

# Evaluation of Intensive Family Support Projects in Scotland

Crime and Justice

# **EVALUATION OF INTENSIVE FAMILY SUPPORT PROJECTS IN SCOTLAND**

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# **Executive Summary**

## **Background, aims and methods**

1. This report examines the establishment, operation and impacts of intensive family intervention projects operating in Scotland. The research was initiated mainly to evaluate the three 'Breaking the Cycle' (BtC) schemes funded by the Scottish Government as a two-year pilot programme running from 2006/07-2008/09. In addition to the BtC projects (in Falkirk, Perth & Kinross and South Lanarkshire) the research also encompassed the Dundee Families Project (set up in 1996) and the Aberdeen Families Project (established in 2005). These longer-established schemes were included in the study mainly to enhance the scope for analysing Project support impacts – particularly in terms of the longer-term sustainability of any improvements in families lifestyles and behaviour achieved with Project help.

2. Drawing on the ground-breaking Dundee model, the BtC schemes were seen by the Scottish Government as 'demonstration projects' aimed at illustrating the benefits of DFP techniques as well as testing the effectiveness of these techniques delivered through a purely 'outreach support' model rather than incorporating core residential accommodation for the families concerned.

3. The evaluation was undertaken within the context of a growing recognition that anti-social behaviour can be symptomatic of deep-rooted problems within families and that such problems can be transmitted from one generation to the next. Partly evoked by the Dundee Families Project experience, the past few years has seen a groundswell of opinion that, albeit expensive, properly targeted intensive support has the potential to generate long term public expenditure savings (through preventing the need for eviction and/or family breakup). A growing body of evaluation evidence – particularly in relation to intensive family support projects in England – suggests that such potential gains can, indeed, be realised.

4. This research analysed the characteristics, histories and support needs of the families helped by the Projects. It was charged with cataloguing the methods used by Project staff in helping families to overcome their problems. It also had to assess the effectiveness of Project support and the financial costs and benefits involved. In addressing these objectives diverse methods were employed. These included in-depth interviews with service provider agencies, with other local stakeholders and with current and former Project service users. Statistical databases on families referred to the Projects and exiting from Project support were also built up and analysed.

## **Project origins and organisational arrangements**

5. All five projects were established through initiatives involving the housing and social work departments of the relevant local authorities. While one authority – South Lanarkshire – ran its scheme as an in-house service, the other four Projects were operated by voluntary agencies under contract. The Dundee, Aberdeen and Perth projects were run by Action for Children Scotland (formerly known as NCH) and the Falkirk project was run by the Aberlour Childcare Trust.



6. The model used in Aberdeen and Dundee differed from that used in the other authorities in that it included a 'core block' residential facility as well as outreach support.

7. As well as seeking to help service users avoid homelessness and family break-up, for example through children being looked after and accommodated, the projects aimed to promote broader social inclusion for family members as well as safer, more cohesive communities. Referrals for Project support were triggered by anti-social behaviour and many of the families had long been considered problematic by the agencies working with them. However, there was no rigid requirement that a referred family needed to have been subject to legal action.

8. Most of the recently-established Projects experienced substantial difficulties in recruiting and/or retaining staff. These problems were partly attributed to the short term nature of Project funding, but also related to the highly demanding nature of the work and the modest salaries on offer. While the staffing complements of the five Projects were fairly similar (7-10 FTEs) caseloads varied to a greater extent, apparently implying variation in the intensity of support from Project to Project.

9. About 55% of referrals to the Projects had been made by housing department officers, with those originating from social workers accounting for most of the remainder. Projects rejected only a very small proportion of families formally referred and assessed. However, informal discussions between referral agencies and Project staff at an earlier stage appear to act as an initial sift to minimise 'inappropriate referrals'.

10. All five Projects were partly accountable to oversight groups bringing together key stakeholders from the provider agency (where relevant), as well as from relevant council departments (e.g. housing, social work, community safety). Such groups were found to be invaluable as a means of furthering constructive joint working around referral processes as well as service delivery to families accepted for Project support. Nevertheless, some of the Projects faced considerable challenges in bridging cultural divides separating them from key stakeholders and, thereby, establishing their credibility as effective operators.

### **Referrals to the Projects**

11. In keeping with the nature of reported antisocial behaviour, more widely, family misconduct triggering referral for Project support usually involved excess noise (in 73% of all cases). Well over half of referrals (62%) were also triggered by 'youth nuisance'; in almost two thirds (65%) of cases children were implicated in ASB, with only 35% of cases where such misconduct was believed to be perpetrated only by adult family members. The seriousness of ASB prompting referrals is indicated by the 44% of cases where there was police involvement at the point of referral and by the fact that three quarters (74%) had been warned or charged by the police in the preceding three years (usually in relation to ASB rather than (or as well as) other offences).

12. Although ASB complaints about referred families had been ongoing for more than a year in most cases (60%), the typical duration of such problems varied considerably across the five Projects. In particular, the profile for Dundee was quite different from the norm, with more than two thirds (68%) of Dundee's cases involving ASB complaints dating back less than 12 months. This appears consistent with the suggestion that, being far more long-established than the other Projects, DFP is more able to encourage and accept referrals at an earlier stage in a family's offending behaviour, a key issue for the other Projects.

13. Some 42% of all referred families were secure tenants in social housing under threat of eviction. A similar proportion (43%) were considered by Project workers to be at 'high risk' of family breakdown at the point of referral, usually on account of the possibility that children would be taken into local authority care.

14. Most referrals (62%) involved single parent families. Family size tended to be larger than the national norm, at 4.3 persons; almost a fifth of families contained five or more children. At the same time, however, almost half (48%) of referrals involved families containing two children or fewer.

15. In almost every referred family (92%) at least one family member was disabled or suffering from ill-health of one kind or another. Well over half (58%) contained one or more family members subject to depression. Frequent school absence was an issue in well over a third (39%) of families.

### **Supportive interventions**

16. An analysis of a sample of individual family Support Plans submitted by each of the projects found that the plans reflected the overall aims of the Breaking the Cycle programme; usually focusing on improving family dynamics and parenting, enhancing household management skills, reducing antisocial behaviour and increasing children's engagement with nurseries and schools. Half of the Support Plans included measures aimed at reducing alcohol or substance misuse. The initial assessments on which the Support Plans were based typically identified key family strengths as their positive engagement with the projects, their desire to change their circumstances and the loving relations between family members.

17. The actual delivery of Support Plans and provision of supportive interventions evolved considerably as the Projects developed. Project workers faced new challenges in responding to the size of families, the intensity of the support required and the need to holistically address a wide range of family problems. The size of caseloads and the model of dedicated worker teams for each family were effective. However, the typically formidable challenges facing families, the frequently protracted nature of assessments, and the sometimes sporadic pattern of subsequent engagement all tended to increase the duration of support programmes by comparison with what had originally been expected. While Projects attempted to avoid families becoming dependent on caseworker contact, this had in some cases proved difficult to achieve and consequently some families whose cases had been formally closed continued to access guidance and advice from Project staff.

