if some participants have not.

- Can they describe the contact / involvement they have with the FIP in regard to 'shared' families
  - frequency
  - method (face-to-face (e.g. multi-agency meetings / referral or support panels); phone; email; letter)
  - how formal / informal

- What involvement have they had with the FIP at needs assessment stage; if any
  - information sharing to assess families' needs
  - use of common tools (e.g. CAF) – how is FIP using / contributing to these

- How would they describe the FIP's approach to working alongside other agencies with these families
  - what do they see the role of the FIP as being
  - who is responsible for coordinating support from all agencies
  - views about this role
  - how would they describe the FIP's approach to working alongside **their** agency

- How easy / difficult is it to work with the same families as the FIP
  - any problems / challenges

If necessary, prompt for:
- communication issues
- information sharing
- use of common tools (e.g. CAF)
- duplication
- conflicting interests
- lack of respect (issues of qualifications / credentials)

- What involvement do they have with families when they stop working with the FIP
  - How involved have they been involved in preparing and negotiating exit plans for families leaving FIPs
  - Views about how well this is working

7. **Outcome and impacts of FIPs**

- How will they judge the success of the FIP

Impact on local agencies
- What impact has the FIP made on them and their work

- What (if any) impact has the FIP had on local services

- Which agencies has the FIP affected most & why

Impact on multi-agency working with the FIP
- How does the way they work with FIP compare with other multi-agency partnerships they are involved in within the LA

- What (if any) impact has the FIP had on multi-agency working in the local area
  - changes to practices
  - changes to how well agencies work together
- What is the culture of multi-agency working like in the LA

- What do they see as being the key to multi-agency working
- What are the facilitators and barriers to effective multi-agency working

- What impact, if any, does the location of the FIP in the local authority (i.e. which department/team it sits in) have on its relationships with other agencies?

- What potential, if any, do they think the FIP has to improve multi-agency working in future

Impact on families and community
- What are the short/medium/longer term impacts do they expect FIPs to have on the families they are working with
  - How will they judge this
  - Any evidence of impacts to date

- How sustainable are these impacts/will these impacts be

- what will happen to families when FIPs stop working with families

- FIPs are designed to balance the needs of families and the community. To what extent would they say that their local FIP is achieving this balance

- What (positive or negative) impact is the FIP having on the local community
  If necessary, probe for effects on:
  - criminal and anti-social behaviour
  - neighbour disputes
  - appearance / environment – burned cars, damage to property, graffiti etc.
  - noise
  - morale / perceptions

- How do they know the FIP is having this impact
  - How do they monitor this; how reliable is this information
  - feedback from neighbours
  - process for gathering feedback

- How do they feel the FIP is viewed by neighbours / the local community
  - perceived benefits
  - worries / resistance
  - (if applicable) community's views on dispersed properties / core block

- How should the FIP measure its impact on the local community
  - who should be consulted and how
  - how aware are neighbours of families the FIP is working with

- What impacts do they expect to see in the future

8. **Final reflections and suggested improvements**

- How much of a need is there for a FIP in their local area
- What role is it performing
- What (if any) gaps is it filling
  - whether compliments existing service provision
  - how well does it respond to local needs

- What is new or different about the FIP method of working with families

- Which aspects of the FIP model are critical for helping families

- How important is it whether the service is provided by the local authority or a voluntary provider

- How important is it whether the FIP is located within the local authority

- To what extent should FIPs be a funding priority in the future
  - suggestions for how it should be funded

- What would it need to demonstrate to ensure long-term survival

- What other wider applications might it have for working with other families in other contexts

- What (if anything) could be done to improve the way they are working together
    - in relation to referrals
    - in providing support
    - in way they communicate
    - in how they share information

- In what ways could the FIP be improved
  If necessary, prompt for:
    - model / way of working
    - tailoring to local needs
    - referral criteria / targeting
    - referral process
    - working with other agencies
    - bringing about benefits for the community

- What key messages would they like to send back to the RTF about any of the issues discussed
- What about other agencies/departments e.g. Local Authority, CLG, JobCentre Plus, Health, etc.

