

Monitoring and evaluation of Intensive Intervention Projects for young people

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Research)

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The views expressed in this report are the authors' and do not necessarily reflect those of the Department for Education.

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Glossary

ABC	Acceptable Behaviour Contract
ASB	Anti-social behaviour
ASBO	Anti-social Behaviour Order
ALMO	Arms Length Management Organisation
CAMHS	Child and Adult Mental Health Services
FIIS	Family intervention Information system
FIPs	Family Intervention Projects
HA	Housing Association
HAT	Housing Action Trust
IIPs	Individual Intervention Projects
IIS	Individual Intervention Information System
LA	Local Authority
NEET	Not in education, employment or training
RSL	Registered social landlord
SEN	Special educational needs

Executive Summary

Introduction and background

A total of 20 Intensive intervention projects (IIPs) were set up in 2008 to work with young people aged 8 to 19 with the most complex needs. These projects applied the intensive family support model (formerly Family Intervention Projects) to address the behaviour and other problems of the young people. The key difference between an IIP and an intensive family intervention being that the primary focus was on the young person (rather than the whole family). Other family members, however, are included in an IIP where it is appropriate to address the inter-connectedness between the young person and other family members' problems.

This report presents the monitoring evidence of young people referred to an IIP between April 2009 and 21 January 2011.

Key findings

- As of 21 January 2011, 1,836 young people had been referred to an IIP. Of these, 61 per cent were accepted for an IIP and had a Contract in place; six per cent were put on a waiting list; and 33 per cent were turned down for an IIP.
- Just under a half (49 per cent) of young people who had left an IIP were recorded by IIP staff as having successfully completed their intervention and achieved a positive outcome. A further 21 per cent of young people left the intervention because their circumstances had changed and they were no longer eligible for an IIP. Thirty per cent of young people either refused to continue working with an IIP themselves or their carer refused to allow them to continue.
- Results for the 790 young people who had exited an IIP or been working with an IIP for at least eight months included in the outcomes analysis provide positive evidence of the success IIPs are having:
 - 60 per cent of young people had fewer crime and ASB issues between starting and leaving the IIP.
 - 65 per cent of young people and their families were reported by IIP staff to have improved the way their family functioned (by reducing disengagement between the young person and their family, addressing parenting issues or domestic violence) between the Contract and Exit stage.
 - 63 per cent of young people had reduced the number of their health risks recorded between the start and end of their IIP intervention. This included addressing mental health issues, drug or alcohol misuse as well as reducing the risk of becoming a teenage parent.
 - Young people were least likely to address their education and employment issues. A total of 46 per cent of young people had reduced their education and employment issues between the Contract being put in place and leaving the intervention.

Methodology

A secure web-based Information System was set up to collect comprehensive data about all young people referred to an IIP. This information is collected and recorded by project staff and provides quantitative evidence about the type of young people referred to an IIP, their circumstances and risk factors when a Contract is put in place, how they are progressing at regular formal Reviews, and their outcomes when they Exit.

The findings presented in this report describe the experiences of young people referred to IIPs between April 2009 and 21 January 2011. The outcomes analysis is based on young people who Exit an IIP and those who had been working with an IIP for at least eight months. The report provides basic descriptive statistics to present a summary of the quantitative evidence. In addition statistical modelling (logistic regression) was used to explore the factors associated with successful and unsuccessful outcomes.

Young people referred to intensive interventions

- Out of all the 1,836 young people referred to an IIP, 61 per cent (1,117 young people) were accepted on to an IIP and had a Contract in place by 21 January 2011, six per cent (118 young people) were accepted on to an IIP but were yet to reach the Contract stage.
- The agencies that most commonly referred young people to an IIP were the Youth Offending Service (YOS) or Youth Offending Team (YOT) (27 per cent), Schools (22 per cent) and Social Services, including Young People's Services (18 per cent).
- Young people were typically referred as a result of their criminal and anti-social behaviour (76 per cent) or because of education, training or employment issues (73 per cent).
- A third (33 per cent) of young people referred either were not felt to be suitable for an IIP (20 per cent did not meet the eligibility criteria), they turned down the offer of an IIP (9 per cent), or they were not accepted to an IIP for another reason (4 per cent).

Profile of IIP young people

- Most young people were living with their family (80 per cent). Of these just under a third were part of a large family (31 per cent of families had four or more children aged under 18) and only 29 per cent of young people lived in families where at least one person was in paid work.
- The majority of young people were male (74 per cent) and from a White ethnic background (78 per cent). Their average (median) age was 14 years.

Issues for young people at the beginning of the intervention

- The risk factors identified for young people when they began working with an IIP are categorised into four domains: education and employment, involvement in crime and ASB, family functioning and health.
- Around half (52 per cent) of young people had an issue with truancy, exclusion from school or low attainment in the education and employment domain. Sixty-two per cent of those under 16 had low school attendance and 68 per cent of young people aged 16 or over were either NEET or at risk of being NEET.
- Sixty-two per cent were reported to be engaged in some form of anti-social behaviour and 48 per cent of young people were involved in criminal activity.
- Parenting problems were the most common issue within the family functioning domain (36 per cent). The other risk factors were disengagement from the family (12 per cent) and domestic violence (15 per cent).
- In the health domain 27 per cent of young people had a mental health issue, drug or alcohol misuse problem/s or were at risk of becoming a teenage parent.

The intensive intervention project

- The average length of an IIP intervention was 8.2 months.
- The average contact time spent with young people decreases over the length of an IIP. The average number of hours IIP staff spent in direct contact with young people decreased from 6.2 hours in the early stages to 4.6 hours during the final stages of the intervention.
- The majority of young people have had the same key worker from their Contract stage to their last Review (88 per cent).
- Young people most commonly received support with education, training and employment issues (88 per cent) and social and emotional issues (83 per cent).
- Just under half (49%) of young people left for a positive reason and their intervention was deemed successful.

Successful and unsuccessful outcomes

- Overall, a high proportion of young people achieved a successful outcome for the following measures: disengagement from the family (65 per cent), parenting problems (55 per cent), domestic violence (75 per cent), involvement in crime (54 per cent), involvement

in anti-social behaviour (52 per cent), mental health issues (62 per cent), drug or alcohol problems (56 per cent), risk of teenage pregnancy (64 per cent).

- Young people were least likely to have achieved a successful outcome in relation to truancy or exclusion from school and low educational attainment (46 per cent), school attendance (38 per cent) being NEET or at risk of becoming a NEET (25 per cent).

Level of improvement in four domains of interest

- The 11 individual outcome measures were categorised into four domains; family functioning, crime and anti-social behaviour, education and employment, and health. For each of the four domains we looked at the degree of success achieved by the young people working with an IIP.
- 57 per cent of young people with any issue in the family functioning domain (including disengagement from the family, parenting problems and domestic violence) at the before stage no longer had any issues in this domain when they reached the after stage (full success). A further 8 per cent of young people had some success in reducing the number of issues associated with family functioning.
- 63 per cent of young people experienced a reduction in the number of health risks including mental health and drug or alcohol problems between the before and after stage.
- 45 per cent of young people with any issue in the crime and anti-social behaviour domain at the before stage no longer had any issues in this domain when they reached the after stage. A further 15 per cent of young people had some success in reducing the number of crime and anti-social behaviour issues between the before and after stage.
- Young people experienced less success in the education and employment domain (18 per cent achieved some, but not full success and 27 per cent achieved full success). Fifty-four per cent of young people experienced no reduction in the number of issues in the education and employment domain between the before stage and the after stage.

Factors associated with successful and unsuccessful outcomes

- The analysis identified a number of socio-economic characteristics associated with an increased chance of success in the four domains. These findings could help to inform how best to target support in the most efficient way by identifying where young people might benefit most from different levels of support.
 - Overall, across the four domains young women tend to have better outcomes than young men
 - Young people living in families where at least one person¹ was working were more likely to have achieved success with education and employment problems.

¹ Aged 16 or over.

- Young people living in families where at least one person aged 16 or over is in work were more likely to achieve success with family functioning problems, while the chances of improving family functioning issues increased with a young person's age.
- Young people living in two parent families were more likely to improve their health than those living in lone parent families and living with no parental figure.
- Rather surprisingly, there was little evidence that the intensity (contact hours) affects outcomes. This finding is consistent with that found for intensive family intervention projects.
- There was a weak association between the duration of an IIP and achieving success, providing some evidence to suggest that the longer the intervention the more positive the outcome for intensive family interventions.

Conclusions and implications

Our evidence suggests that IIPs are reaching their target beneficiaries as they are working with young people with a wide range of complex and challenging needs. We cannot however assess whether there may be other young people who would equally benefit from the intervention.

With the exception of the length of the intervention (IIPs being much shorter) there do appear to be considerable similarities between the nature of an IIP and an intensive family intervention.

The outcomes reported provide positive evidence of the results that IIPs have when young people exit the intervention or work with projects for at least 8 months. Considerable improvements were evident in most areas of their work albeit to a lesser extent with education and employment, which is an area that is critical to ensuring a positive outcome for the young person. The final judgement, however, about the efficacy of IIPs would depend on us undertaking an impact assessment which compares the outcomes of IIPs against those of a control group of young people who do not receive the IIP. In tandem with this, work would need to be done to assess the degree to which the outcomes are sustained for young people in the longer term although we do now have some positive early evidence from intensive family interventions that the outcomes are sustained 9 – 14 months after the intervention.

1 Introduction

As part of the Youth Task Force Action Plan, launched in March 2008, the former Labour Government committed to establishing a network of Intensive Intervention Projects (IIPs). These projects were set up to target 1,000 of the most challenging young people every year, using the 'triple track' approach and applying lessons from Family Intervention Projects (now known as intensive family intervention projects). A total of £13 million was made available to establish these projects and work with young people until March 2011.

The Department for Education (formerly the Department for Children, Schools and Families) commissioned the National Centre for Social Research (NatCen) to monitor the young people going through IIPs – from referral to when they exit the intervention. This report presents the findings from the monitoring activities carried out between April 2009 and January 2011. The monitoring evidence presented in this report complements the evaluation carried out by Sheffield Hallam University and Mill Mount Consulting (Flint et al, 2011)² which tracks 15 young people and their families through an IIP intervention and carries out an economic cost-benefit analysis of five IIPs.

This introductory chapter maps the policy context and evidence base for the study, the aims and design of the monitoring work and the coverage of the report.

1.1 Background

A total of 20 Intensive Intervention Projects (IIPs) were set up across England during 2008. These projects targeted young people aged 8 to 19 with the most complex needs aiming to reduce their anti-social and criminal behaviour, tackle any substance misuse and to improve their education and training outcomes. A total of £13 million was made available to projects to work with 1,000 of the most challenging and problematic young people each year until March 2011. These projects applied the intensive family support model (formerly Family Intervention Projects) to address the behaviour and other problems of the young people – and are known as an IIP. The IIPs were set up and run by a range of statutory and third sector organisations.

All intensive interventions – whether focused on families or young people - work in a similar way, taking an assertive and persistent yet supportive approach to addressing and challenging the issues facing the family and/or young person. The key difference highlighted when the IIPs were set up was that their primary focus was the young person (rather than the whole family). Other family members are included in an IIP where appropriate so as to address the inter-connectedness between the young person and other family members' problems. Following a rigorous assessment a key worker is

² Flint, J., Batty, E., Parr, S., Fowler, D. P., Nixon, J. and Sanderson, D., (2011) Evaluation of Intensive Intervention Projects London: DfE

assigned to work intensively with each young person, building a close and trusting relationship. Key workers take on a lead professional role for the young person, managing the young person's problems, co-ordinating the delivery of services and using a combination of challenge and support to motivate young people to change their behaviour. Persistence and assertiveness with young people is critical to keeping them engaged and following agreed steps. Young people agree a Contract which outlines the consequences for them, and where necessary their families, of not changing behaviour, in exchange for intensive support such as drug treatment or literacy training to help them address the causes of their bad behaviour and other problems they face. This could include interventions like an Anti-Social Behaviour Order (ASBO) or Parenting Order.

Each key worker is intended to have a small caseload of six to eight young people at any one time and on average works with a young person for about seven months. At Referral, young people present with a range of risk factors covering their education and employment outcomes, crime and ASB, family functioning and health needs. Key workers provide emotional, practical and financial help. They deliver direct support to young people and their families as well as co-ordinating existing support and levering in new support.

1.2 Key findings from the evidence base

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

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

The first process evaluation of FIPs comprised an extensive qualitative study to map the activities of all 53 projects established at that time as well as FIP case studies which involved work with families, FIP staff and local agencies working with FIPs. It also included quantitative analysis of the first 90 families to complete a FIP. This evidence was collected by the FIP Information System (now known as the Family Intervention Information System – FIIS) which is a secure web-based system, into which FIP staff are asked to enter information about families at different stages of their intervention.

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

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

- Recruitment and retention of high quality staff.
- Small caseloads.
- Having a dedicated key worker who works intensively with each family.
- A 'whole-family' approach.
- Staying involved with a family for as long as necessary.
- Having the scope to use resources creatively.
- Using sanctions alongside support for families.
- Effective multi-agency relationships.

Later monitoring reports (November 2009; March 2010 and November 2010) continued to show a range of positive outcomes for families. The most recent findings from November 2010 show that families were most likely to achieve success in the domains of family functioning and risk and crime and anti-social behaviour. Sixty-five per cent and 64 per cent of families achieved some success with their family functioning and crime and ASB respectively, and at least half of the total number of families were reported to have achieved full success in both these areas (50 per cent and 54 per cent). The corresponding figures for health were 56 per cent (some success) and 40 per cent (full success). However, only 28 per cent of families achieved full success in relation to problems with education or employment (and 48 per cent achieved some success).

In terms of those families who did not improve, 35 per cent of the 1,413 families with problem/s in the family functioning and risk category still had the problem/s when they left the family intervention (i.e. they did not improve at all and have been classified as having no success in this area). This also applied to 36 per cent of the 1,588 families with problems with crime and anti-social behaviour, 44 per cent of the 1,137 families with a reported health risk and 52 per cent of those 1546 families with education and employment issues.

This last report also used statistical modelling to investigate which of a range of factors are associated with successful and unsuccessful outcomes. This analysis showed that the longer families work with a family intervention the greater the chance that they will achieve successful outcomes in each of the above areas. Surprisingly the number of contact hours that a family intervention has with a family did not appear to be significant.

Follow-up data on families presented in the November 2010 monitoring report provided promising evidence that positive outcomes were largely being sustained nine to 14 months after families exited a family intervention. Inevitably, despite efforts to stay in touch with families and keep informed of their progress, family intervention workers' knowledge was variable at this stage, and they were not always able to provide this information. A comparison of families for whom this data was available, and those for whom this was not provided, showed that families for whom no data was available were less likely to have achieved successful outcomes on some issues during the intervention.

It is important to acknowledge that the outcome measures used in the FIIS rely on the assessments of staff, even though every effort is made to encourage staff to base their judgements on specific evidence where the assessments are subjective in nature. Furthermore the efficacy of these interventions still needs to be assessed using a formal impact assessment which compares the outcomes of those families and young people who work with these interventions against those of a control group of families or young people who do not receive the service. In tandem with this, future research could assess the degree to which outcomes are sustained in the even longer term (beyond 14 months) and undertake further value for money assessments.

1.3 Methodology

A secure web-based Information System was set up to collect comprehensive data about all young people referred to an IIP. This information is collected and recorded by IIP staff and provides quantitative evidence about the type of young people referred to an individual intervention, their circumstances and risk factors when a Contract is put in place, how they are progressing at regular formal Reviews, and their outcomes at the time they Exit from the IIP.

The findings presented in this report are based on the young people referred to interventions in 20 local authorities between April 2009 and 21 January 2011. The outcomes analysis is based on young people who exited an IIP, and includes young people who were working with an IIP for at least eight months. The report provides basic

descriptive statistics which present a summary of the quantitative evidence. In addition statistical modelling (logistic regression) is used to explore the factors associated with successful and unsuccessful outcomes.

The findings presented in this report reflect the IIP as the projects were first intended, so primarily focus on young people. There may have been other issues worked on and outcomes experienced that this data will not reflect – as the IIP involved the broader family.