18. The supportive interventions delivered mirrored Support Plan priorities, focusing particularly on addressing underlying causal factors such as low self-esteem, depression or substance abuse. Most interventions were delivered directly by Project workers, although these frequently included helping adult family members to access other services, both mainstream and specialist. Key themes in support provision also typically included help with parenting, emotional support, benefits advice, domestic management and children's school attendance. Promoting healthy social networks was another common component of Project support – both in terms of reducing isolation and detaching family members from harmful circles.

19. Through their 'core block' services the Aberdeen and Dundee Projects were able to offer particularly intensive support and supervision. This was seen as highly beneficial for certain families. However, because of the degree of scrutiny involved, core block placements could also bring to light problems previously unknown to Project staff (or social workers). Such 'emerging problems' sometimes included child protection issues, and this not infrequently led to children of 'core block families' needing to be looked after and accommodated.

### **Working with the Projects: service user perspectives**

20. Based on the 78 in-depth interviews undertaken with members of 51 families supported by the Projects (a small proportion of which were follow-up interviews with the same people), it is clear that families tended to be socially isolated and, in the absence of local support networks, were particularly vulnerable to stresses and pressures which in other circumstances they might have been able to weather. Violence within the home was not uncommon. While respondents rarely mentioned intimate partner violence – a finding probably related to the fact that most of the adults interviewed were lone parent women – intergenerational violence by teenage children towards their parent(s) was more frequently acknowledged.

21. Confirming inward referral monitoring data, service user interviews emphasised the wide range of health problems experienced by family members, many of which had not been adequately addressed prior to referral. Drug abuse problems were, in some cases, longstanding.

22. In some families ASB complaints were largely or entirely triggered by children's conduct. This could be exacerbated by non-attendance at school, leaving children unsupervised and liable to get into trouble. In some instances, a poor attendance record was partly due to bullying by peers or attributable to ADHD which could make it difficult for teachers to tolerate a child's classroom behaviour as well as impacting on their capacity for learning. ADHD also caused considerable problems for some parents in the home environment.

23. Asked to describe behaviour which could be considered 'antisocial', family interviewees tended to refer to their own conduct. While this suggests families had accepted their behaviour as problematic, it may also reflect the extent to which the household had been labelled – and accepted the label – 'antisocial'. Such views were balanced by the frequent contention that complaints about family behaviour had been somewhat exaggerated, with conflicts between families and neighbours being two-sided, and the resulting sense of unfair victimisation.

24. Project staff emphasized that families were not formally compelled to accept referral for Project support – nor could such an approach be practicable. Many families recognised that their choice on whether to engage with Project support was constrained, since refusal would place them at severe risk of homelessness and/or family break-up. Others, however, viewed referral more positively, seeing this as presenting an opportunity to ‘turn their life around’.

25. Almost universally, service user interviewees spoke positively about their experience of working with the Project and strongly praised Project workers. Progress in tackling family problems was frequently seen as a direct result of Project support. Such views were testament to the commitment and dedication of Project workers. In comparison with other professionals, they tended to be seen as more trustworthy, more sympathetic and less judgemental.

### **Project support outcomes**

26. Evidence mainly from Aberdeen and Dundee suggests that families accepted for Project assistance were typically in receipt of such help for about 9-11 months. It is not possible to derive comparable figures for the three more recently established Projects. Across all five Projects 70% of families whose cases were closed during the evaluation period successfully completed their agreed support programme. Even among those who had withdrawn or otherwise had their support programme terminated early, most had at least partially engaged with Project help.

27. Project staff assessed 81% of families as being at reduced risk of homelessness/eviction by the time their cases were closed. Although measurement and interpretation is complex, it would appear that complaints of antisocial behaviour had, at this point, been reduced in 94% of cases (Project records here closely matched those of the agencies from which referrals had originated). In seeking to prevent family breakup Projects faced a more challenging goal. Nevertheless, in exactly half of all cases the assessed risk of family breakup had been reduced by the point of case closure, with this figure rising to almost two thirds (63%) among those who had completed support programmes.

28. Across each of a range of health and wellbeing indicators, the overall balance of change during Project support was assessed as positive. For example, in 62% of cases where depression was an issue at the time of the original referral, the situation was improved at the point of case closure; in only 14% of cases had the situation deteriorated in this respect. Likewise, alcohol abuse had improved in 43% of cases while deteriorating in only 10%. Children’s educational progress and prospects were recorded to have improved in 66% of cases and worsened in only five%. The aspect of family problems apparently least susceptible to Project assistance was mental ill health.

29. All the Projects were acutely aware of the need to engender lasting improvements in self-esteem, lifestyles and relationships rather than focusing narrowly on the immediate suppression of antisocial behaviour. Crucially, staff member interviews in all the Projects demonstrated a concern to avoid fostering service user dependency and to plan exit strategies for deployment

at case closure. A critical factor placing the sustainment of improved lifestyles and behaviour at risk was a reversion to drug abuse. However, although evidence is limited, it would appear that only a small minority of former service users fail to sustain progress at least during the first few months following case closure. By and large, former service users interviewed by the researchers reported maintaining the gains achieved in the course of Project support and complimented Project staff on helping them 'turn their lives around'.

### **Project-related costs and cost consequences**

30. In assessing the economics of intensive family support projects, the evaluation adopts a form of 'cost consequences' approach. This follows from our assessment that it is not possible to undertake a full cost-benefit analysis of the Projects within the scope of the brief. Whilst the cost consequences approach identifies and tabulates relevant costs and benefits, it does not attempt to quantify or monetarise the value of those outcomes to society.

31. The analysis in this chapter is based on activity and cost data to the end of June 2008. Although the three Breaking the Cycle Projects were well-established by this date, they had not been operating for long enough to have fully achieved 'steady state'. The data for the Aberdeen and Dundee Families Projects provide a useful indication of steady state costs and also show the importance of working with a sufficiently large caseload (e.g. of about 20 families) to achieve important economies of scale.

32. Two unit costs have been calculated for each Project – the average cost per family month and the average cost per closed case. Recent activity and cost data show that the average cost per family month was about £1,300 - £1,900, with values falling considerably after the set-up period. Given that some of the Projects had closed very few cases during the evaluation period, the average costs per closed case achieved to date should be interpreted with some caution. However, the analysis shows that such costs will range from about £15,500 - £23,000 if the average duration of contact is 12 months. Some families, however, work with the Projects for considerably longer, which could have a detrimental impact on their unit costs.

33. The benefits (e.g. cost savings) associated with the Projects can be quantitative and qualitative and can arise in the short-term and/or the longer-term. Although many of the cost savings will be experienced by statutory services, some benefits will be enjoyed by the families themselves and by their neighbours and communities. Having considered the outcomes achieved to date and the costs of key services *that might have otherwise been required* (e.g. those relating to homelessness; looked after children and young people), the overall conclusion is that the Projects may be cost-effective in the short run. The extent of their overall cost-effectiveness, however, depends on the extent to which benefits are realised and the timescale under consideration. Potential longer-term benefits for individuals and for society associated with improved school attendance are indicated, although it may be years or decades before it is clear whether these have been generated by the Projects. Improving family functioning could also have important short-term and longer-term benefits. However, overall, it may not require many positive outcomes for the Projects' benefits to outweigh their costs.