9. <u>Conclusion</u>

- Any final questions?
- Reiterate confidentiality assurance
- Thank you

APPENDIX D   CONTENT OF THE FIPS INFORMATION SYSTEM

	Referral	Assessment	Reviews	Exit
Family circumstances				
Family size and composition	Y	Y	Y	Y
Age, gender, ethnicity, disability and SEN (if 16 or under) for each family member	Y	Y	Y	Y
Family members away from home (e.g. prison, youth custody, in care)	Y	Y	Y	Y
Adults' employment status	Y	Y	Y	Y
Children's education/schooling	Y	Y	Y	Y
Whether family receiving out of work benefits	Y	Y	Y	Y
Family debt and size of debt	Y	Y	Y	Y
Referral				
Which agency(ies) referred the family to the FIP	Y			
Other agencies involved with the family at time of referral	Y			
Referral outcome: offered intervention, put on waiting list, not offered in intervention	Y			
Reasons for not offering intervention e.g. not at risk of homelessness, ASB too low, family refused to engage	Y			
Housing status				
Housing tenure - e.g. rented from LA, RSL or private, own home, temporary accommodation	Y	Y	Y	Y
Type of tenancy – i.e. introductory/starter, secure/fully assured, non-secure demoted, demoted assured short hold, regulated	Y	Y	Y	Y
Anti-social behaviour				
Incidence of different types of ASB among different family members – i.e. misuse of public space, disregard for community/ personal well-being, ASB directed at people, environmental damage	Y	Y	Y	Y
N. of complaints reported to FIP by police, housing department/landlord, environmental services, neighbours, ASB team	Y	Y	Y	Y

	Referral	Assessment	Reviews	Exit
Risk factors faced by each family member				
Parenting – i.e. poor parenting issues, whether any children on the at risk register, teen pregnancy, child protection issues	Y	Y	Y	Y
Other family issues – i.e. inappropriate peer group, domestic violence, relationship breakdown	Y	Y	Y	Y
Health issues – i.e. physical health problems, mental heath issues, drug/alcohol/substance misuse and severity	Y	Y	Y	Y
Education (children) – i.e. truancy levels, low education attainment, temporary/permanent exclusion, alternative curriculum	Y	Y	Y	Y
Lack of basic numeracy/literacy	Y	Y	Y	Y
Difficulty with daily tasks – e.g. getting up, going out	Y	Y	Y	Y
Family members victims of discrimination, ASB, other crimes	Y	Y	Y	Y
Enforcement/pre-enforcement actions, convictions and arrests – information collected for each family member				
Housing related actions - e.g. warning letter, demotion order, notice of seeking repossession	Y	Y	Y	Y
Warnings - e.g. police caution, conditional caution	Y	Y	Y	Y
Contracts and agreements - e.g. parenting contract	Y	Y	Y	Y
Fixed penalty notices and penalty notices for disorder	Y	Y	Y	Y
Seizure of property	Y	Y	Y	Y
Orders - e.g. ASBO, CRASBO, Parenting order	Y	Y	Y	Y
Juvenile specific orders - e.g. supervision, referral, curfew	Y	Y	Y	Y
Others community penalty and fine	Y	Y	Y	Y
Conviction for different types of criminal offences	Y	Y	Y	Y
Arrests for different types of criminal offences	Y	Y	Y	Y
On bail, probation, a tag or conditional discharge	Y	Y	Y	Y