1.4 The Intensive Intervention Information System (IIIS)

The data presented in this report are drawn from the IIIS. Intervention staff are asked to enter information about the young people at four key stages:

- When the young person is first referred to the IIP ('Referral stage').
- At the beginning of an intervention, after the assessment and when a Contract is in place ('Contract stage').
- Each time the young person has a formal progress Review (a 'Review stage').
- When the young person stops working with the IIP and Exits the intervention ('Exit stage').

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

Systems were put in place to ensure that the information staff provide is as accurate as possible (e.g. staff training, prompts and questions were built into the IIIS to enhance the accuracy of information collected). The outcomes are predominantly based on factual measures such as whether the young person has engaged in criminal activity, professional judgements and assessments of other information which is available to key workers. Intervention workers are instructed only to identify an individual as facing a particular issue if they have specific evidence for this. They also base their assessments on their assessment tools and information and discussions with other agencies who are working with young people (such as during multi-agency review meetings).

In order to assess how young people view their circumstances and needs, each young person that worked with an IIP between April 2010 and January 2011 was asked to complete a short questionnaire at the start and end of their intervention. This covered their attitudes and behaviours in particular to: family life; school, college and work; smoking, drinking and drugs; crime and their future. Where appropriate the data from this questionnaire has been included in the report to provide additional contextual material about IIPs.

1.5 Report outline

This report is based on data collected from all young people and – where appropriate – family members up to and including 21 January 2011. It is structured as follows:

- Chapter two provides a profile of young people who are referred to an IIP and an overview of the referral process.
- Chapter three reviews the number of weekly contact hours and duration of interventions, key worker consistency and reasons for young people leaving an intervention.
- Chapter four considers the successful and unsuccessful outcomes achieved by young people who have either exited an IIP or been working with an IIP for at least eight months.
- Chapter five uses statistical modelling (logistic regression) to explore the factors associated with successful and unsuccessful outcomes.
- Chapter six draws out the key findings and conclusions.

1.6 Guidance for the interpretation of tables

The findings presented in this report primarily focus on the individual young person. Where data at the family level has been used this is noted in the text and tables. Throughout the report, a '+' sign in tables denotes that a figure is less than 0.5 per cent.

1.7 Returning young people

There are a small number of young people who have been referred to an IIP more than once (60 young people). We have treated these young people as follows in this report;

- For data collected at the referral stage (presented in sections 2.1, 2.2 and 2.6), each of these young people were included every time they were referred. This means that if they were referred twice they will count as two young people, and if they have been referred three times they will count as three people. This is to give a true picture of the number of referrals.
- For data collected at the Contract Stage and beyond (the remaining sections of the report), each of these young people is only counted once, regardless of the number of times they were referred to the intervention. When we examine outcomes in chapters four and five, these are based on data from the young person's first Contract Stage which is compared to data from their most recent exit from the intervention or their most recent Review.³

³ It is important to note that it is possible that each time the young person enters the IIS they are entering with a new problem and that their previous problems will have been resolved at their previous exit point.

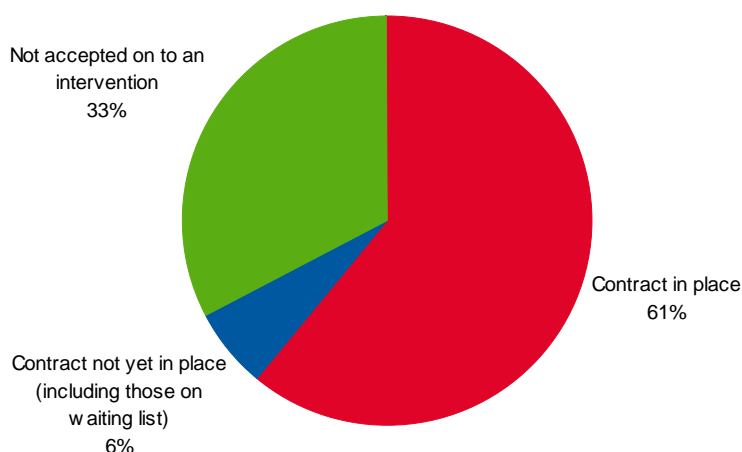
2 Young people referred to Intensive Intervention projects

This chapter provides an overview of the referral process and a profile of the young people at the IIP baseline (i.e. when they started working with an IIP). We begin by outlining the number of young people who have been referred to an IIP and the outcome of these referrals. We then report on the agencies that referred young people to an IIP (section 2.1), and the reasons for these referrals (section 2.2). In section 2.3 we present the socio-demographic profile of young people and the risk factors at the point when they started working with an IIP (section 2.4). Young people's views and experiences drawn from a self completion questionnaire are also considered at this stage (section 2.5). At the end of the chapter we describe what happened to the young people who were not offered an IIP (section 2.6).

A total of 1,836 young people were referred to an IIP by 21 January 2011. Out of all the young people referred, 61 per cent (1,117 young people) were accepted on to an IIP and had a Contract in place by 21 January 2011 (Figure 2.1). A further six per cent (118 young people) were accepted on to an IIP but were yet to reach the Contract stage. The remaining 33 per cent of young people referred either were not felt to be suitable for an IIP (20 per cent), or they turned down the offer of an IIP (9 per cent), or they were not accepted to an IIP for another reason (4 per cent), which are examined in section 2.6.

Figure 2.1 Outcome of referrals to IIPs

Base: All young people referred to an individual intensive intervention project (1,836)



Key findings:

Referral agencies (section 2.1)

- The agencies that most commonly referred young people to an IIP were the Youth Offending Service (YOS) or Youth Offending Team (YOT) (27 per cent), Schools (22 per cent) and Social Services, including Young People's Services (18 per cent).

Reasons for referral (section 2.2)

- Young people were typically referred as a result of their anti-social behaviour offending and criminal behaviour (76 per cent) or because of education, training or employment issues (73 per cent).

Profile of young people receiving the intervention (section 2.3)

- Most young people were living with their family (80 per cent). Of these just under a third were part of a large family (31 per cent of families had four or more children aged under 18) and only 29 per cent of young people lived in families where at least one person was in paid work.
- The majority of young people were male (74 per cent) and from a White ethnic background (78 per cent). Their average (median) age was 14 years.

Issues for young people at the beginning of the intervention (section 2.4)

- The risk factors identified for young people when they began working with an IIP are categorised into four domains: education and employment, involvement in crime and ASB, family functioning and health.
- In the education and employment domain, around half (52 per cent) of young people had an issue with truancy, exclusion from school or low attainment, 62 per cent of those under 16 had low school attendance and 68 per cent of young people aged 16 or over were either NEET or at risk of being NEET.
- In the crime and anti-social behaviour domain 62 per cent were reported to be engaged in some form of anti-social behaviour and 48 per cent of young people were involved in criminal activity.
- In the family functioning domain the most common problem identified was poor parenting (36 per cent). The other risk factors in this domain were disengagement from the family (12 per cent) and domestic violence (15 per cent).
- In the health domain 27 per cent of young people had a mental health issue, drug or alcohol misuse problem/s or were at risk of becoming a teenage parent.

Young people not suitable for an IIP (section 2.6)

- Sixty-one per cent of young people were not offered an IIP because they were not considered suitable for the intervention. In 12 per cent of cases the IIP did not have sufficient capacity to work with the young person, or they were not accepted for another reason. The final 27 per cent of young people turned down the IIP intervention.

2.1 Referral to an IIP

A total of 1,235 young people were accepted on to an IIP, including 25 young people who were on a waiting list on 21 January 2011.

Agencies that referred young people to IIPs

The agencies that most commonly referred young people to IIPs were the Youth Offending Service (YOS) or Youth Offending Team (YOT) (27 per cent), Schools (22 per cent) and Social Services, including Young People's Services (18 per cent). Other referral agencies included the Police (12 per cent) and intensive family intervention projects (5 per cent; Table 2.1⁴).

Table 2.1 The most common agencies that referred the young person to an IIP	
<i>Base: Young people accepted on to an IIP and either went on to Contract stage or were put on a waiting list</i>	
	Total
Referral agency	%
Youth Offending Service (YOS) or Youth Offending Team (YOT)	27
School	22
Social Services (Children and Young People's Services)	18
Police	12
Education Welfare Team	7
Local Anti-Social Behaviour team	7
Intensive family intervention (formerly FIP)	5
YISP (Youth Inclusion Support Panel)	4
<i>Bases</i>	1,232

2.2 Reasons young people were referred to an IIP

Typically young people were referred to an IIP as a result of their anti-social behaviour, their offending and criminal behaviour (76 per cent), or because of an education, training and employment issue (73 per cent; Figure 2.2). IIP workers can choose more than one reason for referral, although they are asked to focus on the primary reason(s) for referral.

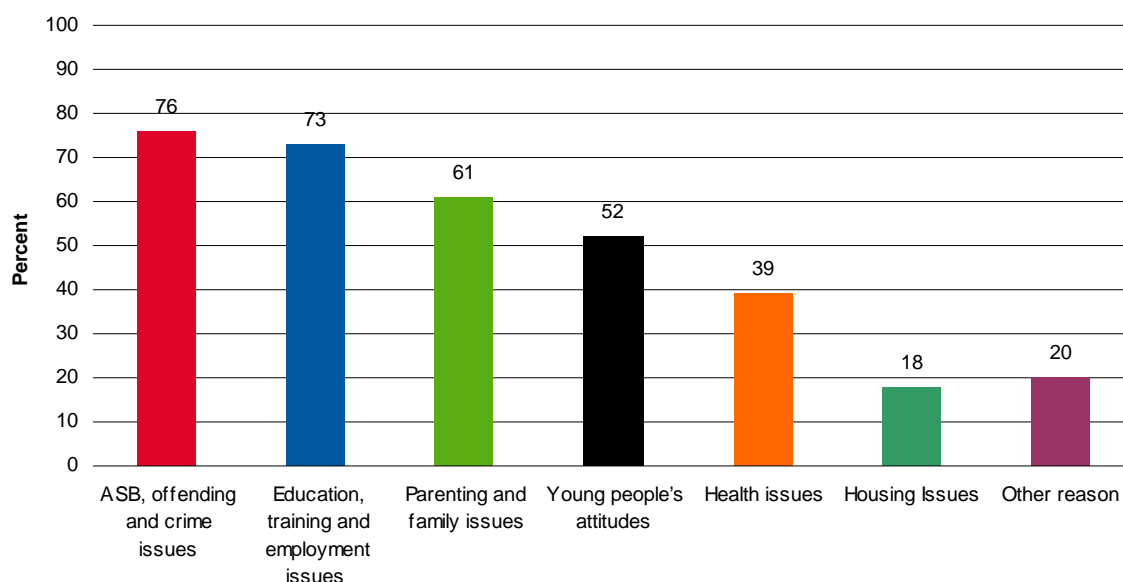
Around a third of young people were referred because of a lack of motivation to change their behaviour (36%), because of their anti-social behaviour with no enforcement actions taken (34%), or due to them being involved with a peer group who were engaged in anti-social behaviour (34%; Appendix Table B.2). Around a quarter of young people were referred due to anti-social behaviour with enforcement actions taken (28%), being at risk of school exclusion (28%), and having criminal convictions (26%). Other common

⁴ For a full list of referral agencies see please Appendix Table B.1.

reasons for referral were an unstable family (25%), persistent truanting (24%) and having low educational attainment (24%).

Figure 2.2 Reasons young people were referred to an IIP

Base: All young people accepted on to an IIP and either went on to contract stage or were put on a waiting list (1,235)



Typically, IIPs received their referrals from a range of different agencies although it appears that for six IIPs more than half of their referrals came from one agency. As might be expected the type of agencies making referrals and the reasons for referral were closely linked. For example, amongst the seven IIPs identified as receiving a high proportion of referrals from a youth offending service⁵, most referrals were for ASB, offending and crime issues. IIPs receiving a high proportion of their referrals from this agency also had a high proportion of young people who were referred for education, training and employment reasons (75 per cent) - a similar level as projects that received most of the referrals from schools (82 per cent).

2.3 Profile of young people receiving the intervention

In this section, we describe the socio-demographic profile of the 1,117 young people for whom a Contract was put in place by 21 January 2011.⁶

Age

Young people working with an IIP were aged between eight and 20 years with a mean, and median age of 14 years. Fifty-four per cent of the young people were aged 13 to 15 years while 22 per cent were 16 to 17 years and a small proportion (4 per cent) were aged 18 or over (Appendix B, Table B.3).

Gender and ethnicity

⁵ IIPs receiving 31 to 70 per cent of referrals from this agency.

The majority (74 per cent) of young people working with an IIP were male (Appendix B, Table B.4). Just over three-quarters of young people were White (78 per cent), while nine per cent were Black, four per cent were Asian and nine per cent were from another ethnic group (Appendix B, Table B.5).

Disability

Seven per cent of young people working with an IIP had a physical or mental health need⁷, while 77 per cent of young people did not have any kind of disability. For 16 per cent of young people this information was not available (Appendix B, Table B.6). Amongst young people aged 16 or under, 19 per cent were reported to have a Special Educational Need (SEN) or other special needs.⁸ However, for a quarter of young people (25 per cent) this information was not available (Appendix B, Table B.7). The prevalence of SEN amongst young people working with an IIP is similar to the general school age population; 21 per cent of all school aged children had any SEN in 2010.⁹ However, it is important to note that the IS does not use the same definition of disability as schools and that the findings from the qualitative study (Flint et al 2011¹⁰) suggest that figures from the Contract stage may underestimate levels of disability amongst IIP young people.

Education and economic activity

Nearly half (48 per cent) of young people aged 16 or over were unemployed at the time their Contract was put in place. Around a third (35 per cent) of young people aged 16 or over were in education or training and a minority of these young people (4 per cent) were working. Seven per cent of young people aged 16 or over were doing other activities, such as looking after the home or family and being permanently sick or disabled (Table 2.2). This is in comparison to just under 10 per cent (9.6) of young people aged 16 to 18 in the general population who were NEET in 2009.¹¹

⁶ Please note that this does not include the small number of young people who were yet to reach the contract stage.

⁷ Young people were classified as having a disability if they had a longstanding illness or disability that had troubled them over a period of time or that is likely to affect them over a period of time. This includes young people for whom the IIP worker was aware of a disability but they were not registered disabled.

⁸ This includes where there is a statement of SEN and/ special needs relating to a disability.

⁹ Children with Special Educational Needs 2010: an analysis, Department for Education (19 October 2010). Available at <http://www.education.gov.uk/rsgateway/DB/STA/t000965/osr25-2010.pdf>

¹⁰ Flint, J., Batty, E., Parr, S., Fowler, D. P., Nixon, J. and Sanderson, D., (2011) Evaluation of Intensive Intervention Projects London: DfE

¹¹ <http://www.education.gov.uk/16to19/participation/neet/a0064101/strategies-for-16-to-18-year-olds-not-in-education-employment-or-training-neet>

Table 2.2 Economic status of young people	
<i>Base: All IIP young people aged 16 or over with a Contract in place</i>	
	Total
Main economic activity	%
Employed	4
Education or training	35
Unemployed	48
Other	7
Don't know	7
<i>Bases</i>	<i>285</i>

The household

The majority of young people (80 per cent) were living with their family, including those living between two homes in cases where their parents were separated. Seven per cent of young people were staying with friends or relatives while a similar proportion (6 per cent) were living in foster care. Only one per cent of young people were living independently in their own home (Appendix B, Table B.8). The vast majority of young people living with their family were living with core family members (94 per cent).

Overall, 31 per cent of young people were living in large families, where they were one of four or more children aged under 18. The size of families was similar to those working with an intensive family intervention (37 per cent had four or more children living in the household).¹² Sixty-six per cent of young people were living in families that had one to three children while a much smaller proportion (3 per cent) lived in households with no children under 18 (Table 2.3). IIPs (and Intensive family interventions) were clearly working with young people from families which are much larger than average; in the general population just four per cent of families had four or more children under 18 in 2008.¹³

¹² Authors own analysis of intensive family intervention data. The figures reported in the most recent monitoring and evaluation report are based on a different grouping of number of children (3 to 4 children: 38%; 5 or more children: 15%). Monitoring and evaluation of family interventions (information on families supported to March 2010), Department for Education, November 2010. <http://education.gov.uk/publications/eOrderingDownload/DFE-RR044.pdf>

¹³ Families with children in Britain: Findings from the 2008 Families and Children Study (FACS), Department for Work and Pensions, 2010. <http://research.dwp.gov.uk/asd/asd5/rports2009-2010/rrep656.pdf>

Table 2.3 Family size	
<i>Base: All young people with a Contract in place</i>	
Number of children aged under 18 in family (including the young person)	Total
	%
1 to 3 children	66
4 or more children	31
No children under 18	3
<i>Bases</i>	<i>1,043</i>

Overall, just under half of young people were living in a lone parent family (46 per cent) while 40 per cent were living in a couple household. The remaining young people (14 per cent) were not living with a mother, father or main carer (Appendix B, Table B.9) Amongst young people living with a mother or father, the median age of their mother was 39 years and the median father's age was 43 years.