34. It has not been possible to determine the cost-effectiveness of the core units, as separate information on their costs and outcomes is not available. However, the core units will allow Projects to work very intensively with families whose problems and needs may be too complex for them to be managed as effectively through an outreach service, where a longer contract period would be required. It is also likely to be important that core units have sufficient capacity that is used with enough intensity to spread the associated overhead costs across several families over a year.

## **Conclusions**

35. The wider roll-out of the Dundee Families Project model to a new generation of intensive family support schemes has proved a successful venture. As in Dundee, the new Projects have been able to engage with numerous families experiencing complex problems and in many cases facing a significant risk of eviction and/or family breakup. While 'core block' provision may well be a desirable component of an IFSP it is clear that Projects set up without such facilities can be effective in helping to resolve family problems.

36. Because of the relatively short duration of the Breaking the Cycle pilot it is too early to be certain of the exact 'success rates' of the new Projects. It would appear that there have been considerable short term gains, but the longer run impacts and prospects for families are less certain. However, based on the evidence of the longer-established Aberdeen and Dundee projects as detailed in this report, it would appear that there is a good prospect of positive outcomes from schemes set up on this model.

# 1. Introduction

## 1.1 The research and its key objectives

1.1 This report evaluates five intensive family support projects (IFSPs) operating in Scotland in the period 2006-2008. Commissioned by the (then) Scottish Executive in 2006, the research was initiated mainly to evaluate the three 'Breaking the Cycle' (BtC) pilots funded by the Scottish Government as a two-year programme running from late 2006/07.

1.2 The BtC schemes – in Falkirk, Perth (the P4 Perth project) and South Lanarkshire (SLC) – draw on the ground-breaking model of help for households at risk of eviction developed by the Dundee Families Project (DFP) since its inception in 1996. These new initiatives were seen as 'demonstration projects' aimed at illustrating the benefits of DFP techniques as well as testing the effectiveness of these techniques delivered through a purely 'outreach support' model rather than incorporating core residential accommodation for the families concerned.

1.3 As well as covering the schemes established by Falkirk, Perth and South Lanarkshire councils, the evaluation also encompassed the original Dundee Families Project (DFP) as well as the Aberdeen Families Project (AFP) set up in 2005. These longer-established projects were included in the study mainly to enhance the scope for analysing the impacts of project support – particularly in terms of the longer-term sustainability of any improvements in families' lifestyles and behaviour achieved with Project help. It should be noted at this stage that, unlike the BtC projects, AFP also operates a core block facility, although this was opened only in summer 2007.

1.4 As specified in the research brief, the key questions required to be addressed were as follows:

- (a). Which agencies deliver the service?
- (b). What is the capacity of each service?
- (c). What are the referral eligibility conditions and procedures?
- (d). How do the Projects work with other agencies and how well do other stakeholders understand Projects' roles?
- (e). How are potential clients identified and how effective is the process?
- (f). What is the profile of service user households and does this change over time?
- (g). What types of intervention are offered by/through the Projects, and to what extent is Project support distinct from assistance previously offered/provided?
- (h). Which types of clients engage most successfully?

- (i). What is the duration of support, to what extent are support programmes terminated early, and where this occurs, what are the reasons?
- (j). What is the nature of relationships between service users and Project staff?
- (k). To what extent do Projects successfully meet clients' needs?
- (l). To what extent do former Project service users continue to require support?
- (m). What is the impact of Project support on service users' awareness of their problematic behaviours?
- (n). What is the impact of Project support on service users in terms of (i) reducing their anti-social behaviour, (ii) improving their housing circumstances, (iii) improving their family functioning
- (o). To what extent have Projects fulfilled stakeholder agency expectations?
- (p). If 'positive outcomes' are achieved, how sustainable are these?
- (q). What are the relative impacts of core block and outreach service provision?
- (r). What are the local attitudes towards core blocks?
- (s). Do the projects represent value for money?
- (t). How do core block and outreach services compare in terms of value for money?

1.5 Drawing on a range of evidence, Chapter 8 revisits each of these questions and provides a summary response.

## **1.2 The policy context**

1.6 Reducing anti-social behaviour (ASB) and building a culture of respect have been key Central Government priorities both in Scotland and south of the border in recent years. Accordingly, measures to tackle ASB have been located within a wider policy agenda of revitalising disadvantaged neighbourhoods and stimulating a process of civic renewal.

1.7 In developing sustainable solutions to ASB it is increasingly recognised by practitioners and policy makers that interventions must address the underlying causes of misconduct. There is now a considerable body of research examining the characteristics associated with anti-social behaviour. These characteristics are often referred to as 'risk factors' – e.g. emotional and mental health problems; disorder in the local community; a lack of extra-curricular activities; school exclusion; having a parent who is an offender; poor relations with parents and/or not spending much time with parents (Wilson *et al*, 2006; Margo, 2008).



1.8 Equally important is the emerging evidence of characteristics, which can counteract risk factors. Such characteristics include enhanced self-esteem, greater enjoyment of school activities and reduced levels of family adversity. Research confirms the potential benefits of early intervention in tackling individual and family factors particularly those associated with cognitive and behavioural development (El Komy *et al* 2008). Further, there is a recognised need to develop targeted strategies to improve the capacity of social services, health services and specialist programmes to both reach and improve the behaviour of marginalised and/or vulnerable groups, such as those committing anti-social behaviour (Margo, 2008).

1.9 Informed in part by research evidence, official ASB strategies in both Scotland and England have been based on a twin track approach involving legal sanctions to discipline perpetrators and protect communities alongside support measures to address the underlying causes of problem behaviour. More specifically as the Central Government ASB agenda has developed over the past few years increasing attention has been paid to control measures involving 'whole family' approaches and parenting interventions.

1.10 Intensive family support projects (sometimes known as family intervention projects – FIPs) respond to official concerns about social exclusion. As these have developed in both Scotland and England they have been substantially inspired by the groundbreaking Dundee Families Project (DFP) as established in 1996. Drawing on the positive findings of an independent evaluation of the Project (Dillane *et al* 2001) the 'DFP model' has been promoted as good practice by the Westminster Government's Social Exclusion Unit (SEU 2001). By 2002/03 seven further family projects had been set up in the North of England all of which demonstrated similar positive outcomes in terms of breaking the cycle of poor behaviour, homelessness and social exclusion.

1.11 Commenting on the Westminster Government's ASB strategy, the Home Affairs Select Committee concluded in 2005 that the development of *'intensive family-based interventions are essential if the deepest-rooted ASB problems are not simply to be recycled from one area to another'* (Home Affairs Select Committee, 2005).

1.12 Further support for the family-based intervention model was provided in the (England & Wales) Youth Justice Board report on tackling anti-social behaviour (Solanki *et al.*, 2006) which found that where an anti-social behaviour intervention had prompted a positive change in the person's behaviour it had usually taken place in conjunction with other support services or with some external factor, like a change in family situation, which motivated the individual to change. It is now recognised that working with perpetrators and their families to address underlying causes of problem behaviour is an essential element of local strategies for combating ASB.