	Referral	Assessment	Reviews	Exit
FIP intervention				
Whether FIP staff played a role in putting in place any additional (pre-) enforcement actions above		Y	Y	Y
Whether same key worker working with the family		Y	Y	Y
Type of FIP intervention – i.e. residential/core block, dispersed accommodation, outreach/floating support			Y	Y
Types of support **planned** to be delivered by FIP staff i.e. which ASB/risk factors meant to tackle (e.g. poor parenting, alcohol misuse) and how provided (e.g. mediation, mentoring, counselling)			Y	Y
N. of hours per week FIP staff **planned** to deliver			Y	Y
Type and amount of support **planned** to be contracted out/delivered by voluntary agencies			Y	Y
How easy/difficult to arrange the **planned** support with contracted out/voluntary agencies			Y	Y
Type and amount of support **planned** to be delivered by statutory agencies			Y	Y
How easy/difficult to arrange the **planned** support with statutory agencies			Y	Y
Whether parenting classes **planned** to be delivered by FIP staff/statutory agency and length of these			Y	Y
All Qs above about planned support repeated to check what type and amount of **support was actually delivered** (except how easy it was to actually deliver)			Y	Y
Exit				
Why case closed e.g. intervention completed/successful, ASB reduced, formal actions lifted, family no longer eligible for FIP,				Y
Who decided to close case i.e. FIP, family and/or other agency				Y
Whether and which lead agency to continue to provide support for family				Y
FIP staff's perception of family's level of co-operation with the intervention overall				Y

APPENDIX E   QUALITATIVE TECHNICAL REPORT

The qualitative component of the evaluation comprised a mapping study and nine FIP case studies. An overview of the design and conduct of the qualitative research is reported in Chapter One. This technical report provides further details about this component.

Comprehensive Mapping Study
Despite the common core features of the FIP model our evaluation design needed to reflect the variation in the way projects developed and the local context in which a FIP was operating.   In particular we sought to capture variation in:

- when FIPs were set up
- the FIP model being offered
- who was running the FIP
- where the FIP was contractually located within the LA
- size of FIP teams
- and the number of families FIPs are working with.

For this reason we carried out a comprehensive Mapping Study as the first component of the evaluation. The primary purpose of the Mapping Study was to understand how FIPs were designed, implemented and delivered. The Mapping Study consisted of day long site visits with nine FIPs and 44 telephone interviews with all other projects.

Site visits were carried out with project staff to explore the design, set up and operation of FIPs. In each area interviews were conducted with three or four members of staff including: the project manager, other individuals with strategic oversight of the FIP, a key worker and other specialist workers involved in the delivery of the service.

Telephone interviews were carried out with the key individuals who could discuss the experience of implementation and delivery at the strategic and operational level – usually the project manager. As far as possible we tried to find one member of staff who had overseen the design and set up of the FIP but in some cases we had to interview more than one person.   The coverage of these interviews was similar to the site visits although we prioritised the topics for inclusion given the more limited time available.

The intention was to carry out all telephone interviews once FIPs were actually working with families. This delayed the fieldwork period for this component of work as some of the new projects were not ready to be interviewed until early autumn of 2007. In addition, as a consequence of the slow development of a small number of projects some interviews were carried out before a FIP had reached this stage.

Recruitment, conduct and analysis of the Mapping Study

Each of the site visits to FIPs was preceded by written and telephone correspondence with the project manager to discuss the involvement of the project as a case study, the format for the site visit and decide which individuals were most appropriate for inclusion in the research.

Site visits and telephone interviews were carried out by a member of the qualitative research team. Both telephone and face to face interviews typically lasted between 60 - 90 minutes and were tape-recorded, with the respondents' agreement, and transcribed in verbatim.

Research with families
Families were interviewed on two occasions so that:

- We could concentrate on families experience **of the referral and assessment process and their initial views about the value and role of the FIP** at a point when this would be easy to recall.

- Whilst at the second interview we focused on their **longer-term experiences and views about the value and role of the FIP, and their perceptions of the impacts they felt the FIP had on them.**

We also hoped that visiting families on two occasions would build rapport and improve the quality of the data collected when discussing early outcomes and impacts at the second interview.