IIP workers were asked to record the main economic activity of all members of the young person's family aged 16 or over, including any informal or cash in hand work, in addition to formal paid work. Thirty-one per cent of young people were living in workless households, while a similar proportion (29 per cent) were living in households where at least one person was in work. However, as this information was not available for 40 per cent of young people (Table 2.4) it is hard to establish how these families compare with intensive family intervention families (where around three-quarters 76 per cent of families were workless). In 2009, 19 per cent of households in the UK were classified as workless¹⁴, suggesting that the young people working with an IIP come from families that do face particular challenges relating to work.

Table 2.4 Family work status	
<i>Base: All young people with a Contract in place</i>	
Whether young person's family has any people who are working	Total
	%
No children under 18	
One or more family members in work	29
Workless family	31
Information not available	40
<i>Bases</i>	<i>1,087</i>

2.4 Presenting risk factors and circumstances

IIP staff report on the circumstances and risk factors young people present with when they begin working with them and when the intervention Contract is put in place (the baseline

¹⁴ News Release, Office for National Statistics, November 2010.
<http://www.statistics.gov.uk/pdfdir/work1110.pdf>

measure). IIP staff are required to only record the issues that a young person has for which they have specific evidence.

We will focus on 11 key issues which are measures we can reasonably expect the IIP to help young people make progress with. These issues have been grouped into four substantive domains of interest which are presented in Table 2.5).

Table 2.5 Domains of interest and individual indicators	
Domain	Individual Issue
Education and Employment	Truancy, exclusion or low educational attainment
	Low school attendance
	Young person is NEET or at risk of being NEET
Crime and anti-social behaviour involvement	Criminal activity
	Involvement in anti-social behaviour
Family functioning and risk	Young person is disengaged from family
	Poor parenting
	Domestic violence
Health	Mental health risk factors
	Drug problems
	Alcohol problems

The questions in the IIS from which these measures are taken are included in Appendix C.

This section describes the issues faced by all young people at the time their Contract with the IIP was put in place. Overall, there was a high prevalence of issues relating to education and employment, and crime and anti-social behaviour.

Education and employment

Overall, three-quarters (75 per cent) of young people working with an IIP had a problem in the education and employment domain at the start of the intervention. This domain comprised three individual indicators which IIP workers separately record information about at each stage of the intervention.

As shown in Table 2.6 around half (52%) of young people with a Contract in place were identified as having an issue with truancy, exclusion or low attainment which needed to be addressed at the beginning of the intervention. Sixty-two per cent of young people aged under 16 attended school less than 76 per cent of the time they were supposed to attend, and were considered to have low school attendance.

Young people were classified as not in education, employment or training (NEET), or at risk of being NEET using information recorded by IIP workers based on:

- Current economic status for those aged 16 to 18; and;
- Whether the young person aged over 16 was at risk of being NEET or had been classified as being NEET by IIP staff.

Sixty-eight per cent of young people with a Contract in place were recorded as NEET, or at risk of being NEET.

Table 2.6 Issues with education and employment at the beginning of the intervention		
<i>Base: All young people with a Contract in place</i>		
Issue faced at Contract stage	Total	Base
	%	
Truancy, exclusion or low educational attainment	52	1,086
Low school attendance (young people aged under 16)	62	768
Young person is NEET/at risk of being NEET (young people aged 16 or over)	68	285
Any issue with education or employment	75	1,086

Crime and ASB

Seventy-six per cent of young people had an issue with crime or ASB at the beginning of their intervention.

Crime was considered to be an issue for a young person if they had been arrested for any criminal offences in the six months before their Contract was put in place, or were on bail, probation, tag or conditional discharge when their Contract was put in pace. Nearly half (48%) of young people were involved in crime in one of these ways (Appendix B, Table B.10).

IIP workers specify whether young people were involved in a range of anti-social behaviours including rowdy behaviour, street drinking and vandalism.¹⁵ Sixty-two per cent of young people were involved in at least one of these behaviours at the beginning of the intervention and were classified as having issues with anti-social behaviour for the purposes of our analysis.¹⁶

¹⁵ The full list is as follows: drug / substance misuse and dealing; street drinking; begging; prostitution; kerb crawling; sexual acts; vehicle-related nuisance, inappropriate vehicle use and abandoned cars; noise; rowdy or aggressive behaviour; noisy neighbours; nuisance behaviour; hoax calls; animal-related problems; racial or other intimidation / harassment; criminal damage / vandalism; and litter / rubbish. Intervention staff are also able to specify any other behaviour the young person has been involved in that they judge to come under the definition of ASB. *Tackling Anti-social Behaviour* (2006) p.9 Home Office/ NAO

¹⁶ This includes young people who had any of the following actions in place: Anti-Social Behavioural Order (ASBO), Interim ASBO, CRASBO (ASBO on Conviction), Child Safety Order (for children aged 10 or under)

Family functioning

Figure 2.3 shows the proportion of young people with each issue in the family functioning domain. Overall, 44 per cent of young people had an issue in the family functioning domain at the beginning of their intervention (Appendix B, Table B.11).

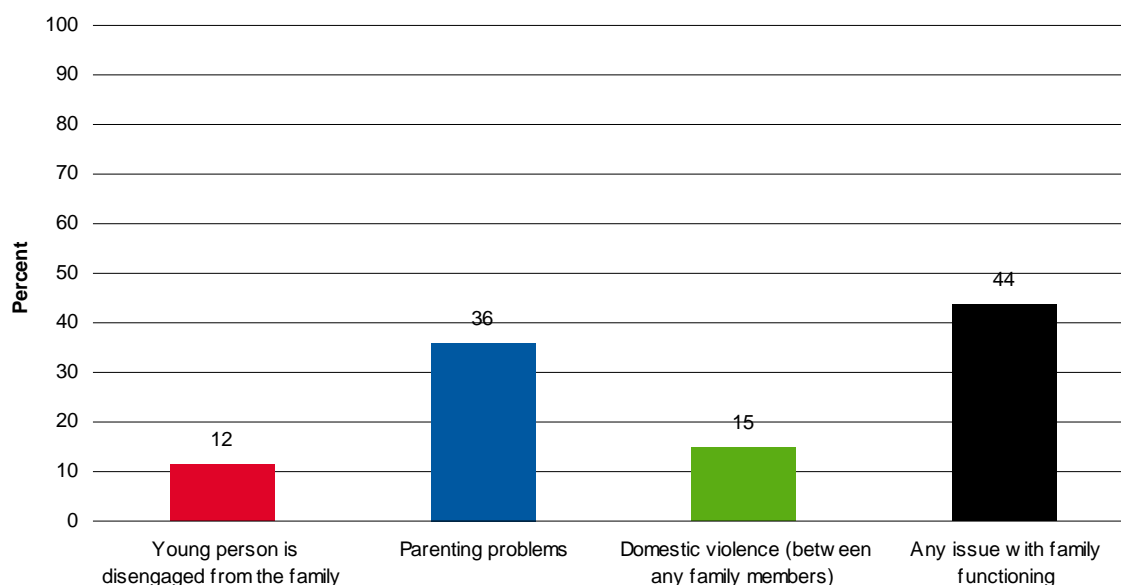
Parenting problems were the most common issue reported within this domain (36 per cent), based on whether any of the following issues were present in the young person's family:

- Disciplinary problems
- Disinterest in children
- No positive role modelling
- Neglect or an absent parent
- Little or no involvement in the child's education.

Similar proportions of young people were disengaged from their family (12 per cent) or had issues with domestic violence in their family (15 per cent; Figure 2.3).

Figure 2.3 Issues with family functioning at the beginning of the intervention

Base: All young people with a contract in place (1,087)



Health

IIP workers provided information about a range of health conditions and risks young people faced at each stage of the IIP, including:

- Mental health (covering ADHD, anorexia nervosa, depression, lack of confidence and anxiety/panic attacks)
- Drug or alcohol misuse

attached to an ASBO, Individual Support Order (for someone aged 10-17) attached to an ASBO, Drug Intervention Order attached to an ASBO.

- Whether a young person is at risk of becoming a teenage parent.

Table 2.7 Issues with health at the beginning of the intervention		
<i>Base: All young people with a Contract in place</i>		
Issue faced at Contract stage	Total	Base
	%	
Mental health	10	1,086
Drug or alcohol problems	20	1,086
Risk of teenage pregnancy	5	1,086
Any issue with health	27	1,087

Around a quarter of young people (27 per cent) had any of these health problems at the start of the IIP (Table 2.7). A fifth (20 per cent) of young people had drug or alcohol problems at the beginning of the intervention while only a small proportion of young people had any of the specified mental health problems (10 per cent) or were at risk of teenage pregnancy (5 per cent).

In chapter four, we will explore the extent to which these issues and problems young people were reported to have at the beginning of their intervention were addressed by the time they Exited the IIP.

2.5 Young people’s assessments of their circumstances and risks

All young people who began working with an IIP between April 2010 and January 2011 were asked (by IIP staff) to complete a short questionnaire in order to provide additional context about their views and experiences prior to the intervention.¹⁷ This self-completion questionnaire was an adapted version of the “What do you think” questionnaire (part of the ASSET).¹⁸

Analysis of the 180 returned questionnaires showed that despite the vast majority of young people feeling that they were cared for by members of their family (96 per cent), they also recognised a number of challenges and problems in their lives:

- Around a third (35 per cent) of young people said they were living with other people who get in trouble with the police;
- 57 per cent said they spend ‘lots of money’ on cigarettes, alcohol or drugs and a third (33 per cent) reported committing crime when they were drunk or on drugs.

¹⁷ This questionnaire was also given to young people who were completing their intervention during this time period, however, there were not sufficient questionnaires returned at exit for analysis to be carried out at this stage.

¹⁸ See Appendix D for more information about this.

- Around half of the young people (54 per cent) reported drinking alcohol often while 41 per cent reported smoking cannabis, sniffing glue or taking other substances illegally.
- Truancy was an issue for 69 per cent of these young people, although in general they expressed positive views about school; around three-quarters of young people (74 per cent) said they get on well with teachers or tutors while 76 per cent said that they like learning or working.
- Fifty-seven per cent of young people said they had damaged their own, or others' property.
- However, young people also seemed to indicate that they wanted to change, and knew people who would help them; 88 per cent of young people said they wanted to sort out their problems while 90 per cent said they knew others who would help them avoid trouble (Appendix Tables D.1 to D.6).

2.6 Young people not offered an IIP

Overall, a third (33%) of young people referred to an IIP were not accepted; Table 2.8 shows the reasons why these young people were not accepted on to the intervention.

Table 2.8 Reasons young people were not accepted on to an IIP	
<i>Base: All young people not accepted on to an IIP</i>	
	Total
Reason not accepted on to an IIP	%
IIPs support not needed/ young person not eligible	61
Young person refused intervention	27
Other reason	12
<i>Bases</i>	<i>601</i>

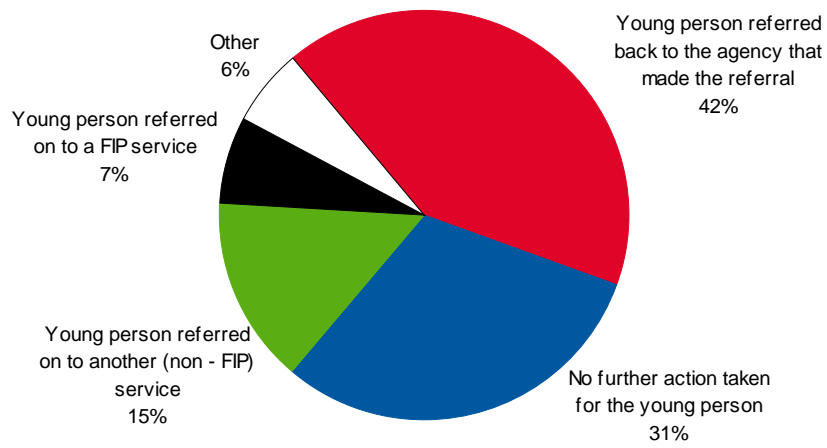
Note: IIP staff were able to select more than one reason for a young person not being accepted on to an IIP. In the small number of cases where more than one reason was given, if a young person was not eligible for the intervention and the young person refused to engage with the IIP they have been categorised as not eligible in this table.

Just under two thirds of the young people not accepted to an IIP were judged to not require the support or were assessed as ineligible for it (61 per cent). In these cases another service was considered to be more appropriate for the young person, the referral was withdrawn or the young person's issues were not severe enough to require an IIP. Twenty-seven per cent of young people not accepted refused to engage with an IIP while 12 per cent were not accepted for another reason, for example the IIP did not have capacity to help the young person (and they were not put on a waiting list).

Forty-two per cent of young people that were not accepted for an IIP were referred back to the agency that made their initial referral (Figure 2.4). Seven per cent were referred to an intensive family intervention project and a further 15 per cent were referred to another service. In 31 per cent of cases no further action was taken for the young person.

Figure 2.4 Actions taken for young persons not offered IIP intervention

Base: Young people who were referred to an IIP but not offered intervention (601)



3 The Intensive Intervention Project

In this chapter we describe the key features of the IIP intervention that the IIS collects data on. This complements the Sheffield Hallam qualitative case studies (Flint et al, 2011¹⁹) which provides a much more detailed understanding of the IIP intervention. In section 3.1, we report on the average duration of an intervention, the typical number of weekly hours of direct contact between a key worker and a young person, and the typical length of the intervention. Working with the same key worker for the duration of a family intervention was identified as an important feature of the FIP model for achieving success (White et al., 2008) and section 3.2 considers whether young people were working with the same key worker throughout their IIP. In section 3.3 we focus on the support provided to young people as part of the intervention, and finally in section 3.4 we look at the reasons why young people leave the IIP.

Key findings:

- The average length of an IIP intervention was 8.2 months.
- The average contact time spent with young people decreases over the length of an IIP.
- The majority of young people worked with the same key worker from their Contract stage to their last Review stage (88 per cent).
- Young people most commonly received support with education, training and employment issues (88 per cent) and social and emotional issues (83 per cent).
- Just under half (49%) of young people left for a positive reason and their intervention was deemed successful.

¹⁹ Flint, J., Batty, E., Parr, S., Fowler, D. P., Nixon, J. and Sanderson, D., (2011) Evaluation of Intensive Intervention Projects London: DfE

3.1 Contact time and IIP duration

The average (mean) duration of an IIP intervention, from the Referral date to when a young person exited was 8.2 months, with a mid point (median) of 7.6 months. The actual duration of an IIP ranged from just under 2 weeks to nearly two years. On average there was 6.4 months between the Contract being put in place and Exit (the median was 5.6 months).

We also looked at the typical length of each intervention stage. The median length between the Contract stage and the first Review was 12.4 weeks. The average time between the penultimate stage to Exit²⁰ was 7 weeks (median of 7 weeks; Table 3.1).

Table 3.1 Typical number of weeks each stage lasts			
<i>Base: All young people who exited the intervention, excluding returning young people²¹</i>			
Typical number of weeks	Reference time period		
	Contract to first formal Review	First Review to last Review	Previous stage to Exit
	n	n	n
Mean	13.35	11.29	9.07
Median	12.43	7.00	7.0
<i>Bases</i>	<i>646</i>	<i>432</i>	<i>746</i>

IIP staff were asked to record the average number of hours of direct contact they have with young people each week.²² This information is available for two time periods a) between the Contract being put in place and the first Review and b) between the stage before the Exit (typically the final Review stage)²³ and the Exit.

As might be hoped, the average time spent with young people decreases over time, suggesting that young people require less intensive support towards the end of their IIP. As shown in Table 3.2, the average (mean) number of hours per week IIP staff spent in direct contact with a young person was 6.2 hours in the early stages of the intervention (i.e. between the time a Contract was put in place and the first Review) and decreased to

²⁰ Usually, the previous stage refers to the last Review but when young people did not have any formal Reviews it refers the Contract Plan.