1.13 In Scotland a review of approaches to tackle ASB across government, local agencies and local communities was announced in October 2007, to be led by the Scottish Government's Community Safety Unit (in collaboration with an External Expert Advisory Group), reporting to the Minister for Community Safety. Recommendations for improving the national strategy and delivering on change are due to be reported to the Scottish Parliament in early 2009.

### **1.3 Existing evidence on impacts of 'whole family' approaches to anti-social behaviour**

1.14 There is now a considerable body of evidence on the efficacy of family interventions and the official commitment to 'whole-family' approaches has been informed by findings from four main studies:

- Evaluation of the Dundee Families Project (Dillane *et al*, 2001)
- Evaluation of Rochdale Shelter Inclusion Project (Jones *et al* 2006)
- Evaluation of six intensive family support projects in England ( Nixon *et al* 2006; 2008)
- Research on the design, set up and early outcomes of Family Intervention Projects 2008 (White *et al*, 2008)

1.15 There are high levels of consistency in results across the four studies, particularly with regard to the characteristics of families targeted for this type of intervention, the welfare support needs of those concerned and the perceived root causes or risk factors associated with ASB.

#### *Circumstances and needs of families referred for Project support*

1.16 The empirical evidence on families referred to Projects indicates that:

- Lone parent women are disproportionately represented; Dillane *et al* found 64% of families working with the DFP were lone parents; Jones evaluating the Shelter Inclusion Project found 60% were lone parents while in the two more recent studies undertaken by Nixon *et al* (2006) and White *et al* (2008) found that 68% and 69% respectively, of families working with FIPs were headed by lone parent women.
- Referred families tend to be relatively large. Nixon *et al* (2006) reported that 62% of families had three or more children with projects operating in large metropolitan areas tending to have the highest concentration of very large families (4+ children). Similar findings were reported by White *et al* (2008) where 56% of families contained three or more children under the age of 18.
- Referred families usually have very low incomes and frequently debt problems; for example Nixon found that 59% of households owed on average £1,358 at the point at which they were referred to a Intensive Family Support Project while Jones *et al* (2006) reported that 63% of

households had at least one debt at the point of referral. [This compares with 34% of all UK adults found to be carrying some kind of unsecured debt in 2003 (Tudela & Young, 2003)].

1.17 In addition the research evidence illustrates a clear link between high levels of ASB, socio-economic disadvantage and a range of risk factors including child protection concerns and family violence.

1.18 Across all four studies families referred for intensive support were characterised as having multiple and inter-related support needs which in many cases had not been adequately addressed by other agencies. A wide range of health- related difficulties were prevalent among both adults and children. For example, Nixon *et al* (2006) found that poor mental health or physical health and/or substance abuse affected 80% of adults in referred families. Depression was the single most commonly reported problem, affecting 59% of adults in the Nixon *et al* (2006) evaluation, while White *et al* (2008) reported that 69% of adults working with family intervention projects experienced depression, with 43% suffering from stress.

1.19 Research evidence demonstrates that children in referred families face a number of risks and adversities with many having school related problems including irregular attendance, exclusions and truancy. ADHD has been found to be very prevalent with White *et al* (2008) reporting that as many as a third (34%) of children working with family intervention projects suffer from this condition.

1.20 Just over half (53%) of women working with DFP had been in an abusive, violent relationship (Dillane *et al* 2001) while Nixon *et al* (2006) found that just under half of all referred families (47%) contained at least one person subject to intimate partner violence or intergenerational violence (recently or historically). Lower levels of violence in the home (25%) were reported in the White *et al* study, perhaps reflecting the more restrictive definition of domestic violence employed. Nixon *et al* (2006) found that, although very debilitating, violence within the home was often referred to in passing by Project workers with no causality attributed to the impact of violence within the home on behaviour outside of the family home.

1.21 The evidence from all four evaluations confirms that children working with projects were amongst the most disadvantaged in the country. Nixon found that project workers assessed the risk of family breakdown as high in over a third of families with a minority of children already on the Child Protection Register at the point of referral. In both White *et al* (2008) and Nixon *et al* (2006) evaluations further concerns were expressed about the need to take children into care or arrange alternative living arrangements in relation to around one fifth of families.

### *The efficacy of interventions*

1.22 Perhaps most importantly for the Breaking the Cycle pilots, existing research evidence on the efficacy of interventions employed by family intervention projects is largely positive. In particular, all four studies found that

where families engaged with Project caseworkers there was likely to be a reduction in ASB and, consequently, the threat of eviction and possible homelessness was also reduced. At the same time, however, Jones *et al* (2006) and Nixon *et al* (2008) point out that success was not universal, nor was it always complete but the weight of evidence strongly indicates that projects employing 'whole family' approaches are effective in promoting improved lifestyles and reducing ASB. More mixed findings have been reported in relation to promoting social inclusion and community stability and, in particular, there was less evidence of positive impacts on young people already known to youth offending agencies.

1.23 White *et al* (2008) identified a number of features of FIP working practices seen as critical to the model's success. These included the ability of projects to recruit and retain high quality staff; the designation of a dedicated case worker for each family; strict limitation of caseloads to permit intensive work with individual family members, and the embedding of projects within existing multi-agency community safety and welfare partnerships. It was also considered important to avoid time limiting interventions so that families could continue to receive Project support for as long as necessary.

#### *The role of sanctions*

1.24 A more controversial set of findings emerging from recent research relates to the role of sanctions in the provision of Project support. The FIP model promoted by the Central Government in England since 2006 has emphasised the use of assertive interventions backed up by the use of sanctions (Home Office, 2006). The role of Project workers was described as being to 'grip' the family and their problems, co-ordinate the delivery of services and employ a combination of support and sanctions to motivate a change in behaviour. An initial evaluation of the national network of English FIPs established on this model has been undertaken by White *et al* (2008). White *et al* (2008) found that in 29% of cases FIP staff played a role in putting into place enforcement actions. Families interviewed in this study expressed mixed views on the effectiveness of the 'support and sanctions' approach in stimulating improved behaviour. For some, such contact facilitated beneficial changes but for others Project attention was seen as an unnecessary and unwelcome intrusion into their lives.

1.25 In terms of the emphasis on sanctions, some of the working practices identified by White *et al* (2008) bear little resemblance to the practices described by Jones *et al* (2006) and Nixon *et al* (2006) in relation to an earlier generation of FIPs. The work of these earlier generation projects was informed by a number of shared guiding principles which included treating family members with respect, listening, being non-judgemental and accessible while also ensuring that the approach was consistent and honest. Such practices were highly praised by service users and were reported as being critical in enabling them to change their behaviour. Not surprisingly, since the 'earlier generation' English Projects were descended from the Dundee model, the Projects under evaluation in this current study shared many of the features described above. Unlike the FIP programme, they were not conceived on the 'support and sanctions' model.

1.26 The evaluation of the BtC projects, AFP and DFP provides an opportunity to explore in greater detail the impact of Project practices on family members within the Scottish policy context. This evaluation of five projects which were set up to establish innovative and creative ways of addressing the underlying causes of problem behaviour makes a significant contribution towards improving knowledge and understanding in this important area of work.