Families were recruited via key workers on our behalf using materials (e.g. letters, consent forms and leaflets for children and adults) and detailed guidance prepared by us. Key workers were asked to approach families that had recently started working with the FIP so they could recall in detail their initial involvement with the FIP. We put considerable effort into developing a clear protocol for informing families about the research, and seeking their informed consent to participate. This was designed to explain about the research, reassure about confidentiality and ensure that family members could give their consent to participate genuinely and freely.

All family members who were aged over five years and had some involvement with the FIP were invited to take part in the research. Parent interviews were organised to take place before the children and young people interviews but otherwise we left family members to decide how and when they wanted to be interviewed.

The interviews were carried out using topic guides. Where necessary we used visual prompts to encourage the children to participate. We attempted to minimise the distractions of other children by taking along pens, activity packs and extra paper for them to draw on during the interview.

Despite our best efforts it was much harder to engage children and young people than parents in the interviews. Aside from those who refused to take part they varied in length and quality. Often children and young people had a very short attention span and lacked things to say about the FIP. In contrast there were other children and young people who were much more reflective and expansive about their experiences. All family members seemed reassured about confidentiality and disclosure. Indeed they seemed familiar with the concepts which is perhaps unsurprising given that these families were involved with a number of other services and some were on the Child Protection Register.

The interviews were digitally recorded with the respondents' permission. Typically parent interviews lasted between 60 – 90 minutes and those with children ranged from 15 minutes to 60 minutes in length.   Families were given £45 for taking part in each interview.

Research with local services

Local agencies and services work with FIPs in two main ways – they may refer families to FIPs and/or they may work alongside the FIP providing a service to the family.

In each of the nine FIP case studies we carried out two groups with local services – comprising 18 in total. The purpose of these groups was to bring new insights into the value and role of the FIPs; help us identify the outcomes that have resulted from FIPs; and to explore the contribution of FIPs to multi-agency working. A key focus of this work was to explore views about the impact of the FIP on the local community.

The original evaluation design had included a component of work with community members/witnesses to asses the community perspective of FIPs. However, as most FIPs had not developed an appropriate method for consulting the local community (by, for example, taking pre and post FIP impact statements) there was no means of being able to identify suitable respondents for this. The research team also had reservations about using qualitative research to consult people who might have little or no knowledge about the FIP. Furthermore, there were strong ethical concerns about involving neighbours of families whom were already being interviewed.

Each of the nine FIPs was asked to provide a list of names and contact details of the professionals they were working with as we had no other obvious way to identify these individuals. We asked FIPs to select individuals who had some understanding of the work of the FIP and experience of working with them. However, in the case of the newer projects the extent of their contact with the FIP was rather more limited.

The range of local agencies and services involved in the groups can be seen in Figure 1. As can be seen there was a good spread of individuals across the groups although it was difficult to ensure a presence from health and social care professionals in all areas.

Local services/agencies involved in the groups

- Housing
- Police
- ASB/Community Safety
- Social care
- Education
- Youth Offending Service
- Health
- Parenting providers
- JobCentre Plus
- Connexions
- Probation service
- Domestic violence support services
- Fire service
- Providers of leisure/recreational activities
- Childcare providers
- Home/garden maintenance and support

The groups were held either in the FIP office or in another mutually convenient location for local professionals. They each lasted between 90 minutes to two hours

and were exploratory and interactive in form, based on a topic guide and digitally recorded with the respondents' permission.

Analysis of data

The data were analysed using 'Framework', a qualitative analysis method developed by NatCen that uses a thematic approach to classify and interpret all units of data. It is a systematic and transparent method of analysis that ensures that the analysis process and interpretations resulting from it are grounded in the data and tailored to the study objectives.