²¹ Base variation: 'Contract to first formal Review' has a lower base than 'Previous stage to Exit' as not all young people had a Review (some went straight to Exit Plan). Similarly, 'First review to last Review' includes only those with at least 2 formal Reviews.

²² The question on IS reads as follows: 'On average, how many hours per week did all IIP staff spend in contact with [name of young person] during this period? (Note: This may be face-to-face contact, telephone calls or contact through text messages. Do not count non-contact time i.e. administration, writing up notes, liaising with other agencies, travelling to see young persons)'.
²³ Usually, the previous stage refers to the last Review but when young people did not have any formal Reviews it refers the Contract Plan.

4.6 hours during the final stages of the intervention (i.e. between the penultimate stage and the Exit). The mid point (median) was 4 hours in the early stages, reducing to 3 hours in the final stages of the intervention.

Table 3.2 Typical number of weekly hours of direct contact between IIP worker and young person²⁴

Base: All young people with a Contract in place, Review and Exit

Typical number of weekly hours	Reference time period	
	Contract stage to first Review	Penultimate stage (typically final Review stage) to Exit
	%	%
1-2 hours	29	50
3-5 hours	41	33
6-9 hours	20	9
10 hours or more	11	8
	Number of hours	Number of hours
Mean weekly hours	6.17	4.63
Median weekly hours	4.0	3.0
<i>Bases</i>	<i>677</i>	<i>746</i>

3.2 Key worker consistency

Previous research on intensive family interventions has shown that having the same key worker for the duration of an intervention is important for achieving success (White et al, 2008). Table 3.3 illustrates that the levels of key worker consistency was very high.²⁵ Eighty-eight per cent of young people had the same key worker between the Contract stage and their last Review while 91 per cent had done so between their Contract stage and first Review. The need to maintain consistency so as to build trust and demonstrate commitment and efficacy is also illustrated in the qualitative evaluation of IIPs (Flint et al., 2011²⁶).

²⁴ In 73 cases IIP workers appeared to have overestimated their contact time by recording exceptionally high values. Therefore, we also performed this analysis capped at 20 hours and this reduced the average (mean) contact time to 3.83 hours and 2.82 hours respectively. The mid point (median) remains similar between the Contract plan and first Review (3.75); however it decreases to 2.0 when the sample is limited to those who report 20 or less hours of contact time per week.

²⁵ IIP staff record if the young person's key worker changed between the time their Contract was put in place and their first Review, and then again between each Review and the stage previous to that.

²⁶ Flint, J., Batty, E., Parr, S., Fowler, D. P., Nixon, J. and Sanderson, D., (2011) Evaluation of Intensive Intervention Projects London: DfE

Table 3.3 Key worker consistency		
<i>Base: All young people with a Contract in place and at least one Review stage</i>		
Whether the same key worker at the beginning and end of period	Reference time period	
	Contract stage to first formal Review	Contract stage to most recent Review
	%	%
Yes	91	88
No	9	12
<i>Bases</i>	<i>677</i>	<i>677</i>

3.3 Specific support delivered

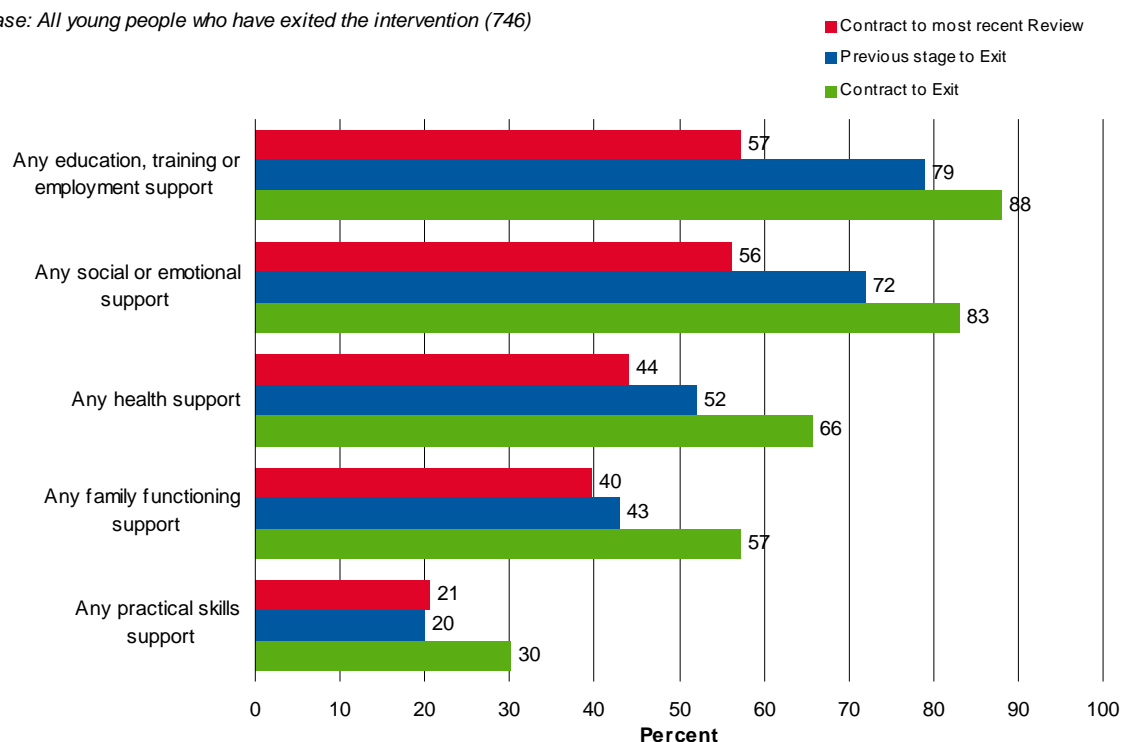
The actual support provided to young people is dependent on the nature of their needs and as a result can be wide ranging. IIP staff either deliver it directly or lever in other statutory or partner agencies (e.g. statutory, voluntary or private agencies) to provide the service. Typically there were five broad areas of support provided: family functioning; health; education, training and employment issues; social and emotional support; and practical skills.²⁷

Overall, the most common type of support delivered was related to education, training and employment issues (88 per cent), closely followed by social and emotional support (83 per cent). Around two-thirds of young people were offered health support (66 per cent), whereas family functioning support and practical skills were less frequently received (Figure 3.1). Not surprisingly, the type of support delivered appeared to be adapted to suit the young person's changing needs, and this varied throughout the intervention. For example, in between the Contract being put in place and their last Review 57 per cent of young people received help with an education, training or employment issue and this increased to 79 per cent between the penultimate stage (normally a Review) and Exit (Figure 3.1). A similar picture emerges for social and emotional support (from 56 per cent to 72 per cent) and health (from 44 per cent to 52 per cent). A similar increase in support is not evident for support provided with family functioning and practical skills. As described in the sections below, the support received most often came from IIP staff or a statutory or partner agency.

²⁷ A full list of the types of support provided in each domain can be found in Appendix E.

Figure 3.1 Types of specific support delivered

Base: All young people who have exited the intervention (746)



Please note that IIPs could provide support of each type through a combination of agencies so percentages may sum to more than 100.

The most common types of specific support delivered to young people were providing access to positive activities (73 per cent), challenging anti-social behaviour (64 per cent) and support for sustaining the young person in education, training or work experience (58 per cent; Appendix B, Table B.12). Other types of support commonly delivered included family support (50 per cent) and anger management (45 per cent).

3.3.1 Education, training and employment support

Over three-quarters (88 per cent) of young people received support to address an education, training or employment issue. This included help with basic skills, finding training and work experience, accessing positive activities such as youth volunteering projects and making decisions about future education/training.²⁸ Eighty-five per cent of young people received this type of support from IIP staff and 41 per cent did so from a statutory or partner agency (Table 3.4).

²⁸ A full list of the types of support provided in each domain can be found in Appendix E.

Table 3.4 Education, training or employment support delivered	
<i>Base: All receiving support between the Contract and Exit stage</i>	
	Total
Source of support provided	%
IIP staff	85
Statutory agency or IIPs key partner	41
Contracted out to another organisation	7
<i>Base</i>	<i>746</i>

Please note that IIPs could provide support of each type through a combination of agencies so percentages may sum to more than 100.

3.3.2 Social and emotional support

The social and emotional support provided to young people varied considerably and included programmes for anger management, challenging ASB, psychotherapy, relationship mediation and counselling. Eighty-one per cent of young people received this support from IIP staff and a further 29 per cent from a statutory agency or IIP key partner (Table 3.7).

Table 3.5 Social and emotional support delivered	
<i>Base: All receiving support between the Contract and Exit stage</i>	
	Total
Source of support provided	%
IIP staff	81
Statutory agency or IIPs key partner	29
Contracted out to another organisation	6
<i>Base</i>	<i>746</i>

Please note that IIPs could provide support of each type through a combination of agencies so percentages may sum to more than 100.

3.3.3 Health support

Around two-thirds (66 per cent) of young people received any support to address a health issue including a mental health issue and sexual health issues through, for example, cognitive behaviour therapy, and support with alcohol and drug misuse. This type of support was slightly more likely to be delivered by IIP staff (49 per cent) than a statutory agency or IIP key partner (40 per cent; Table 3.6).

Table 3.6 Health support delivered	
<i>Base: All receiving support between the Contract and Exit stage</i>	
	Total
Source of support provided	%
IIP staff	49
Statutory agency or IIPs key partner	40
Contracted out to another organisation	5
<i>Base</i>	<i>746</i>

Please note that IIPs could provide support of each type through a combination of agencies so percentages may sum to more than 100.

3.3.4 Family functioning support

Overall, 57 per cent of young people received help to address issues with family relationships and functioning. This included both general support with family relationships and, more specifically, one-to-one and group parenting support. This kind of support was most often provided by the IIP staff themselves (47 per cent), followed by the statutory agency or IIP key partner (31 per cent; Table 3.7).

Table 3.7 Family Functioning support delivered	
<i>Base: All receiving support between the Contract and Exit stage</i>	
	Total
Source of support provided	%
IIP staff	47
Statutory agency or IIPs key partner	31
Contracted out to another organisation	3
<i>Base</i>	<i>746</i>

Please note that IIPs could provide support of each type through a combination of agencies so percentages may sum to more than 100.

3.3.5 Practical support

Practical support appeared to be provided less frequently (only 30 per cent of young people receiving it overall) although this may be due to IIP staff not viewing some of the content of their regular daily conversations with young people as practical advice. This type of support involved for example providing housing advice or help to sustain and maintain a home, financial management support and legal advice. As with the other types of support, young people were most likely to receive this type of support from IIP staff (24 per cent), followed by statutory agencies or IIP's partners (16 per cent) or another organisation (3 per cent; Appendix B Table B.13)

3.4 Reasons for leaving an IIP

IIP staff complete an Exit stage at the point young people leave an IIP, regardless of whether they have successfully completed their intervention, dropped out, or left early due to their circumstances changing and them becoming ineligible.

- Just under half (49 per cent; Appendix B Table B.14) of young people left because they successfully completed the intervention and had achieved a positive outcome. These young people had achieved the goals set when they began the intervention (**successfully completed intervention**).
- Twenty-one per cent of young people left the intervention because their circumstances had changed and as a consequence they were no longer eligible or suitable for an IIP. This includes young people who have moved away from the area or have been referred to another type of intervention (**neither success nor failure**).
- Thirty per cent of young people either refused to continue working with an IIP themselves or their carer refused to allow them to do so and so they left their IIP early (**unsuccessful**).

Table 3.8 illustrates the full classification of reasons for leaving an IIP into these three categories.

Table 3.8 Classification of reasons for leaving an IIP		
Young people who exited an intervention		
Left for a successful reason	Cannot be counted as a success or a failure	Left for an unsuccessful reason
Contract goals were satisfied	Re-assessed as a high risk case- unsuitable for IIP staff to visit	Young person refused to continue with intervention
Formal actions in place against young person lifted	Young person moved away from the area	Young person's main carer refused to allow the young person to continue with intervention
Young person no longer at risk of homelessness	Young person in custody/ prison	
	Young person referred to a FIP	
	Young person referred to another (non-FIP) service	

4 Outcomes for young people

This chapter explores the successful and unsuccessful outcomes achieved by young people working with an IIP. The analysis of outcomes is based on comparisons about the nature and number of the issues young people have across the four domains (outlined in section 2.5) at the Contract stage ('before' measure or baseline) with those at the Exit stage ('after' stage). For example, if a young person was involved in criminal activity or ASB at the beginning of their IIP, the outcomes analysis investigates whether they are still involved in this activity at the Exit stage and the degree to which they are involved. In order to control for over representing successful outcomes we have also included in the analysis of outcomes those young people who have been working with an IIP for at least 8 months.²⁹

The outcomes analysis also provides further understanding of the levels of success achieved by IIPs than was reported in Chapter 3. As previously illustrated a 'successful outcome' is achieved for a given issue (e.g. criminal activity) if a young person was identified as being involved in criminal activity at the 'before' stage (i.e. at the time the Contract was put in place) but not at the 'after' stage (i.e. at the time they Exit or most recent Review if they are still working with an IIP). An 'unsuccessful outcome' in relation to a given issue means that a young person faced this issue at the before stage and still faced it at the after stage.

Key findings:

Successful and unsuccessful outcomes (section 4.1)

- Overall, a high proportion of young people achieved a successful outcome for the following measures: disengagement from the family (65 per cent), parenting problems (55 per cent), domestic violence (75 per cent), involvement in crime (54 per cent), involvement in anti-social behaviour (52 per cent), mental health issues (62 per cent), drug or alcohol problems (56 per cent), risk of teenage pregnancy (64 per cent).
- Young people were least likely to have achieved a successful outcome in relation to school attendance (38 per cent) and for those over 16 years being NEET or at risk of becoming NEET (25 per cent).

Level of improvement in the four domains (section 4.2)

- The 11 individual measures used in section 4.1 were categorised into four domains; family functioning, crime and anti-social behaviour, education and employment, and health. For each of the four domains we looked at the degree of success achieved by the young people working with an IIP.
- 57 per cent of young people with any issue in the family functioning domain (including disengagement from the family, parenting problems and domestic

²⁹ For young people who have not Exited but have been receiving intervention for 8 months we have used the last Review stage completed.

violence) at the before stage no longer had any issues in this domain when they reached the after stage (full success). A further 8 per cent of young people had partial success in reducing the number of issues associated with family functioning.

- 63 per cent of young people experienced a reduction in the number of health risks including mental health and drug or alcohol problems between the before and after stage.
- 45 per cent of young people with any issue in the crime and anti-social behaviour domain at the before stage no longer had any issues in this domain when they reached the after stage. A further 15 per cent of young people had some success in reducing the number of issues they had with crime and anti-social behaviour between the before and after stage.
- Young people experienced less success in the education and employment domain (18 per cent achieved some, but not full success and 28 per cent achieved full success).
- 54 per cent of young people experienced no reduction in the number of issues in the education and employment domain between the before stage and the after stage.

4.1 Successful and unsuccessful outcomes

As outlined in section 2.4, IIP staff record which issues are a problem, or risk for a young person at the Contract stage or 'before' stage of the intervention and then at the Exit or after stage. There are a total of 11 issues which are used as indicators for the following four domains³⁰:

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

Table 4.1 shows the percentage of young people who had a successful outcome from an IIP on each of the 11 indicators. These young people were identified by IIP staff as having an issue at the beginning of an intervention but not at the end of the intervention, in other words they completely addressed this issue (a successful outcome). This is shown for each of the 11 indicators in the four domains of interest outlined in Section 2.4. For example, 38 per cent of the 269 young people who had low school attendance at the before stage no longer had low school attendance at the end of their intervention. Therefore, these young people are considered to have achieved a successful outcome for school attendance. Similarly, 46 per cent of the 391 young people who were either truanting or excluded from education and had low educational attainment at the before stage no longer had any of these issues at the end of the intervention, in other words they had a successful outcome on this indicator.

³⁰ For more information about the issues in each domain please see section 2.5, and for the questions in the IS from which these measures are drawn please see Appendix C.