#### **1.4 Evaluation methodology**

1.27 The main elements of the study were as follows:

- (i). Initial interviews with IFSP project staff, referral agencies and other key stakeholders

These interviews explored project origins, operational and governance arrangements, as well as service user referral rules and procedures. Importantly, they also provided an opportunity to outline the ongoing assistance required by the research team over the course of the evaluation.

- (ii). Collection and analysis of socio-economic and housing data about families referred to IFSPs – ‘inward referrals’

For the duration of the evaluation each IFSP was required to complete a pro forma about every referral received for consideration of possible support provision. This facilitated collection of comprehensive data on the characteristics, circumstances and support needs of the (potential and actual) service users. Covering all inward referrals to the five projects in the period 1 January 2007-30 June 2008, this system collected data on 88 families (84 of which were subsequently accepted for Project support).

- (iii). Collation and analysis of service user Support Plans

To inform an understanding of IFSP activity, Support Plans relating to 21 families receiving support from the five projects in summer 2007 were analysed according to a common format.

- (iv). In-depth study of cohort of IFSP service users – interviews with families, referral agencies, project staff

In-depth interviews with members of families currently being supported by the Projects formed the main component of this work. In all, 43 such families were interviewed (48 interviews achieved, including with children) – see Tables 1.1 and 1.2. There might, of course, be a concern about possible selection bias in favour of ‘easier’ or ‘more successful’ cases. We cannot state categorically that the families interviewed were entirely representative of all families being assisted. What can be said is that interviewed families certainly included some with deeply embedded difficulties and whose support programmes had not proceeded according

to plans. Secondly, it must be emphasised that attrition rates here were relatively low – of all families invited to participate in the research 78% agreed to do so. And, of these, more than 80% were actually interviewed (see Table 1.2). Thirdly, it should be stressed that the research avoided over-reliance on service user evidence. Critically, our establishment of a comprehensive case monitoring system will have counterbalanced any service user interviewee selection bias. For further details on the service user interviews methodology see Annex 2.

(v). Interviews with IFSP former service users, following case closure

Complementing the discussions with current service users, these interviews mainly involved families formerly receiving Project support. As shown in Table 1.1 a total of 15 such interviews were achieved. This cohort mainly involved former clients of the Aberdeen and Dundee projects. This reflects the fact that the very recent establishment of the other three schemes meant that there had, as yet, been relatively few 'closed cases' at the point when the fieldwork was undertaken in Summer 2008. Mainly designed to explore perceived outcomes of Project assistance, these interviews sought to investigate the sustainability of resulting improvements in lifestyles and behaviour.

(vi). Collection and analysis of monitoring data on support outcomes in relation to families having their cases closed

For the duration of the evaluation each IFSP was required to complete a pro forma about every service user family subject to 'case closure', irrespective of whether the reason was 'successful completion of Support Plan'. The form collected data on the support provided to the family and on perceived intervention outcomes. In all, this system collected data on all 67 cases closed in the period 1 January 2007-30 June 2008.

(vii). Follow-up interviews with IFSP project staff, referral agencies and other key stakeholders

In summer 2008, at the end of the evaluation period, a final round of interviews were undertaken to elicit reflections on the experience of the demonstration programme and lessons learned. In the course of this fieldwork IFSP caseworkers were interviewed about the families in their own caseload. To complement material collected via the various other research instruments, each interviewee provided a brief resume of each case in relation to the family's initial problems, their support programme, their engagement with support and the impacts of assistance provided.

(viii). Economic evaluation

The economic evaluation considers the cost-effectiveness of the Projects and the extent to which they represent value for money. Two

unit costs are calculated from the activity and expenditure data – the average cost per family month and the average cost per closed case.

Traditional measures of cost-effectiveness, which formally combine costs and benefits into a single measure, were considered unsuitable for this evaluation, which instead adopts a ‘cost consequences’ approach. Many of the expected benefits are qualitative rather than quantitative, and are likely to arise over different time horizons. Although potential costs for some Exchequer-funded services (e.g. for child protection, homelessness and anti-social behaviour) are likely to be prevented by the Projects, families will also benefit from improved life chances. The study therefore draws upon material from a literature review identifying the likely values of the potential savings (using Scottish data where available) and material from the study on outcomes to identify the cost savings and other benefits that might be delivered by the Projects. Decision makers can then use this information (supplemented by local information where available) alongside that on the costs of delivery to draw their own conclusions about the local suitability of such an intervention.

**Table 1.1 Service user interviews undertaken**

Project	Current service users (2007 and 2008)			Former service users (2008)	Total interviews
	First round interviews 2007	Second round interviews 2008	Re-interviews		
		Initial interviews			
AFP	6	2	2	2	12
DFP	13	3	3	8	27
Falkirk	5	4	1	6	16
P4 Perth	4	5	0	4	13
SLC	5	1	3	1	10
All projects	33*	15	9**	21**	78

\*included 5 interviews with children aged 12-15. \*\*including 1 child. \*\*\*including 4 children

**Table 1.2 – Families participating in service user interviews: breakdown by size and type**

No of children	Single headed female	Two adult family	Total
1	7	-	7
2	10	4	14
3	7	3	10
4	2	4	6
5	2	1	3
6	3	2	5
Total	31	14	45*

\* The number is smaller than the total number of families interviewed due to missing data

**Table 1.3 – Consents for interviews requested and granted; families in which interviews achieved**

Project	Consents requested*	Consents granted*	Interview(s) achieved*
AFP	12	9	8
DFP	28	21	18
Falkirk	11	11	9
P4 Perth	20	13	9
SLC	9	9	7
All projects	80	63	51

*\*All figures relate to households rather than individuals*

## 1.5 Structure of the report

1.28 The remainder of the report is structured as follows. First, in Chapter 2, we outline the five projects in terms of their origins, organisational arrangements and approaches to service delivery as revealed through the initial scoping visits (late 2006) and follow up ‘key stakeholder’ and IFSP staff interviews in summer 2008.

1.29 Chapter 3 provides an analysis of the characteristics, background and difficulties faced by households referred to the five projects. This is based on data collected through ‘inward referral’ monitoring system outlined in the evaluation methodology section above (see point (ii) in that section).

1.30 Chapter 4 aims to provide a further insight into the challenges facing referred families and the nature of the help envisaged by Project staff as appropriate to meet these challenges. The chapter draws on three sources: the family Support Plans analysis (see point (iii) in evaluation methodology section), case closure monitoring data and the final round of IFSP staff and stakeholder interviews (evaluation methodology points (vi) and (vii))

1.31 Chapter 5 is an analysis of interviews undertaken by the research team with families being assisted by the five projects (see evaluation methodology section, point (iv)). In most cases, initial interviews were undertaken 1-3 months into support programmes, with follow-up meetings taking place approximately 12 months later.

1.32 In Chapter 6 we explore project support outcomes. The chapter draws on three elements of the fieldwork: analysis of testimony from former service user interviews, case closure pro forma data, and Project and stakeholder staff member follow-up interviews (see evaluation methodology points (v), (vi) and (vii)).