Interviews were digitally recorded and later transcribed in verbatim. Transcripts were analysed using "Framework", a method developed by the Qualitative Research Unit at NatCen. The first stage of analysis involves familiarisation with the transcribed data and identification of emerging issues to inform the development of a thematic framework. This is a series of thematic matrices or charts, each chart representing one key theme. The column headings on each theme or chart relate to key sub-topics, and the rows to individual respondents. Data from each case are then summarised in the relevant cell. The context of the information is retained and the page of the transcript from which it comes is noted, so that it is possible to return to a transcript to explore a point in more detail or extract text for verbatim quotation. This approach ensures that the analysis is comprehensive and consistent and that links with the verbatim data are retained. Organising the data in this way enables the views, circumstances and experiences of all respondents to be explored within an analytical framework that is both grounded in, and driven by, their own accounts. The thematic charts allow for the full range of views and experiences to be compared and contrasted both across and within cases, and for patterns and themes to be identified and explored.

To accommodate the different experiences of staff, partners and customers, a separate Framework was developed for each respondent group. Where appropriate the data was analysed by respondent type and as part of a FIP case study.

APPENDIX F   ADDITIONAL INFORMATION SYSTEM TABLES

Comparison of families on waiting list with families who started the FIP intervention straight away

Table F.1   **Types of ASB families had engaged in identified by FIP staff at referral**

Multiple response	On waiting list	Started intervention straight away	Column % All offered and accepted intervention
Disregard for community/personal well being	89	87	87
Environmental damage	43	61	59
Misuse of public space	37	51	49
Acts directed at people	44	41	42
None* *	1	3	2
Total number of families	*94*	*598*	*692*

Base: Families at Referral Stage who were offered and accepted the intervention.
**In the early stages of the monitoring exercise, some FIPs entered 'none' if they were not sure which ASB issues the family had. This only affects a very small number of cases because the problem was corrected as soon as it was identified and FIPs were instructed to use the 'other' category for these cases.

Table F.2   **Number of ASB types families were engaged in identified by FIP staff at referral**

	On waiting list	Started intervention straight away	Column % All offered and accepted intervention
None**	1	3	2
1	13	11	11
2	18	12	12
3	20	13	14
4+	48	62	60
Total number of families	*94*	*598*	*692*

Base: Families at Referral Stage who were offered and accepted the intervention.
**In the early stages of the monitoring exercise, some FIPs entered 'none' if they were not sure which ASB issues the family had. This only affects a very small number of cases because the problem was corrected as soon as it was identified and FIPs were instructed to use the 'other' category for these cases.

Table F.3   Housing tenure reported by FIP staff at referral

	On waiting list	Started intervention straight away	Column % All offered and accepted intervention
Social housing	78	75	76
Private rent/other	9	14	14
Temporary accommodation	10	7	7
Owner occupied	0	3	2
Don't know at this stage	3	1	1
Total number of families	*94*	*598*	*692*

Base: Families at Referral Stage who were offered and accepted the intervention.

Table F.4   Tenancy status reported by FIP staff at referral

Multiple response	On waiting list	Started intervention straight away	Column % All offered and accepted intervention
Secure, fully assured or assured tenancy	62	70	69
Introductory, starter or assured shorthold tenancy	8	7	7
Non-secure demoted, demoted, demoted shorthold or regulated tenancy	1	3	2
Other	4	4	4
Don't know at this stage	26	16	17
Total number of families	*78*	*510*	*588*

Base: Families at Referral Stage who were offered and accepted the intervention and were in rented accommodation.

Table F.5   Housing enforcement actions reported by FIP staff at referral

Multiple response	On waiting list	Started intervention straight away	Column % All offered and accepted intervention
Warning letter	32	45	43
Visit by housing officer	27	46	43
Notice of seeking possession	26	23	24
Notice of demotion of tenancy	1	4	4
Injunction against unlawful use of premises	1	3	3
Postponed/suspended possession	3	2	2
Injunction against protection from harassment	0	1	1
Outright possession order granted	1	*	1
Right to buy suspension order	0	*	*
Demotion order granted by court	1	*	*
Bailiff warrant issued	0	*	*
Other	4	6	6
Don't know at this stage	44	13	18
None	5	15	14
Total number of families	*73*	*446*	*519*

Base: Families at Referral Stage who were offered and accepted the intervention and were in social housing.