Table 4.1 Successful outcomes at Exit stage

Base: All young people who had exited an IIP or who had been working with an IIP for at least 8 months (based on most recent Review stage)

Issue faced at Contract stage	No longer had issue at end of intervention (successful outcome)	Bases
	%	
Education and employment		
Truancy and exclusion and low educational attainment	46	391
Low school attendance	38	269
Young person is NEET/at risk of being NEET	25	150
Crime and anti-social behaviour		
Crime	54	327
Anti-social behaviour	52	470
Family functioning		
Young person is disengaged from the family	65	95
Parenting problems	55	274
Domestic violence (between any family members including parent to child, child to child, and child to parent)	75	113
Health of young person		
Mental health	[62]	48
Drug or alcohol problems	56	172
Risk of teenage pregnancy	[64]	39

Please note that the base sizes for mental health and at risk of teenage pregnancy are small so these

For eight out of the eleven individual indicators, at least half of the young people achieved a successful outcome. Young people were most likely to achieve a successful outcome in relation to domestic violence (75 per cent), disengagement from the family (65 per cent), and risk of teenage pregnancy (64 per cent). They were least likely to achieve a successful outcome in relation to school attendance (38 per cent) and being NEET or at risk of NEET (25 per cent).

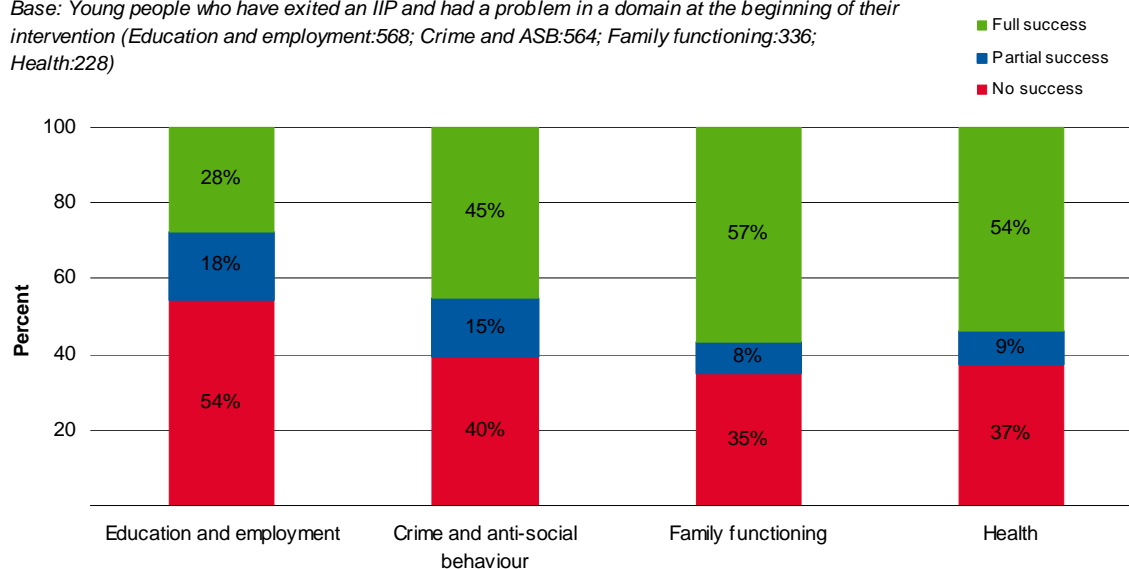
4.2 Full or partial success

In the previous section we looked at the percentage of young people who were reported to have a successful outcome for the 11 indicators of interest (i.e. they completely resolved an issue or problem by the time they Exited the IIP). We now examine whether young people achieved full success, partial success or no success in each of the four domains. Young people who have full success will no longer have any of their reporting issues or problems when they Exit. Partial success relates to partly addressing one or more of a young person's problems and issues that were identified at the start of their IIP. For example if a young person was involved in criminal activity and acts of ASB at the beginning of their intervention but was only involved in ASB at the end of their intervention (i.e. they were no longer involved in crime) then they would be categorised as having achieved a partially successful outcome. If however the young person was still involved in both the crime and ASB at their Exit then they would be classified as having achieved no success.³¹

Figure 4.1 shows the level of success achieved in each domain. For example in the education and employment domain, just over half (54 per cent) of the 568 young people with any issues in this domain before the intervention still had these issues at the end of the intervention (i.e. they had no success in this domain). Eighteen per cent of these 568 young people achieved some success within this domain while working with an IIP, but still had at least one issue at their Exit (partial success). Just over a quarter (28 per cent) of young people completely addressed their issues in this domain by the time they had reached the after stage (full success).

Figure 4.1 Level of success in each domain

Base: Young people who have exited an IIP and had a problem in a domain at the beginning of their intervention (Education and employment:568; Crime and ASB:564; Family functioning:336; Health:228)



Families were most likely to achieve full success in the domains of family functioning (57 per cent) and health (54 per cent), with crime and anti-social behaviour (45 per cent) also

³¹ This analysis focused on specific issues the family faced at the Contract stage and does not take into account new issues recorded at later stages of the intervention.

very successful. Young people were less likely to have achieved full success in the education and employment domain despite this being the most common type of support provided (in Section 3.3 we found that over three-quarters (79 per cent) of young people were receiving some kind of education, training or employment support).

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

5 Factors associated with outcomes

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

- Identify the socio-economic characteristics of young people who seem to have particularly good outcomes resulting from an IIP, and conversely of those young people that do not do so well. This will enable us to identify whether some young people might need different levels of support to others.
- Identify whether two features of the IIP model (the duration and intensity of an intervention) affects the resulting outcomes. Duration is measured in weeks between start and end and intensity is measured in terms of weekly hours of support.

The analysis used statistical modelling (logistic regression) to identify the characteristics of young people and the features of the interventions they received that are predictive of positive outcomes. The models include all possible predictors simultaneously so they distinguish between:

- Factors that appear to predict outcomes but are in fact explained by other, related, factors.
- Factors that genuinely do predict outcomes after taking all other observed factors into account.

In cases where two factors appear to be strongly predictive of a successful outcome but are also strongly related to each other, the model will suggest which of the two factors has the stronger association with the outcome. For example, if we consider work status of families by whether the young person has achieved a reduction in crime and ASB our data shows that 66 per cent of workless families and 59 per cent of working families achieved some success. This could lead to the rather counter intuitive conclusion that being in a workless family may be a predictor of crime and ASB outcomes. However, the statistical modelling shows that when other factors were included in the analysis family work status was not actually a significant predictor of a successful outcome in relation to crime and ASB. In other words, the apparent association between crime, ASB and family work status is 'explained' by other factors.

The regression models used for the analysis in this chapter allow us to explore associations between the characteristics of young people, features of an IIP and the outcomes observed for young people. It is important to bear in mind throughout this chapter, however, that the **models identify predictors of successful outcomes and not necessarily direct casual factors**. Where appropriate, we speculate on the possible underlying reasons for the associations observed.

In the models presented we have taken into account the number of problems a young person has at the beginning of their intervention as this could have a bearing on the degree of success resulting (as it may be easier to solve at least one or some of the problems and 'score a success' with young people who have multiple problems).

It is important to acknowledge that a statistical phenomenon known as 'regression to the mean' may have a bearing on the level of success IIPs report on outcome measures. Essentially if regression to the mean occurs then this would suggest that young people who have a large number of problems at the beginning of the intervention (i.e. they are at the extreme end of the problem scale) are likely to improve at the outcome stage, independent of whether the IIP has an effect – with the explanation being that, because of natural variability, extreme values are unlikely to be sustained over time.

The bases for the analyses presented in this chapter are all young people who exited or had been receiving the intervention for 8 months or more on 21 January 2011. For each domain of interest we have further restricted the sample size just to those with a problem under the domain at the time their Contract was put in place. This means that the bases vary for the different domains.

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

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

Key findings:

The analysis identified a number of socio-economic characteristics associated with an increased chance of success in the four domains. These findings could help to inform how best to target support in the most efficient way by identifying where young people might benefit most from different levels of support.

- Overall, across the four domains young women tend to have better outcomes than young men
- Young people living in families where at least one person³² was working were more likely to have achieved success with education and employment problems.
- Young people living in families where at least one person aged 16 or over is in work were more likely to achieve success with family functioning problems, while the chances of improving family functioning issues increased with a young person's age.
- Young people living in two parent families were more likely to improve their health than those living in lone parent families and living with no parental figure.
- Rather surprisingly, there was little evidence that the intensity (contact hours) affects outcomes. This finding is consistent with that found for intensive family intervention projects.

³² Aged 16 or over.

- There was a weak association between the duration of an IIP and achieving success, providing some evidence to suggest that the longer the intervention the more positive the outcome for intensive family interventions).

5.1 Factors associated with progress in the four domains

As explained in chapter four, a successful outcome for a given domain is calculated by comparing the number of problems or issues a young person was recorded as having at the beginning of the intervention (at the Contract stage) with the number they had at the point of Exit, or most recent Review in the cases of those still working with an IIP.

We created models to explore the factors associated with successful and unsuccessful outcomes in each of the four key domains. In order to assess this, the models compare young people who achieved any success or improvement in the domain (i.e. they resolved some or all of their problems in that domain partial or full success) with young people who achieved no success.³³ The statistically significant results from the modelling are described and discussed below.

5.1.1 Education and employment

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

- Truancy, exclusion or low educational attainment
- Low school attendance
- The young person being NEET or at risk of being NEET

The logistic regression model for successful outcomes in this domain produced the following results (see Appendix B Table B.16 for full details of the odds ratios):

- **Young people who have more education or employment issues or problems were more likely to have achieved any (partial or full) success at the end of their intervention. This finding is perhaps not so surprising because two of the indicators are measuring attendance to some degree.** So, young people with more than one issue in this domain at the Contract stage were one and a half times as likely to have improved in this domain compared to those with only one problem at the Contract stage. This could be due to an IIP focusing more of their efforts in this area if they identify a young person as having severe educational or employment problems.
- **Young females were more likely than males to have achieved success with education and employment problems.** Young females had approximately one and a half times the odds of improving on issues in this domain.
- **Young people with a disability were more likely than those with no disability to have achieved success in this domain.** However, this finding is based only on small number of young people with a disability at the Contract stage so should

³³ The base sizes were not large enough to create a second set of models to look at the factors associated with full improvement in each domain.

be treated with caution. This is something that we would ideally like to investigate further using a larger number of young people working with an IIP.

- **Young people living in families where at least one person³⁴ was working were more likely to have achieved success in the education and employment domain.** Workless families were less than half as likely to improve on education and employment issues. There was also a strong relationship between unknown family working status and success in this domain; families with an unknown working status were less likely to improve in this domain than working families.
- **Young people who were classified as at risk of harm were more likely to have achieved success in this domain.** However, this finding is based on a very small number of young people so it should be treated with caution.
- **There was a weak association between the duration of IIPs and the chances of achieving success in this domain.** There was no association between the intensity of IIPs and the chances of achieving success in this domain.

5.1.2 Crime and ASB

A young person is classified as being involved in criminal activity if they have been arrested for a criminal offence, are on bail, probation, a tag or conditional discharge. Young people are considered to be involved in anti-social behaviour if they have been involved in particular behaviours including rowdy behaviour, street drinking, vandalism and racial intimidation³⁵ at the time beginning of the intervention, or between their last Review and leaving the IIP.

The logistic regression model for successful outcomes in the crime and ASB domain produced the following results (see Appendix B Table B.17 for full details of the odds ratios):

- **Young females were more likely than males to have reduced their involvement in criminal and ASB activities.**
- **There appears to be a weak association between the length of intervention and achieving success with crime and ASB problems.** There was no evidence that increased intensity of IIP contact (i.e. contract hours) had any effect on reducing young people's crime and ASB problems.

³⁴ Aged 16 or over.

³⁵ The full list is as follows: drug / substance misuse and dealing; street drinking; begging; prostitution; kerb crawling; sexual acts; vehicle-related nuisance, inappropriate vehicle use and abandoned cars; noise; rowdy or aggressive behaviour; noisy neighbours; nuisance behaviour; hoax calls; animal-related problems; racial or other intimidation / harassment; criminal damage / vandalism; and litter / rubbish. Intervention staff are also able to specify any other behaviour the young person has been involved in that they judge to come under the definition of ASB. *Tackling Anti-social Behaviour* (2006) p.9 Home Office/ NAO

- Overall, whether the young person lived in a couple or lone parent family was not significantly associated with improvement in crime and ASB outcomes. However the analysis suggested that young people not living with a parent were less likely to improve in this domain.

5.1.3 Family functioning

As described in chapter 2, the domain of family functioning comprises three specific problems:

- Young person being disengaged from their family
- Parenting problems in the family (disciplinary problems, disinterest in children, no positive role model, neglect or an absent parent or little or no involvement in the child's education)
- Domestic violence in the family.

The logistic regression model for successful outcomes in the family functioning domain produced the following results (see Appendix B Table B.18 for full details of the odds ratios):

- **The chances of improving family functioning issues increased with age.** For every year older the odds of a young person improving their outcomes in this domain increased by 22 per cent.
- **Young people living in families where at least one person aged 16 or over is in work were more likely to have achieved success in this domain.** Young people from workless families were less than half as likely to see an improvement in family functioning as those in working families. Young people for whom we had no data about family work status were also less likely to have improved in this domain.^{36 37}
- **There appears to be a weak association between the length of intervention and achieving success in the family functioning domain.** Young people who received more contact hours per week were less likely to show an improvement in this domain, when length of intervention was taken into account. However, we would not advocate less intensive support as a result of this finding as this may be reflecting the complexity of the young people's circumstances. For example, it may be that there are very complex families who need more time with IIP staff as they are harder to help.

³⁶ Due to the large number of families whose working status was unknown, we reran the regression models based only on YP for whom the working status of the family was known. This reduced the base of the model from 315 to 207 and working status no longer had a significant effect. It is unclear whether this lack of significance is due to too few cases. So, given that the families whose working status was unknown had similar odds of improvement to the workless families, we decided to keep the unknown families in the models as a separate group.

³⁷ This may suggest that young people for whom we do not have family level work information may be more likely to be from workless families than families where at least one person is working.

5.1.4 Health

The health domain groups three different types of risk or problem :

- Mental health issues (covering ADHD, anorexia nervosa, depression, lack of confidence and anxiety/panic attacks)
- Substance misuse
- Being at risk of becoming a teenage parent (or becoming a teenage parent since working with an IIP).

The logistic regression model for successful outcomes in the health domain produced the following results (see Appendix B Table B.19 for full details of the odds ratios):

- **Female young people were more likely than males to have achieved some success in the health domain.** Females were approximately three times more likely to have improved on these issues than males.
- **When compared to young people living in families headed by a couple, those from lone parent families and living with no parental figure were less likely to have improved their health issues.** Young people from lone parent families were half as likely as those in coupled families to improve their health issues whilst young people living with no parental figure were approximately five times less likely to have done so (compared to coupled families).³⁸ Flint et al (2011³⁹) also highlight the complexity of issues around lone parent status, noting that relations can often be complex and volatile with previous partners and parents living elsewhere which can result in a strain on young people.

³⁸ The number of young people living without a parental figure is low so should be treated with some caution.

³⁹ Flint, J., Batty, E., Parr, S., Fowler, D. P., Nixon, J. and Sanderson, D., (2011) Evaluation of Intensive Intervention Projects London: DfE

6 Conclusions

A network of IIPs was set up as part of the Youth Task Force Action Plan in 2008. These projects were set up to reduce the anti-social and criminal behaviour of young people with complex needs, to prevent them becoming homeless, to tackle any substance misuse and to improve their education and training outcomes. IIPs use an 'assertive' and 'persistent' yet supportive approach to address and challenge the issues facing a young person. A total of £13 million was made available to establish these projects and work with young people until March 2011.

This component of the evaluation of IIPs has provided monitoring evidence about the young people (and their families) that IIPs work with, the nature of an IIP and the wide array of outcomes that are reported at the point when these young people exit an IIP. It complements the evaluation carried out by Sheffield Hallam University and Mill Mount Consulting (Flint et al, 2011)⁴⁰ which tracks 15 young people and their families through an IIP intervention and provides an economic cost-benefit analysis of five IIPs.

In this final chapter we reflect on the key messages arising from this report. The findings presented reflect the IIP as the projects were first intended, so primarily focus on the young person. There may have been issues worked on and outcomes experienced that this data will not reflect – as the IIP involved the broader family.