1.33 A key question addressed by the research concerns the costs and cost-effectiveness of the five IFSPs. Chapter 7 sets out findings on this topic.

1.34 Finally, in Chapter 8 we revisit the original objectives of the study to draw together key findings from the research.



## 2. Project Origins and Organisational Arrangements

### Chapter summary

Set up in 1996 by Dundee City Council, the Dundee Families Project (DFP) was aimed at improving the behaviour of families at risk of eviction due to family member misconduct and thereby preventing eviction. Drawing on the DFP model, the Aberdeen Families Project (AFP) was established in 2005, and the three Breaking the Cycle (BtC) projects initiated in 2006/07. Funding arrangements varied. The BtC projects were financed through a specific Scottish Government fund running for two years from 2006/07. AFP drew its funding from Scottish Government ASB grant support to Aberdeen City Council, whilst DFP continued to be financed from Dundee City Council's Supporting People budget.

All five projects were established through initiatives involving the housing and social work departments of the relevant local authorities. Whilst one authority – South Lanarkshire – ran its scheme as an in-house service, the other four Projects were operated by voluntary agencies under contract<sup>1</sup>. The model used in Aberdeen and Dundee differed from that used in the other authorities in that it included a 'core block' residential facility as well as outreach support.

As well as seeking to help service users avoid homelessness and family break-up, for example through children being looked after and accommodated, the projects aimed to promote broader social inclusion for family members as well as safer, more cohesive communities. Referrals for Project support were triggered by anti-social behaviour and many of the families had long been considered problematic by the agencies working with them. However, there was no rigid requirement that a referred family needed to have been subject to legal action.

Most of the recently-established Projects experienced substantial difficulties in recruiting and/or retaining staff. These problems were partly attributed to the short term nature of Project funding, but also related to the highly demanding nature of the work and the modest salaries on offer. While the staffing complements of the five Projects were fairly similar (7-10 FTEs) caseloads varied to a greater extent, apparently implying variation in the intensity of support from Project to Project.

About 55% of referrals to the Projects had been made by housing department officers, with those originating from social workers accounting for most of the remainder (a few originated from other sources such as housing associations or the police). Projects rejected only a very small proportion of families formally referred and assessed. However, informal discussions between

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<sup>1</sup> The Dundee, Aberdeen and Perth projects were run by Action for Children Scotland (formerly known as NCH) and the Falkirk project was run by the Aberlour Childcare Trust.

referral agencies and Project staff at an earlier stage appear to act as an initial sift to minimise 'inappropriate referrals'.

All five Projects were partly accountable to oversight groups bringing together key stakeholders from the provider agency (where relevant), as well as from relevant council departments (e.g. housing, social work, community safety). Such groups were found to be invaluable as a means of furthering constructive joint working around referral processes as well as service delivery to families accepted for Project support. Nevertheless, some of the Projects faced considerable challenges in bridging cultural divides separating them from key stakeholders and, thereby, establishing their credibility as effective operators.

## **2.1 Chapter scope**

2.1 The paper draws together evidence collected through the two sets of interviews with Project managers, referral agencies and other key stakeholders. These were undertaken in late 2006, as the Breaking the Cycle (BtC) projects were being set up, and in summer 2008 when all had been fully operational for at least 12 months. In addition, in Section 2.6, we draw on data collected from the five Projects via inward referral monitoring forms.

## **2.2 Background to Project establishment**

2.2 The Dundee Families Project (DFP) stands apart from the other four projects in having been in operation since 1996. Its establishment was partly inspired by Dundee City Council's experience in handling a particular family evicted for anti-social behaviour in 1993. The Housing Department agreed to grant a tenancy to the family on condition that a voluntary agency (Barnardos) took on tenancy management and supported the family. The 'remarkable' subsequent changes in family member behaviour convinced the Council that the concept of intensive family support could be usefully applied on a larger scale. This was taken forward through outsourcing the function to NCH (now Action for Children Scotland), an arrangement which has proved enduring.

2.3 The Aberdeen Families Project (AFP) was set up by Aberdeen City Council in 2005. Motivating factors included an awareness of the positive experience at Dundee and the Scottish Executive's 2003 requirement that councils receiving the largest ASB grant allocations should provide support to families responsible for anti-social behaviour.

2.4 The projects in Falkirk (delivered by Aberlour Child Care Trust), P4 Perth (Action for Children Scotland – formerly NCH) and South Lanarkshire (in-house team) were set up in 2006/07 in response to invitations to bid for funding under the (then) Scottish Executive's BtC pilot programme as announced in 2004. In their initial establishment, all the projects were to some extent joint enterprises on the part of housing and social work departments in the relevant local authorities. In some cases (Aberdeen, Dundee, South Lanarkshire) the lead had been taken by housing and/or community safety. In Falkirk the social work department was the lead project sponsors. Perhaps surprisingly, it was not clear that specialist ASB staff had been closely involved in setting up all projects. In at least two instances it was asserted that

this had certainly not happened. The subsequently inadequate engagement between ASB staff and Projects in these authorities seems to have been a direct consequence of this omission (see Section 2.4).

## 2.3 Project aims

2.5 The central aims adopted by the five projects appeared remarkably similar. Projects sought to target intensive support on families otherwise liable to eviction for anti-social behaviour so as to:

- enable families to avoid homelessness
- reduce (rather than simply displace) anti-social behaviour unresolved by 'conventional remedies'
- reduce reliance on 'punitive' responses to ASB
- avoid the need for children to be looked after and accommodated (or enable children to be returned from care)
- create safer, more stable communities.

2.6 In order to realise these aims, Projects aspired to reduce the incidence of drug and alcohol abuse, improve parenting, improve self-esteem etc.

2.7 Some of the local authorities concerned saw their Project primarily within the context of the 'homelessness prevention' agenda as developed by Central Government in recent years (Pawson *et al*, 2007). A Project's central role, therefore, was to reduce the incidence of homelessness resulting from ASB evictions. To put this in some form of perspective it is relevant to note that such evictions by local authorities in Scotland amount to a relatively small number of cases in any given year<sup>2</sup>. For example, as shown in Table 2.1 such cases proceeding to court in 2006/07 numbered only 80 across the entire country. Including instances of properties abandoned in the course of proceedings, only 32 secure tenants were recorded as subject to ASB evictions by local authorities in the same year<sup>3</sup>.

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<sup>2</sup> Two qualifications should be made here. Firstly, it is sometimes asserted by practitioners that landlords use court action for rent arrears in an effort to remove families considered responsible for ASB (because of the perception that it is more straightforward to gain possession on these (declared) grounds. Secondly, it is possible that some social sector tenants vacate their homes in the expectation of being evicted for ASB but before formal proceedings begin.

<sup>3</sup> It should be acknowledged that this may not be the sum total of council tenants ejected from their homes on ASB grounds because it may not include all evictions in instances where tenancies have already been 'demoted' to insecure Short Scottish Secure Tenancy (SSST) status. Although statistics on SSST terminations are not routinely collected on a national basis, one-off research found that in 2005/06 these totalled 16 across the whole of Scotland (DTZ & Heriot-Watt University, 2007). However, anecdotal evidence suggests that at least some local authorities are recording the termination of demoted tenancies within their 'ASB evictions' figures as reported to the Scottish Government.