Table F.6   Grouped risk factors needing addressing at referral

Multiple response	On waiting list	Started intervention straight away	Column % All offered and accepted intervention
Education/learning problems	34	74	68
Poor parenting	44	71	67
Physical/mental health problems	45	66	63
Inappropriate peer group	33	49	47
Family breakdown	3	30	27
Domestic violence	13	27	25
Child protection issues	11	26	24
Difficult to change lives to stop offending	15	24	23
Anti-social behaviour/crime/discrimination against the family	10	16	15
Teenage pregnancy **	1	5	5
Other	3	6	5
Don't know at this stage	20	6	8
None	*	1	*
Total number of families	*94*	*598*	*692*

Base: Families at Referral Stage who were offered and accepted the intervention.
** FIP staff were asked to select teenage pregnancy only if this was considered to be a risk factor for the family, therefore not all teenage pregnancies are necessary identified here.

Table F.7   Number of risk factors needing addressing at referral

	On waiting list	Started intervention straight away	Column % All offered and accepted intervention
None	*	1	*
1-3	50	24	27
4-6	20	32	30
7+	10	39	35
Don't know at this stage	20	6	8
Total number of families	*94*	*598*	*692*

Base: Families at Referral Stage who were offered and accepted the intervention.

The figures in the 'All offered and accepted intervention' above are slightly different from the equivalent figures in Chapter Three (Figure 3.5), as the latter excludes 'don't know' cases, while these have been included in the table above.

Comparison of families who were offered the intervention with families who were not considered suitable for intervention

Table. F.8   Enforcement actions reported by FIP staff at referral

Multiple response	Offered and accepted intervention	Not considered suitable for intervention	Column % All families
Pre-court			
Contracts and agreements	**25**	**10**	**22**
Acceptable behaviour contract/agreement (ABC/ABA)	25	9	21
Parenting contract	2	1	2
Warnings	**14**	**5**	**12**
Police caution	12	5	11
Early intervention warning	3	0	2
Conditional caution	1	0	*
Prostitute caution	*	0	*
Pre-court juvenile specific	**8**	**2**	**7**
Verbal reprimand	5	1	4
Final warning	5	1	4
Fixed Penalty notices and penalty notices for disorder	**2**	**1**	**1**
Penalty notice for truancy	1	0	1
Penalty notice for environmental crime	1	0	*
Penalty notice for noise	*	0	*
Penalty notice for disorder	1	1	1
Abatement notices	**1**	**0**	**1**
Noise abatement notice	1	0	*
Litter abatement notice	*	0	*
Seizure of property	**1**	**1**	**1**
Seizure of vehicles	*	0	*
Seizure of alcohol tobacco from underage people	*	0	*
Seizure of noisy equipment	*	1	*
Court-related			
Juvenile specific orders	**15**	**7**	**13**
Referral order	8	4	7
Supervision order	6	3	5
Curfew order	3	1	2
Action plan order	1	0	1
Intensive supervision and surveillance programme (ISSP)	1	1	1
Court orders	**14**	**9**	**13**
Anti-Social Behaviour Order (ASBO)	9	6	8
Parenting Order	3	1	2
Injunction under Local Government Act (LGI)	1	2	1
Interim ASBO	2	1	2
CRASBO (ASBO on conviction)	1	1	1
Individual Support Order (ISO)	*	0	*
Drug Intervention Order (DIO)	*	0	*
Crack house closure order	*	0	*
Other court related enforcement	**6**	**1**	**5**
Fine	3	0	3
Community penalty	3	1	2
Other kind of formal court-related action	8	3	6
Don't know at this stage	28	40	30
None	20	32	22
Total number of families	*692*	*193*	*885*

Base: Families at Referral Stage.
The categories and figures in bold include the sub-categories and figures below them.

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