6.1 Key findings

The report is based on very detailed monitoring data which IIP staff record at the Referral stage, Contract stage, after each Review stage and when the young person Exits the IIP.

As of 21 January 2011, 1,836 young people had been referred to an IIP. Of these, 61 per cent were accepted for an IIP and had a Contract in place; six per cent were put on a waiting list; and 33 per cent were turned down for an IIP.

6.1.1 Profile of young people

The majority of these young people (80 per cent) were living with their family, including those living between two homes in cases where their parents were separated. Seven per cent of young people were staying with friends or relatives while a similar proportion (6 per cent) were living in foster care. Only one per cent of young people were living independently in their own home.

⁴⁰ Flint, J., Batty, E., Parr, S., Fowler, D. P., Nixon, J. and Sanderson, D., (2011) Evaluation of Intensive Intervention Projects London: DfE

IIPs are clearly working with young people from families which are much larger than average; thirty-one per cent of young people were living in families where there were four or more children aged under 18 in the household. This is a similar profile to families working with intensive family interventions. In the general population just four per cent of families had four or more children under 18 in 2008.⁴¹

The majority of young people were male (74 per cent) and from a White ethnic background (78 per cent). Their average (median) age was 14 years.

The IIP specification indicates that projects should target young people aged 8 to 19 with the most complex needs, aiming to reduce their anti-social and criminal behaviour, tackle any substance misuse and improve their education and training outcomes. The profile of presenting risk factors for young people at the Contract stage suggests that IIPs were clearly working with young people with these complex needs:

- Around half (52 per cent) of young people had an issue with truancy, exclusion from school or low attainment, 62 per cent of those under 16 had low school attendance and 28 per cent of all young people were either NEET or at risk of being NEET.
- Sixty-two per cent were reported to be engaged in some form of anti-social behaviour and nearly half of all young people (48 per cent) were involved in criminal activity.
- Thirty-six per cent of young people were assessed by staff as having poor parenting issues, 12 per cent had a problem with disengagement from the family and 15 per cent had a problem with domestic violence.
- Twenty-seven per cent of young people had a mental health issue, were misusing drugs or alcohol or were at risk of becoming a teenage parent.

Our evidence does not enable us to assess whether IIPs are reaching all their target beneficiaries (and specifically whether there are other young people who would benefit from the intervention). That said, 61 per cent of young people were turned down for an IIP on the grounds that they were not suitable for the intervention if, for example, they did not meet the referral criteria or another service was believed to be more appropriate. In 12 per cent of cases turned down, the IIP did not have sufficient capacity to work with the young person, or there was another reason given for not working with them. Twenty-seven per cent of young people not accepted had turned down the offer of an IIP.

⁴¹ Families with children in Britain: Findings from the 2008 Families and Children Study (FACS), Department for Work and Pensions, 2010. <http://research.dwp.gov.uk/asd/asd5/rports2009-2010/rrep656.pdf>

6.1.2 The IIP intervention

Flint et al (2011⁴²) highlight that the main way IIP workers sought to help the young people and bring about change in their behaviour and circumstances was through direct support, usually delivered on a one to one basis. This direct support could be provided to the young person as well as other family members on an almost daily basis and was complemented by telephone or text communication. As might be hoped, it appears that the average time spent in direct contact with young people decreases over time, suggesting that young people require less intensive support towards the end of their IIP. The average (mean) number of hours per week IIP staff spent in direct contact with a young person was 6.2 in the early stages of the intervention (i.e. between the time a Contract was put in place and the first Review) and decreased to 4.6 hours during the final stages of the intervention (i.e. between the penultimate stage and the Exit).

The actual support provided to young people is dependent on the nature of their needs and as a result can be wide ranging. IIP staff either deliver it directly or lever in other statutory or partner agencies (e.g. statutory, voluntary or private agencies) to provide the service. Typically there were five broad areas of support provided: family functioning; health; education, training and employment issues; social and emotional support; and practical skills. Overall, the most common type of support delivered related to education, training and employment issues (88 per cent), closely followed by social and emotional support (83 per cent) and two-thirds of young people were offered health support (66 per cent). Family functioning support (57 per cent) and practical skills (30 per cent) were less frequently received but this may be due to IIP workers considering the types of support in these categories as referring to more formalised support and so not including the daily conversations and informal advice that they provide to young people and their families.

Flint et al illustrate the range of different ways IIP staff helped by working on anger management, breathing techniques, Cognitive Behaviour Therapy, conflict resolution, consequential thinking, decision-making, family and peer-group relationships, speech therapy and strategies to improve assertiveness and reduce or avoid risky situations. Similar forms of emotional support and interventions were often provided to young people's parents and siblings. Similar to the way in which intensive family interventions work, IIPs tried to provide praise and positive enforcement, whilst establishing expectations and boundaries and supporting these being put into practice. Flint et al report that young people were encouraged to reflect on short and long term goals and these were linked to systems of informal rewards

Previous research on intensive family interventions has shown that having the same key worker for the duration of an intervention is important for achieving success (White et al, 2008). The majority of young people have had the same key worker from their Contract stage to their last Review (88 per cent). The need to maintain consistency so as to build

⁴² Flint, J., Batty, E., Parr, S., Fowler, D. P., Nixon, J. and Sanderson, D., (2011) Evaluation of Intensive Intervention Projects London: DfE

trust and demonstrate commitment and efficacy is also illustrated in the qualitative work with IIPs, young people and their families (Flint et al., 2011⁴³).

The average (mean) duration of an IIP intervention, from the date of Referral to when a young person exited was just over 8.2 months (with a median length of 7.6 months). This is considerably shorter than an intensive family intervention which lasts on average about 13 months.

6.1.3 Outcomes for young people and their families

Just under a half (49 per cent) of young people were recorded by IIP staff as having successfully completed their intervention and achieved a positive outcome. These young people achieved the goals set when they began the intervention and had resolved or addressed the problems they were identified as having at the Contract stage. A further 21 per cent of young people left the intervention because their circumstances had changed and as a consequence they were no longer eligible or suitable for an IIP. This includes young people who moved away from the area or were referred to another type of intervention. Thirty per cent of young people either refused to continue working with an IIP themselves or their carer refused to allow the intervention to continue and so they left before completing their intervention.

In order to assess how successful the IIPs were on key outcome measures we presented detailed analysis of the individual outcomes reported for young people. These outcomes were identified by comparing the nature and number of issues and problems recorded by IIP staff at the Contract stage ('before' stage), with those when they Exit the intervention ('after' stage). We also included in the outcomes analysis those young people who have not exited but have been working with an IIP for at least eight months so as to control for any over-representation of successful outcomes that might otherwise occur.⁴⁴ If a young person has fewer issues or problems in a given domain at the 'after' stage than they did at the 'before' stage, they are considered to have achieved a successful outcome in that specific domain. This analysis provides further understanding of the changes in behaviours and outcomes than just relying on the key worker's overall classification at Exit.

The outcomes analysis was based on 11 individual indicators or measures which were then categorised into four broad domains; Education and Employment, Crime and ASB, Family functioning and Health. Results for the 790 young people included in the outcomes analysis provide positive evidence of the success IIPs are having when young people exit the intervention:

⁴³ Flint, J., Batty, E., Parr, S., Fowler, D. P., Nixon, J. and Sanderson, D., (2011) Evaluation of Intensive Intervention Projects London: DfE

⁴⁴ For young people who have not exited but have been receiving intervention for 8 months we have used the last Review stage completed.

- 61 per cent of young people had fewer crime and ASB issues between starting and leaving the IIP.
- 65 per cent of young people and their families were reported by IIP staff to have improved the way their family functioned (by reducing disengagement between the young person and their family, addressing parenting issues or domestic violence) between the Contract and Exit stage.
- 64 per cent of young people had reduced the number of their health risks recorded between the start and end of their IIP intervention. This included addressing mental health issues, drug or alcohol misuse as well as reducing the risk of becoming a teenage parent.
- Young people were least likely to address their education and employment issues. A total of 49 per cent of young people had reduced their education and employment issues between the Contract being put in place and leaving the intervention.

Further analysis of factors predicting success identified a number of socio-economic characteristics that may be important for informing how best to target support for young people in the most efficient way (i.e. by identifying where young people might benefit most from different levels of support).

- Young women tend to have better outcomes than young men (although more young men are accepted for an IIP) across all the domains.
- Young people living in families where at least one person was working were more likely to have achieved success with education and employment problems.
- Young people living in families where at least one person aged 16 or over is in work were more likely to achieve success with family functioning problems, while the chances of improving family functioning issues also increased with a young person's age.
- Young people living in two parent families were more likely to improve their health than those living in lone parent families and living with no parental figure.
- Rather surprisingly, there was little evidence that the intensity (contact hours) affects outcomes. This finding is consistent with that found for intensive family intervention projects.
- In contrast with intensive family intervention projects there was only weak evidence that the duration of an IIP affects outcomes (the longer the intervention the more positive the outcome for intensive family interventions).

6.1.4 Concluding remarks

When we embarked on this work the key difference highlighted between an IIP and an intensive family intervention (formerly Family Intervention Project or FIP) was that the primary focus is on the young person (rather than the whole family as in the case of the intensive family intervention). Other family members are included in an IIP where appropriate so as to address the inter-connectedness between the young person and other family members' problems. It is clear, however, from the evidence documented in this report and the accompanying qualitative evaluation that IIPs do work quite extensively with other family members and this can include extended family members and a young person's peer group. With the exception of the length of the intervention (IIPs being much shorter) there do appear to be considerable similarities between the nature of an IIP and an intensive family intervention.

Based on the evidence collected by Flint et al⁴⁵ it appears that a number of the key features that are critical to the success of an intensive family intervention model equally apply to IIPs. In particular:

- small caseloads
- a dedicated key worker who manages the young person/family and works intensively with them
- a whole-family approach
- staying involved for as long as necessary
- scope to use resources creatively
- using incentives and rewards (and the withdrawal of these as a sanction) alongside support
- effective multi-agency relationships.

The outcomes reported by IIP staff provide positive evidence of the results that IIPs have. Considerable improvements were evident in most areas of their work albeit to a lesser extent with education and employment, which is an area that is critical to ensuring a positive outcome for the young person. The final judgement, however, about the efficacy of IIPs would depend on us undertaking an impact assessment which compares the outcomes of IIPs against those of a control group of young people who do not receive the IIP. In tandem with this, work would need to be done to assess the degree to which the outcomes are sustained for young people in the longer term although we do now have some positive early evidence from intensive family interventions that the outcomes are sustained 9 – 14 months after the intervention.

⁴⁵ Flint, J., Batty, E., Parr, S., Fowler, D. P., Nixon, J. and Sanderson, D., (2011) Evaluation of Intensive Intervention Projects London: DfE

Appendix A Information collected in the Information System

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

Referral stage

Intervention staff are asked to provide some initial details when a young person is referred to an IIP. At this stage IIP staff are asked to provide data about the young person's socio-demographic characteristics and some information about their family as well as information about why the Referral was made and the outcome of the Referral.

Contract Plan stage

After a full assessment of the young person's circumstances and a decision made about the initial support package to be offered, a formal Contract Plan is put in place with the young person. This Contract forms an agreement between the IIP and young person, outlining the consequences for the young person (and their family) of not changing their behaviour in exchange for intensive support from the key worker. At this stage IIP staff are asked to update the information provided at the Referral stage in case there have been any changes. Information is collected on ASB perpetrated by the young person; enforcement or pre-enforcement actions, convictions and arrests; school attendance; employment and work status. Data collected at this stage provides a 'before' measure against which we can look at the young person's progress over the course of their intervention.

IIP staff are also asked to assess young people according to a number of risk factors that are considered especially likely to place young people at risk of ASB and other key behaviours and problems targeted by the IIP:

- Housing issues (this includes the young person at risk of becoming homeless, and housing enforcement actions being taken against the family)
- Anti-social behaviour, offending and crime issues
- Education, training and employment issues (this includes school exclusion, truancy, NEET and learning difficulties)
- Health issues or teenage pregnancy (this includes substance misuse problems, alcohol misuse, teenage pregnancy, and mental and physical health problems)
- Parenting and family issues (this includes domestic violence, disengagement from the family, unsupportive family and whether the young person is in care)
- Young person's attitudes (this includes lack of victim empathy and lack of motivation)
- Other (this includes involvement in gangs, sexual exploitation, aggression and peer group substance and alcohol misuse.)

Review stage(s)

IIP staff are asked to record regular progress updates on young people and their families after they have carried out their Reviews. At this stage IIP staff update the IS on the key outcome measures, such as involvement in ASB and their status in relation to the list of risk factors. We also ask for information about the type and amount of support provided directly by the IIP staff and other agencies at each Review stage. IIPs are only asked to provide information on the support they delivered directly or actively facilitated. IIP staff carry out Reviews at different intervals, therefore, the IIS does not prescribe how frequently the IIPs should enter this information.

Exit stage

When IIP staff stop working with a young person they are prompted to complete an Exit stage. The information gathered at this stage covers the nature of support the young person received prior to exiting, the reasons for closing the case, who decided to close it and whether a lead agency has been nominated to continue to provide or co-ordinate support for the young person after they exit. At this point IIP staff record the 'after' data on all our outcome measures assessing whether the issues identified in previous stages are still an issue for the young person.

Appendix B Tables

Appendix Table B.1 Agencies that referred the young person to an IIP	
<i>Base: Young people accepted IIP and either went on to Contract stage or were put on a waiting list</i>	
Referral agency (grouped)	Total
	%
Housing	
Housing Association / Registered Social Landlord (RSL)	2
Housing Department or Arms Length Management	1
Housing Action Trust (HAT)	0
The Homeless Department (or equivalent)	+
Health	
Child and Adolescent Mental Health Services (CAMHS)	2
Young people's drugs or alcohol agency	2
Community Mental Health Team	1
Health professional (e.g GP, health visitor etc)	1
Children's Disability Team	+
Environmental Health Department	+
Adults' drugs or alcohol agency	+
Education	
School	22
Education Welfare Team	7
Other Local Authority Education team	2
Alternative Education Settings (e.g. Pupil Referral Unit)	2
Behaviour and Attendance Team (or local equivalent)	2
Special Educational Needs Team	1
Offending and crime	
Youth Offending Service or Youth Offending Team (YOT)	27
Police	12
Local Anti-Social Behaviour team	7
YISP (Youth Inclusion Support Panel)	4
Intensive Supervision and Surveillance Programme (ISSP)	1
Domestic Violence Team	+
Probation Services	+
Noise Nuisance Team	0
Social, voluntary or community organisations	
Social Services (Children and Young People's Services)	18
Voluntary / community organisation	2
Looked After Young People Service	1
Targeted Youth Support / Youth Service	1
Neighbourhood Management team	1
Street Warden	+
Area Youth Panel	+
Adult Community Care Team	+
Citizen's advice bureau (CAB)	0
Bases	1,232

Note: a '+' sign in tables denotes that a figure is less than 0.5 per cent.

Appendix Table B.1 cont'd Agencies that referred the young person to an IIP	
<i>Base: Young people accepted IIP and either went on to Contract stage or were put on a waiting list</i>	
Referral agency (grouped)	Total
	%
Other	
Intensive family intervention (formerly FIP)	5
Connexions	2
The young person referred themselves	1
The young person's main carer referred the young person	1
Multi agency Panel	1
CAF Panel	+
Jobcentre Plus	0
Another IIP team	0
Other	7
Bases	1,232

Appendix Table B.2 Reasons young persons were referred to an IIP	
<i>Base: Young people accepted IIP and either went on to Contract stage or were put on a waiting list</i>	
Reason for referral (grouped)	Total
	%
ASB, offending and crime issues	76
Anti-social behaviour of young person but no enforcement actions taken	34
Peer group known to be engaged in anti-social or criminal activity	34
Anti-social behaviour with enforcement actions taken	28
Criminal convictions of young person	26
Anti-social and/or criminal activity of family member(s)	13
Young person classified as a Prolific and Priority Offender or Deter Young Offender	8
Young person is ex-offender/ being resettled following custody	3
Don't know at this stage	1
Education, training and employment issues	73
Young person is at risk of school exclusion	28
Young person has low educational attainment	24
Persistent truancy	24
Young person is NEET	14
Young person has learning difficulties or disabilities	11
Young person is excluded from school	9
Young person at risk of being NEET	8
Don't know at this stage	3
Parenting and family issues	61
Unstable family	25
Family has domestic violence problems	17
Siblings known to be engaged in anti-social or criminal activity	17
Young person is disengaged from the family	16
Family has substance misuse problems	12
Unsupportive family	12
Parent(s) (or main carer) known to be engaged in anti-social or criminal activity	9
Young person not living with parent(s)	7
Young person regularly runs away from family home	6
Family has experienced death of a family member	6
Don't know at this stage	4
Young person regularly runs away from foster care or secure unit	1
Young person has carer responsibilities	1
Looked after young person about to leave care	+
Young people's attitudes	52
Lack of motivation to change behaviour	36
Lack of motivation to change attitudes to offending	21
Lack of victim empathy	17
Don't know at this stage	11
Bases	1,235

Please note that IIP staff are able to record more than one reason for referral so percentages sum to more than 100.