2.8 Taking all of this into account, it would appear that, across Scotland, council tenants dispossessed of their homes for ASB total around 50 each year. (Although this figure relates only to local authority actions, if housing association activity runs at similar levels the national 'all social landlord' total would still number well under 100). In relating these figures to the numbers of families assisted by IFSPs it should also be borne in mind that a proportion of those subject to ASB eviction will be non-family households (and, therefore, outwith the remit of most IFSPs).

**Table 2.1 – Local authority possession actions, 2003/04-2006/07**

	Number of cases proceeding to court		Number of cases resulting in an eviction order		Number of cases resulting in an abandoned dwelling		Number of cases resulting in an eviction	
	Total	For anti-social behaviour	Total	For anti-social behaviour	Total	For anti-social behaviour	Total	For anti-social behaviour
2003/04	18,235	116	5,922	46	1,268	21	927	28
2004/05	16,568	98	5,768	53	1,112	11	939	26
2005/06	17,130	105	5,711	39	914	13	986	38
2006/07	16,556	80	5,184	32	964	14	1,049	18

Source: Scottish Government housing statistics  
<http://www.scotland.gov.uk/Resource/Doc/933/0056548.xls>

**Table 2.2 – Local authority tenants evicted for anti-social behaviour, LAs with recently established IFSPs, 2001/02-2007/08**

	Aberdeen	Falkirk	Perth & Kinross	South Lanarkshire	Total
2001/02	8	2	2	3	15
2002/03	5	0	1	5	11
2003/04	1	5	0	0	6
2004/05	1	1	2	5	9
2005/06	0	4	1	7	12
2006/07	0	3	1	3	7
2007/08	1	4	0	0	5

Source: Scottish Government housing statistics. Note that the South Lanarkshire figure for 2006/07 includes 1 SSST terminated due to abandonment.

2.9 Table 2.2 shows the trend of ASB evictions by the four councils which have established intensive family support projects since 2005. Figures for 2007/08 are encouraging in that evictions fell to a post-2001 low across the four councils<sup>4</sup>. The broader point, however, is the relatively small numbers of actions recorded. Even in the peak year of 2001/02 these totalled only 15.

<sup>4</sup> Expressed in relation to the scale of the council housing stock, the 2006/07 rate of ASB evictions in the four councils here was 0.07 per 1,000 properties. This compares with a Scotland-wide figure of 0.09 per 1,000 properties.

2.10 Allowance needs to be made for ASB evictions by housing associations. However, given the relative scale of housing association stockholdings in the four districts, it seems unlikely that the total number of evictions by all social landlords in these areas would have exceeded 20 in any recent year. The average figure for the years 2001/02-2005/06 is likely to have been under 15 (a total likely to have included some non-family households). This can be compared with the 34 families accepted for support by the four Projects during 2007/08. The implication seems to be that Project caseloads may extend considerably beyond families who 'would otherwise be evicted from social housing for ASB'.

## **2.4 Service procurement, staffing levels and recruitment**

### *Procurement*

2.11 One project (South Lanarkshire) was operated as an in-house council service. The other four authorities had commissioned voluntary agencies as service providers. In South Lanarkshire, the Council had all along preferred the 'direct provision' model. As a large authority already experienced in direct provision of support services for groups such as substance abusers the Council saw no compelling argument in favour of out-sourcing. At no stage did the then Scottish Executive place any pressure on the Council to consider out-sourcing.

2.12 South Lanarkshire saw its model as beneficial in terms of the potential for close integration between the Project and relevant Council functions (especially the homelessness service). It was also argued that a council-run IFSP brings advantage because of a local authority's ultimate responsibility for families requiring intensive support (in terms of child protection as well as rehousing under homelessness legislation). The fact that 'the buck stops with (social work and homelessness) colleagues' was seen as providing powerful incentive for a council-run team to 'own a family's problems' in a way which a voluntary agency might not.

2.13 As noted above, the Dundee Families Project is run by Action for Children Scotland (formerly NCH), as commissioned by the City Council. Procurement approaches in relation to the other recently-established projects can be summarised as:

- Aberdeen – NCH (now Action for Children Scotland) appointed through competitive tendering (initial 2-year contract renewed in June 2007)
- Falkirk – negotiated tender with Aberlour Child Care Trust (Aberlour CCT) to build on the agency's existing local presence and relevant experience
- Perth & Kinross – NCH (now Action for Children Scotland) appointed to run P4 Perth project through competitive tendering

2.14 These authorities acknowledged their lack of internal capacity and saw the out-sourced model as attractive in enabling them to buy in established

expertise. It was also argued that the status of an external service provider as 'independent of the council' could be beneficial in improving the prospects that families referred to the service would engage with the support provider. A potentially relevant instance cited by P4 Perth involved a household referred to the project and who had willingly co-operated with Action for Children Scotland project workers on their first visit, having previously declined to work with council staff. However, it was not clear that Action for Children's organisational status was necessarily the critical factor here.

2.15 In Aberdeen it proved difficult to identify a suitable contractor; success was achieved only after three rounds of tendering. In Perth, Action for Children's appointment (via competition) had stemmed both from the agency's previous experience in providing intensive family support services (e.g. DFP) and from its existing presence in the local area. Similarly, whilst it did not involve tendering, Falkirk's selection of Aberlour CCT was described as building on an existing strong relationship with the Council rather than being 'a complete leap in the dark, partnership-wise'.

2.16 None of the local authorities reported having found any means of involving potential service users in working up project specifications. Without questioning the principle of service user involvement it was felt that the concept was not applicable in this context. Indeed, it was believed that any publicity about developing such provision needed to be very sensitively handled to minimise the risk of sensationalist press coverage. However, Projects encouraged feedback from service users once services were operational.

### *Staffing levels*

2.17 Project staffing complements were reported as follows:

- Aberdeen: 10 FTE staff including 2 project worker posts and a domestic worker post established to coincide with opening the Project's core block in summer 2007
- Dundee: 8 FTE staff including 4 project workers and 2 senior project workers. Also, service manager jointly responsible for oversight of AFP.
- Falkirk: 7 FTE staff including four project worker posts.
- P4 Perth: 8.2 FTE staff including 3 project workers and 1 senior project worker.
- South Lanarkshire: 7 FTE staff including 4 project worker posts.

2.18 In some projects there was also substantial budgetary provision to buy in specialist services (e.g. counselling, addiction treatment) from external agencies, as well as agency workers to cover for sickness absence among the permanent staffing complement.

### *Project staff recruitment and retention*

2.19 In recruiting new staff teams, three of the four recently-established projects experienced substantial difficulties. Some were forced to re-advertise posts at higher salaries following disappointing responses to an initial round of advertising. Recruitment to newly created posts at Aberdeen and Perth came at a cost for DFP in that Dundee staff members were among those appointed to the new posts.