Note: a '+' sign in tables denotes that a figure is less than 0.5 per cent.

Appendix Table B.2 cont'd Reasons young persons were referred to an IIP	
<i>Base: Young people accepted IIP and either went on to Contract stage or were put on a waiting list</i>	
Reason for referral (grouped)	Total
	%
Health issues	39
Young person has substance misuse problems	15
Young person has alcohol misuse problems	12
Young person is at risk of having substance misuse problems	8
Young person has mental health problems	8
Young person is at risk of developing mental health problems	8
Young person is at risk of having alcohol misuse problems	5
Young person is at risk of becoming a teenage parent	4
Young person is at risk of developing physical health problems	3
Young person has physical health problems	2
Don't know at this stage	2
Young person is a teenage parent	1
Other	20
Young person has anger management / aggression problems	11
Peer group has substance misuse problems	7
Peer group has alcohol misuse problems	6
Young person has failed to / is unable to engage with other services/interventions	6
Young person is involved in negative gang behaviour	5
Young person is involved in bullying / violence against other young people	5
Young person is at risk of becoming involved in negative gang behaviour	3
Young person is / or is suspected of being sexually exploited	2
Young person is at risk of being sexually exploited	2
Don't know at this stage	+
Housing Issues	18
Young person at risk of becoming homeless	9
Housing enforcement actions taken against young person/their family	6
Don't know at this stage	3
Young person is homeless	2
Bases	1,235

Please note that IIP staff are able to record more than one reason for referral so percentages sum to more than 100.

Note: a '+' sign in tables denotes that a figure is less than 0.5 per cent.

Appendix Table B.3 Ages of young people receiving the intervention	
<i>Base: All individual intervention young people a Contract in place</i>	
	Total
Age of young person	%
8-12 years	19
13-15 years	54
16-17 years	22
18 years and over	4
<i>Base</i>	<i>1,078</i>

Appendix Table B.4 Gender of young people receiving the intervention	
<i>Base: All individual intervention young people with a Contract in place</i>	
	Total
Gender	%
Male	74
Female	26
<i>Base</i>	<i>1,085</i>

Appendix Table B.5 Ethnicity of young people receiving the intervention	
<i>Base: All individual intervention young people with a Contract in place</i>	
	Total
Ethnic group	%
White	78
Black	9
Asian	4
Other ethnic group	9
<i>Base</i>	<i>1,067</i>

Appendix Table B.6 Disability status of young people receiving the intervention	
<i>Base: All individual intervention young people with a Contract in place</i>	
	Total
Disability	%
Yes	7
No	77
Don't know	16
<i>Base</i>	<i>1,087</i>

Appendix Table B.7 Special Educational Needs status of young people receiving the intervention	
<i>Base: All individual intervention young people aged under 16 with a Contract in place</i>	
	Total
Whether young people have SEN	%
Yes	19
No	56
Don't know	25
<i>Base</i>	953

Appendix Table B.8 Where young people are living	
<i>Base: All individual intervention young people with a Contract in place</i>	
	Total
Where young person is living	%
Living with immediate family in family home	80
Staying with friends or relatives	7
Living independently in own home	1
Foster care	6
Hostel	1
Temporary accommodation provided under the homelessness legislation	2
Other	3
Don't know	0
<i>Bases</i>	1,087

Appendix Table B.9 Family type of young people receiving the intervention	
<i>Base: All individual intervention young people with a Contract in place</i>	
	Total
Family type	%
Lone parent	46
Two parent	40
No mother/father relation to young person	14
<i>Base</i>	1,087

Appendix Table B.10 Issues with crime and ASB at the beginning of the intervention

Base: All young people with a Contract in place

Issue faced at Contract stage	Total	Base
	%	
Crime	48	964
Anti-Social Behaviour	62	1,043
Any issue with crime or ASB	76	1,012

Appendix Table B.11 Issues with family functioning at the beginning of the intervention

Base: All young people with a Contract in place

Issue faced at Contract stage	Total	Base
	%	
Young person is disengaged from the family	12	1,086
Parenting problems	40	1,086
Domestic violence (between any family members)	15	1,086
Any issue with family functioning	44	1,087

Appendix Table B.12 Type of support delivered	
<i>Base: All receiving support between the Contract and Exit stage</i>	Total
Type of support (grouped)	%
Family functioning	
Family support	50
Family therapy / family group conferences	8
Domestic violence support	8
One to one parenting support	27
Parenting classes	14
Health	
Support with mental health issues	27
Cognitive behaviour therapy	21
Support with sexual health issues	18
Support with other health issues	18
Alcohol support	25
Drug support	35
Education/training	
Basic skills support (for example literacy and numeracy)	28
Support finding the young person education, training and work experience	42
Support for sustaining the young person in education, training and work experience	58
Support finding training	20
Support finding work experience	10
Employment support	10
Advocacy	11
Access to positive activities	73
Youth leadership programmes	5
Youth volunteering programmes	3
Social and emotional skills	
Anger management	45
Challenging anti-social behaviour	64
Mediation	14
Counselling or psychotherapy	13
Mentoring	38
Other social and emotional skills support	48
Practical skills support	
Housing advice	22
Help to sustain and maintain a home (e.g. independent living skills)	16
Financial management support (e.g help claiming benefits, managing debts etc.)	12
Legal advice	5
<i>Base</i>	746

Appendix Table B.13 Practical skills support delivered	
<i>Base: All receiving support between the Contract and Exit stage</i>	
	Total
Source of support provided	%
IIP staff	24
Statutory agency or IIPs key partner	16
Contracted out to another organisation	3
<i>Base</i>	<i>746</i>

Please note that IIPs could provide support of each type through a combination of agencies so percentages may sum to more than 100.

Appendix Table B.14 Whether a young person has left an IIP for a successful reason or not	
<i>Base: All young people who have exited the IIP</i>	
	Total
Whether have left for a successful or unsuccessful reason	%
Left for a successful reason	49
Neither success nor failure	21
Left for an unsuccessful reason	30
<i>Base</i>	<i>665</i>

Appendix Table B.15 Degrees of improvement				
<i>Base: All young people who had exited intervention or who had been receiving intervention for at least 8 months and was at Review stage</i>				
Degree of success reported at point of Exit from intervention	Domain			
	Education and employment	Crime and anti-social behaviour	Family functioning	Health
	%	%	%	%
No improvement	51	40	35	37
Some improvement	21	15	8	9
Full improvement	27	45	57	54
<i>Bases</i>	<i>576</i>	<i>564</i>	<i>336</i>	<i>228</i>

Appendix Table B.16 Logistic regression model predictors of the education and employment domain

Base: All individual intervention young people who have exited and had Education and employment issues at Contract stage

	Education and employment domain				
	Frequency	Odds Ratio	95 % Confidence interval		Overall p-value
			Lower	Upper	
Number of issues in Domain (only 1 issue)	220				0.05
2 issues	160	1.67	1.07	2.59	0.02 *
3+ issues	151	1.57	0.99	2.51	0.06
Age of YP (years)	531	0.95	0.86	1.06	0.40
Ethnicity of Young Person (White)	410				
Non-white	101	1.08	0.68	1.71	0.75
Gender of YP (Male)	382				
Female	149	1.42	0.94	2.14	0.09
Special Educational Needs of YP(None)	256				0.64
Yes	86	1.06	0.62	1.80	0.83
Unknown	189	0.81	0.49	1.34	0.40
Disability of YP (none)	414				0.02 *
Yes	34	2.12	0.96	4.65	0.06
Unknown	83	2.02	1.11	3.65	0.02 *
Number of children in the Household aged less than 19 years (small family - 0 to 3 children)	366				
Large family (4+ children)	165	1.30	0.86	1.96	0.22
Working family(at least one person, over 16 years, works)	152				<0.01 **
Workless family	188	0.49	0.30	0.79	<0.01 **
Unknown	191	0.54	0.34	0.86	<0.01 **
Couple parent household (mother/father, parents partner, ex-partner)	210				0.83
Lone parent	235	1.13	0.75	1.70	0.56
None	86	1.04	0.57	1.88	0.91
Child at risk of harm (No)	488				
Yes	43	2.77	1.34	5.74	<0.01 **
Average number of IIP contact hours per week	531	1.00	0.98	1.02	0.93
Length of IIP intervention (months)	531	1.046	1.004	1.089	0.03 *
Base (Young people)	531				

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

For young people still receiving the IIP, length of intervention was calculated up to the date of data extraction (21 January 2011).

Appendix Table B.17 Logistic regression model predictors of the crime and ASB domain

Base: All individual intervention young people who have exited and had Crime and ASB issues at Contract stage

Crime and anti-social behaviour domain					
	Frequency	Odds Ratio	95 % Confidence interval		Overall p-value
			Lower	Upper	
Number of issues in Domain (only 1 issue)	142				0.56
2 issues	128	0.80	0.48	1.35	0.40
3+ issues	252	0.78	0.49	1.25	0.30
Age of YP (years)	522	0.94	0.84	1.06	0.35
Ethnicity of Young Person (White)	423				
Non-white	99	0.96	0.60	1.53	0.85
Gender of YP (Male)	398				
Female	124	1.70	1.08	2.69	0.02 *
Special Educational Needs of YP(None)	247				0.84
Yes	104	0.86	0.52	1.43	0.56
Unknown	171	0.98	0.58	1.65	0.94
Disability of YP (none)	397				0.13
Yes	37	2.05	0.90	4.67	0.09
Unknown	88	0.79	0.44	1.42	0.43
Number of children in the Household aged less than 19 years (small family - 0 to 3 children)	356				
large family (4+ children)	166	1.02	0.67	1.56	0.91
Working family(at least one person, over 16 years, works)	150				0.17
Workless family	172	1.35	0.83	2.22	0.23
Unknown	200	0.88	0.56	1.40	0.60
Couple parent household (mother/father, parents partner, ex-partner)	136				0.18
Lone parent	217	0.88	0.58	1.32	0.53
None	79	0.58	0.32	1.04	0.07
Child at risk of harm (No)	483				
Yes	39	1.36	0.64	2.91	0.42
Average number of IIP contact hours per week	522	0.99	0.97	1.01	0.34
Length of IIP intervention (months)	522	1.07	1.03	1.12	<0.01 **
Base (Young people)	522				

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

For young people still receiving the IIP, length of intervention was calculated up to the date of data extraction (21 January 2011).

Appendix Table B.18 Logistic regression model predictors of the family functioning domain

Base: All individual intervention young people who have exited and had family functioning issues at Contract stage

	Family functioning domain				
	Frequency	Odds Ratio	95 % Confidence interval		Overall p-value
			Lower	Upper	
Number of issues in Domain (only 1 issue)	144				0.89
2 issues	99	0.98	0.55	1.77	0.95
3+ issues	72	1.15	0.59	2.25	0.67
Age of YP (years)	315	1.22	1.07	1.40	<0.01 **
Ethnicity of Young Person (White)	265				
Non-white	50	1.12	0.56	2.25	0.74
Gender of YP (Male)	217				
Female	98	1.32	0.75	2.32	0.34
Special Educational Needs of YP(None)	159				0.35
Yes	62	1.48	0.73	2.98	0.28
Unknown	94	0.82	0.41	1.65	0.58
Disability of YP (none)	245				0.62
Yes	21	1.29	0.41	3.99	0.66
Unknown	49	0.73	0.33	1.61	0.43
Number of children in the Household aged less than 19 years (small family - 0 to 3 children)	209				
large family (4+ children)	106	0.91	0.52	1.57	0.73
Working family(at least one person, over 16 years, works)	96				0.07
Workless family	111	0.54	0.27	1.08	0.08
Unknown	108	0.45	0.23	0.89	0.02 *
Couple parent household (mother/father, parents partner, ex-partner)	136				0.64
Lone parent	137	1.18	0.66	2.09	0.58
None	42	0.82	0.36	1.88	0.64
child at risk of harm(No)	274				
Yes	41	0.86	0.41	1.81	0.68
Average number of IIP contact hours per week	315	0.92	0.85	0.99	0.02 *
Length of IIP intervention (months)	315	1.06	1.00	1.12	0.06
Base (Young people)	315				

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

For young people still receiving the IIP, length of intervention was calculated up to the date of data extraction (21 January 2011).

Appendix Table B.19 Logistic regression model predictors of the health domain

Base: All individual intervention young people who have exited and had health issues at Contract stage

	Health domain				
	Frequency	Odds Ratio	95 % Confidence interval		Overall p-value
			Lower	Upper	
Number of issues in Domain (only 1 issue)	107				0.16
2 issues	57	0.47	0.21	1.05	0.07
3+ issues	41	0.95	0.39	2.29	0.91
Age of YP (years)	206	0.92	0.74	1.15	0.47
Ethnicity of Young Person (White)	176				
Non-white	29	0.71	0.29	1.73	0.45
Gender of YP (Male)	137				
Female	68	2.81	1.31	6.04	0.01 **
Special Educational Needs of YP(None)	88				0.64
Yes	34	0.63	0.24	1.65	0.35
Unknown	83	0.82	0.33	2.01	0.66
Disability of YP (none)	155				0.87
Yes	16	1.35	0.40	4.62	0.63
Unknown	34	0.93	0.34	2.53	0.89
Number of children in the Household aged less than 19 years (small family - 0 to 3 children)	154				
large family (4+ children)	51	0.73	0.33	1.64	0.45
Working family(at least one person, over 16 years, works)	72				0.26
Workless family	79	1.72	0.77	3.83	0.19
Unknown	54	1.91	0.81	4.51	0.14
Couple parent household (mother/father, parents partner, ex-partner)	136				<0.01 **
Lone parent	79	0.50	0.23	1.09	0.08
None	35	0.16	0.06	0.47	<0.001 ***
Child at risk of harm (No)	192				
Yes	13	0.50	0.13	1.94	0.32
Average number of IIP contact hours per week	206	0.95	0.86	1.04	0.24
Length of IIP intervention (months)	206	1.02	0.95	1.10	0.54
Base (Young people)	206				

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

For young people still receiving the IIP, length of intervention was calculated up to the date of data extraction (21 January 2011).

Appendix C Indicators and domains from IS

This section provides more detail about the measures from the IIS which were used to make up the four domains used for the analysis.

Education and employment domain

- Young person's work/education status at question C10 (codes 4 to 7 and 99)

C10. Adult work and education status (answer for people aged 16 or over only)

[Please tell us the MAIN activity, at the (*current stage e.g.* Referral / Contract / Review 1 / 2 / Exit etc). If more than one applies, select the first one from the top. Please include informal or cash-in-hand work in PT or FT work, as appropriate]

Select the **first** that applies

1. Full-time work i.e. 30 or more hours a week
2. Part-time work i.e. 1-29 hours a week
3. In training or education
4. Unemployed [note: include those looking for work and those not looking for work]
5. Permanently sick or disabled
6. Retired
7. Looking after the home or family
99. Other (**please specify**)
91. *Don't know*

- For young people aged 16 or over, at risk of being NEET or young person is NEET (question E3b, codes 21 and 22)
- Truancy (question E3b, code 17), exclusion (question E3b, code 19 or E18, code 1) or low educational attainment (question E3b, code 20)

E3b.

Based on the risk factors you identified, please identify which particular issues needed addressing at (*textfill current stage*) the time the Contract was put in place, Review 1, Review 2, etc?

Please include all issues that occurred in school, FE college, place of employment, and outside of these.

Please include risk factors which you are certain apply to the young person by ticking the box "Evidence of this".

Select all that apply

Education, training and employment issues

1. Young person is excluded from school
2. Young person is at risk of school exclusion

3. Young person has low educational attainment
4. Persistent truancy
5. Young person is NEET (not in education, employment or training)
6. Young person at risk of being NEET (not in education, employment or training)
7. Young person has poor emotional and coping skills
8. Young person has learning difficulties or disabilities
9. Other, please specify
10. Don't know at this stage

E18.

If Contract Plan stage: **Had [textfill – name of young person i.e Person one at C1] been excluded from school at the time the Contract was put in place?**

If Review stages or Exit stage: **Had [textfill – name of young person i.e Person one at C1] been excluded from school at the (textfill current stage) [the time the Contract was put in place/ Review 1 / Review 2 / etc]?**

[note: by excluded we mean not attending school at all because they had been excluded, either temporarily, permanently, and either formally or informally]

1. Yes (formally or informally)
2. No - the young person is attending school
3. No – the young person was not excluded but Education Welfare Service has become involved
4. No – but young person is not attending school and no support or alternative appears to be in place
5. Not appropriate – the young person is beyond the age of compulsory schooling
90. Do not collect this information
91. Don't know at this stage

- Low school attendance (question E23, codes 1 to 4)

E23.

If Contract stage: **On average, in the six months before the Contract was put in place, how often did [textfill – name of young person i.e Person one at C1] attend school? Please count attendance at a Pupil referral Unit or other alternative curriculum as school attendance.**

If Review or Exit stage: **On average, between the (textfill previous stage) time the Contract was put in place / Review 1 / 2 / etc] and the time (textfill current stage) [of Review 1 /of Review 2 / etc], how often did the young person attend school? Please count attendance at a Pupil referral Unit or other alternative curriculum as school attendance**

[note: by this we mean the proportion of the time they were supposed to attend school. For example if they attended 2 days out of the 4 they had arranged to attend, please put 50%]

1. Not at all
2. Between 1 and 25 per cent of the time
3. Between 26 and 50 per cent of the time
4. Between 51 and 75 per cent of the time
5. Between 76 and 99 per cent of the time
6. All the time (100 per cent)
90. Don't know

Crime and ASB domain

- Criminal activity at questions E5a (code 1), E5 (code 1) and E4 (codes 1 to 4)

If Contract stage

E5a.

Was [textfill – name of young person i.e Person one at C1] arrested for any criminal offences in the 6 months prior to the Contract being put in place *Note: Please do not include 'incidents' or 'serials' unless they resulted in an arrest.*

1. Yes
2. No
3. Don't know

If Review or Exit stage

E5.

Was [textfill – name of young person i.e Person one at C1] **arrested** for any criminal offences between (*textfill last stage*) **[Referral/the time the Contract was put in place./ Review 1, Review 2, etc]** and (*textfill current stage*) **[the time the Contract was put in place./ Review 1, Review 2, etc]**?

Note: Please do not include ‘incidents’ or ‘serials’ unless they resulted in an arrest.

1. Yes
2. No
3. Don't know

If Contract, Review or Exit stage

E4.

Was [textfill – name of young person i.e Person one at C1] on bail, probation, a tag or a conditional discharge **at** (*textfill current stage*) **[the time the Contract was put in place, Review 1, Review 2, etc]**?

1. On bail / remand

Note: A suspect who has been arrested or charged with an offence is released by the police or court on condition that they report back at a certain date and time. Sometimes the suspect has to keep to certain conditions, such as living in a particular place, or not going near witnesses

2. On probation / community order

Note: These include drug or alcohol treatment and testing, curfew, living at a specified address, unpaid work, doing or refraining from doing certain things or entering certain places, or attending certain offending behaviour programmes.

3. On a tag / electronic monitoring

4. On a conditional discharge

- Any ASB behaviours (question C30, codes 1 to 17)

C30.

Which of the following anti-social behaviours were an issue for [textfill – name of young person i.e Person one at C1] at (*textfill current stage*) **[the time the Contract was put in place/ Review 1, Review 2, etc]**?

Please include all behaviours that occurred in school, FE college, place of employment, and outside of these.

Please include behaviours which you are certain have been shown by the young person by ticking the box “Evidence of this”.

If the young person does not exhibit anti-social behaviour, please tick ‘None’.

Select all that apply

Misuse of public space

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

Young person's disregard for community / personal well-being

8. **Noise** This includes noisy cars/motorbikes, loud music, alarms (persistent ringing/malfunction).
9. **Rowdy or aggressive behaviour** This includes shouting & swearing, fighting, drunken behaviour, hooliganism/loutish behaviour.
10. **Noisy neighbours - *Making noise (e.g. shouting, music) which is likely to cause disturbance to neighbours.***
11. **Nuisance behaviour** This includes urinating in public, setting fires (not directed at specific persons or property), inappropriate use of fireworks, throwing missiles, climbing on buildings, impeding access to communal areas, games in restricted/ inappropriate areas, misuse of air guns, letting down tyres.
12. **Hoax calls** This includes false calls to emergency services.
13. **Animal-related problems** This includes uncontrolled animals.

Acts directed at people by the young person

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

Environmental Damage

16. **Criminal damage/vandalism** This includes graffiti, damage to bus shelters, damage to phone kiosks, damage to street furniture, damage to buildings, damage to trees/plants/hedges.
17. **Litter/rubbish** This includes dropping litter, dumping rubbish, fly-tipping, fly-posting.

91. **Don't Know**

70. Other (please specify)

96. None (*mutually exclusive category*)

Family functioning domain

- Disengagement from the family (question E3b, code 41)
- Parenting problems (question E3b, codes 54, 56, 58, 59, 61)
- Domestic violence in family (E3b, code 39)

E3b.

Based on the risk factors you identified, please identify which particular issues needed addressing at (*textfill current stage*) the time the Contract was put in place, Review 1, Review 2, etc?

Please include all issues that occurred in school, FE college, place of employment, and outside of these.

Please include risk factors which you are certain apply to the young person by ticking the box “Evidence of this”.

Select all that apply

Parenting and family issues

39. Family has domestic violence problems (note; this could be between any members of the family e.g. parent to child, child to child, spousal etc.)
40. Family has substance misuse problems
41. Young person is disengaged from the family
42. Looked after young person about to leave care
43. Unstable family [note: e.g. frequently moving house, school or job]
44. Unsupportive family
45. Young person not living with parent(s) (note: please only select this was a reason for referral)
46. Young person regularly runs away from family home
47. Young person regularly runs away from foster care or a secure unit
48. Young person has carer responsibilities
49. Family has experienced death of a family member/ significant illness of family member
50. Siblings known to be engaged in anti-social or criminal activity
51. Parent(s) (or main carer) known to be engaged in anti-social or criminal activity
52. Difficulty with affection
53. Lack of personal and social boundaries
54. Disciplinary issues
55. Disinterest in positive activities
56. Disinterest in children
57. Lack of safe environment
58. No positive role modelling
59. Neglect or the parent is absent

- 60. Poor basic care (e.g. hygiene, food, health)
- 61. No/little involvement in child's education
- 62. Not knowing whereabouts of child(ren)
- 63. Other, please specify
- 64. Don't know at this stage

Health domain

- Mental health issues (question E12, codes 1, 3, 4,10 and 13)

E12.

If Contract: As far as the IIP staff were aware, at the time the Contract was put in place, did [textfill – name of young person i.e Person one at C1] have any of the following mental health issues? [note: please include diagnosed and undiagnosed problems]

Select all that apply

If Review or Exit stage: As far as the IIP staff were aware, between (textfill last stage) [the time the Contract was put in place / Review 1 / Review 2 etc] in (textfill date of last stage) [month year] and (textfill current stage - Review 1 / Review 2 etc?, did the young person have any of the following mental health issues?

[note: please include diagnosed and undiagnosed problems]

Select all that apply

- 0. ADHD
- 1. Angelman Syndrome
- 2. Anorexia nervosa
- 3. Anxiety, panic attacks
- 4. Asperger Syndrome
- 5. Autism
- 6. Bipolar Affective Disorder
- 7. Catalepsy
- 8. Concussion syndrome
- 9. Depression
- 10. Drug addiction
- 11. Hyperactivity
- 12. Lack of confidence
- 13. Nervous breakdown, neurasthenia, nervous trouble
- 14. Phobias

91. Don't know at this stage

88. Other (**please specify**)

- Alcohol or substance misuse (question E3b, codes 27 and 29)
- At risk of being a teenage parent (question E3b, code 32 or at Exit stage is a teenage parent (code 31))

E3b.

Based on the risk factors you identified, please identify which particular issues needed addressing at (textfill current stage) [the time the Contract was put in place, Review 1, Review 2, etc]?

Please include all issues that occurred in school, FE college, place of employment, and outside of these.

Please include risk factors which you are certain apply to the young person by ticking the box "Evidence of this".

Select all that apply

Health issues

27. Young person has substance misuse problems
28. Young person is at risk of having substance misuse problems
29. Young person has alcohol misuse problems
30. Young person is at risk of having alcohol misuse problems
31. Young person is a teenage parent
32. Young person is at risk of becoming a teenage parent
33. Young person has mental health problems
34. Young person is at risk of developing mental health problems
35. Young person has physical health problems
36. Young person is at risk of developing physical health problems
37. Other, **please specify**
38. Don't know at this stage

Appendix D The young person questionnaire

The “What do you think” self-completion questionnaire was developed by the Youth Justice Board and contains a series of statements about young people’s attitudes and thoughts toward things like school, college and work, smoking, and drinking and drugs. The young person is required to state the degree to which each description is like them on a scale ranging from “not like me” to “just like me”. We have removed open-ended questions which require the young person to write in answers. The young person is only required to tick a box for each statement. The adapted “What do you think” is 2 pages long and contains 35 statements that the young person is required to tick their level of agreement. The profile of young people returning this questionnaire was similar to the profile of all young people receiving an intervention. These young people were mostly male (74 per cent), White (83 per cent) and aged 13 to 15 years (58 per cent).

Appendix Table D.1 Issues with family and living situation	
<i>Base: All young people completing the questionnaire at the beginning of their intervention</i>	
	Total
Issue	%
Stays away from home without asking	59
Do not know that members of their family care about them	4
See members of their family having fights and arguments	57
Do not have a secure and stable place to live	6
Live with others who get into trouble with the police	35
Don't see much of their mum or dad	59
Have lost someone special from their life	56
<i>Bases</i>	<i>180</i>

Appendix Table D.2 Issues with school, college and work	
<i>Base: All young people completing the questionnaire at the beginning of their intervention</i>	
	Total
Issue	%
Would like some help with reading and writing	45
Need to get more training or qualifications	84
Often stay away from school when they should be there	69
Do not like learning or working	24
Do not get on well with their teachers/tutors at school or college	26
Have been bullied at school, college or work	27
Do not have adults who help them with school or work	22
<i>Bases</i>	<i>180</i>

Appendix Table D.3 Issues with smoking, drinking and drugs	
<i>Base: All young people completing the questionnaire at the beginning of their intervention</i>	
	Total
Issue	%
Have friends who often use drugs	69
Spend a lot of money on cigarettes, alcohol or drugs	57
Commit crime because they were drunk or on drugs	33
Commit crime to get money for drugs	15
Often drink alcohol	54
Often use cannabis, glue or other substances used illegally	41
<i>Bases</i>	<i>180</i>

Appendix Table D.4 Issues with behaviour	
<i>Base: All young people completing the questionnaire at the beginning of their intervention</i>	
	Total
Issue	%
Rush into things without thinking	89
Often get angry and lose their temper	94
Bully, threaten or hurt other people	52
Get into trouble because it is exciting	52
Commit crime because their friends do it	46
Damage their own things or property belonging to others	57
<i>Bases</i>	<i>180</i>

Appendix Table D.5 Attitudes about crime and the future	
<i>Base: All young people completing the questionnaire at the beginning of their intervention</i>	
	Total
Attitude	%
Are sorry for the harm they caused	82
Want to make up for the harm they caused	80
Think their family are upset about what happened	82
Think they will offend again	51
Want to sort out the problems in their lives	88
Think of themselves as criminals	30
Can see reasons for not offending	87
Know others who will help them to stop getting into trouble	90
Want to stop offending	89
<i>Bases</i>	<i>180</i>

Appendix Table D.6 Key issues for young people		
<i>Base: All young people completing the questionnaire at the beginning of their intervention</i>		
	Whether young person has this issue	
	Yes	No
Issue	%	%
Sees members of their family having fights and arguments	57	43
Have a secure and stable place to live	94	6
Often stay away from school when they should be there	69	31
Get on well with their teachers/tutors at school or college	74	26
Often drinks alcohol	54	46
Often use cannabis, glue or other substances illegally	41	59
Young person wants to sort out problems in their lives	88	12
Young person thinks of self as criminal	30	70
<i>Base</i>		<i>180</i>

Appendix Table D.7 Ethnic status of young people	
<i>Base: All young people completing the questionnaire at the beginning of their intervention</i>	
	Total
Ethnicity	%
White	83
Black	7
Asian	3
Other/Mixed race	8
<i>Bases</i>	177

Appendix Table D.8 Gender of young people	
<i>Base: All young people completing the questionnaire at the beginning of their intervention</i>	
	Total
Gender	%
Male	74
Female	26
<i>Bases</i>	179

Appendix Table D.9 Age of young people	
<i>Base: All young people completing the questionnaire at the beginning of their intervention</i>	
	Total
Age	%
8-12 years	17
13-15 years	58
16-17 years	23
18 years and over	2
<i>Bases</i>	175

Appendix Table D.10 Work status of young people	
<i>Base: All young people completing the questionnaire at the beginning of their intervention</i>	
	Total
Work status	%
Full-time work	5
Part-time work	5
In training or education	25
Unemployed	55
Permanently sick or disabled	2
Don't know	5
Other	5
<i>Bases</i>	<i>44</i>

Appendix Table D.11 NEET status of young people	
<i>Base: All young people completing the questionnaire at the beginning of their intervention</i>	
	Total
In work, training or education	%
Yes	34
No	61
Don't know	5
<i>Bases</i>	<i>44</i>

Appendix Table D.12 Work status (grouped) of young people	
<i>Base: All young people completing the questionnaire at the beginning of their intervention</i>	
	Total
In work, training or education	%
Employed (full-time/part-time)	9
In training or education	25
Unemployed	55
Don't know	5
Other	7
<i>Bases</i>	<i>44</i>

Appendix Table D.13 If young person is under 18	
<i>Base: All young people completing the questionnaire at the beginning of their intervention</i>	
	Total
Under 18	%
Yes	2
No	98
<i>Bases</i>	<i>179</i>

Appendix Table D.14 SEN status of young people	
<i>Base: All young people completing the questionnaire at the beginning of their intervention</i>	
	Total
Young person has SEN	%
Yes	15
No	64
Don't know	21
<i>Bases</i>	<i>155</i>

Appendix Table D.15 Disability status of young people	
<i>Base: All young people completing the questionnaire at the beginning of their intervention</i>	
	Total
Young person has disability	%
Yes	8
No	78
Don't know	15
<i>Bases</i>	<i>179</i>

Appendix Table D.16 Whether aged 16-18 and not in employment, training or education	
<i>Base: All young people completing the questionnaire at the beginning of their intervention</i>	
	Total
Aged 16 – 18 and NEET	%
Yes	85
No	15
<i>Bases</i>	<i>179</i>

Appendix E Type of support provided to young people

The support provided to young people has been categorised into the following five groups for analysis.

Family functioning

- Family support
- Family therapy / family group conferences
- Domestic violence support
- One to one parenting support
- Parenting classes

Health

- Support with mental health issues
- Cognitive behaviour therapy
- Support with sexual health issues
- Support with other health issues
- Alcohol support
- Drug support

Education/training

- Basic skills support (for example literacy and numeracy)
- Support finding the young person education, training and work experience
- Support for sustaining the young person in education, training and work experience
- Support finding training
- Support finding work experience
- Employment support
- Advocacy
- Access to positive activities
- Youth leadership programmes
- Youth volunteering programmes

Social and emotional skills

- Anger management
- Challenging anti-social behaviour
- Mediation
- Counselling or psychotherapy
- Mentoring
- Other social and emotional skills support

Practical skills support

- Housing advice
- Help to sustain and maintain a home (e.g. independent living skills)
- Financial management support (e.g. help claiming benefits, managing debts etc.)
- Legal advice

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