2.20 Once established, some of the Projects also found staff retention problematic, with relatively high levels of turnover within their short lifetimes. By summer 2008 one Project had seen the departure and replacement of almost half its staff members within 18 months of setup. Due to a combination of recruitment and retention problems another (Aberdeen) had failed to achieve a full staffing complement at any point in its existence up until summer 2008.

2.21 The limited timescale of the BtC programme and the comparative pay levels was widely seen as creating difficulties in attracting experienced and qualified staff, as well as in staff retention, which was also affected by the intensity of the work and the irregular hours involved. This compounded challenges faced by Project managers.

#### *Project staff backgrounds and skills*

2.22 Other than the transfers of former DFP staff, the more recently-established projects reported having appointed workers with a range of relevant skills and experience – e.g. in supported housing, nursing, drug and alcohol services and housing benefits administration. Nevertheless, while typically embracing their new professional role with great enthusiasm and commitment many of the recently-appointed caseworkers had no relevant experience and sometimes little knowledge of critically relevant social work functions. Project managers sought to address such issues through induction and/or in-service training or, in one instance, secondment of a dedicated social worker to the Project.

2.23 The Project caseworker role is undoubtedly a highly demanding one, both in terms of the personal skills and the wide range of knowledge required. Many newly-recruited staff consequently faced a steep learning curve, especially in reconciling tensions between identification with families under their supervision and their responsibilities towards local authority colleagues – e.g. on reporting newly identified child protection issues to the relevant social worker or co-operating with ASB officers acting on behalf of a service user family's neighbours.

2.24 Project managers saw it as highly beneficial to recruit staff with complementary skills and attributes. This was partly about previous experience or training. Gender was another dimension of this. While most Project staff were female, Project managers believed that all-female teams were handicapped because in dealing with families containing adolescent boys, a male caseworker could provide a valuable role model and an improved chance of family member engagement with Project support.

2.25 Both by learning from experience, and from participation in various training courses, Project staff clearly became increasingly effective during the short lives of AFP and the BtC Projects. For the BtC Projects, however, the need to prove themselves over such a short timescale clearly presented a major challenge in these terms.

## **2.5 Service provision model, scale of activity and target groups**

### *Outreach or residential provision*

2.26 All five Projects provided services mainly on an 'outreach' basis – i.e. delivered by Project staff visiting service users in their own homes. Aberdeen and Dundee alone subscribed to a model including core residential accommodation. In Dundee this had been part of the service from the start. Aberdeen's aspiration for such a facility had been delayed by problems in procuring a suitable building but were finally realised in summer 2007. At DFP the core residential accommodation continued to be seen as central to the project's approach because, it was argued, the problems of 'the most difficult families' could not otherwise be adequately addressed.

2.27 BtC project interviewees expressed differing views on the desirability of having access to core residential facilities. At Falkirk, for example, the establishment of the Aberlour project on a purely 'outreach' basis, whilst unavoidable given the limited resources available, was seen as putting the scheme on a weaker footing than projects such as AFP and DFP. The implication was that any comparison of outcomes across projects needed to take account of this difference in resources.

2.28 South Lanarkshire interviewees, by contrast, contended that their non-residential model was not simply aimed at reducing costs<sup>5</sup>; it was argued that a residential approach brought distinct disadvantages:

- a residential setting was seen as 'too artificial' in removing a family from the community setting and making it difficult to engender appropriate behaviour towards neighbours
- working with families in a residential setting implies subsequent disruption associated with resettlement.
- because of the 'artificial' nature of the core block environment there may be doubts on whether improvements in behaviour achieved in such conditions can be maintained when a family is rehoused back into a mainstream tenancy (an issue also identified in Aberdeen).
- Core block accommodation can stigmatise people and neighbourhoods.

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<sup>5</sup> It should be noted, however, that the research found core block provision to be cost-effective and that the overall unit costs of projects incorporating core blocks were not higher than projects run on a purely non-residential basis – see Chapter 7.



2.29 In part, the thinking here was informed by the contention that the Shelter Families project had demonstrated effectiveness in delivering intensive support to chaotic families through a purely outreach model (Communities Scotland, 2002, Jones *et al*, 2006).

### *Scale of activity*

2.30 All of the projects were set up to work intensively with a relatively small service user caseload. In purely numerical terms the recently-established BtC projects anticipated working with slightly smaller caseloads than AFP or DFP and this was to some extent reflected in practice. Caseloads as at September 2008 were as shown in Table 2.3.

**Table 2.3 – Project caseloads, September 2008 (no. of families)**

Project	Under assessment	Receiving Project support			
		Core block	Dispersed tenancy	Outreach	Total
Aberdeen	5	3	1	7	11
Dundee	1	3	1	9	13
Falkirk	2	-	-	14	14
P4 Perth	4	-	-	9	9
South Lanarkshire	2	-	-	11	11

Source: Projects. Note: the Dundee caseload figure cited here was described by the Project as 'unusually low'.

2.31 In considering the caseload and throughput of families supported by the Projects it should be borne in mind that not only do other agencies contribute to such support, but some of the Projects, themselves, provide services for a wider clientele. In Falkirk, for example, the Aberlour Project had developed a parenting programme which was provided to a wider cohort of families being assisted by the Social Work Department.

### *Eligibility criteria/target groups*

2.32 All of the projects were targeted on households responsible for anti-social behaviour and at risk of eviction or having been excluded from social housing following eviction. All five were aimed, primarily, at family households (i.e. those including at least one child aged under 16), although P4 Perth was also willing to accept single people (and did so).

2.33 Eligibility for DFP services has traditionally been restricted to families who are the responsibility of the City Housing Department – either because they are council tenants at risk of eviction or because they are homeless households who have already lost their home due to ASB. At the time of the research, however, the possibility of accepting referrals from housing associations was under active consideration. This was explained as a recognition of the growing scale of associations as social housing providers in the locality.

2.34 Comparable eligibility criteria for the other four projects were as follows:

- AFP – open to residents of any tenure
- Falkirk – families currently or likely to become the responsibility of Falkirk Council Housing Services (i.e. under the homelessness legislation)
- P4 Perth – open to residents of any tenure
- South Lanarkshire – council tenants or those under the responsibility of the council's homelessness service (in practice, including housing association tenants under threat of ASB eviction).

2.35 Besides there having been substantial ASB on the part of family members, other important factors reported as having a bearing on families' priority /suitability for referral were:

- The presence of children on the child protection register or at risk of needing to be looked after and accommodated
- A family's perceived willingness to recognise the impact of their behaviour on others
- A family's perceived willingness to engage with Project staff.

#### *Earlier intervention?*

2.36 Most households referred to Projects have been 'families previously known to various services' as ASB perpetrators and, as such, many had already been subject to 'enforcement action' – e.g. repossession or ASBO. However, being subject to such action was not a rigid eligibility requirement for any of the five Projects and this was seen by Project staff as entirely appropriate. Caseworkers in some Projects, nevertheless, considered that referred families were often so far down the track of family dysfunction and/or disintegration that addressing their needs ('turning their lives around') through Project support was a very tall order. It was frequently asserted that eligibility rules and procedures needed to be further relaxed to facilitate referrals at an earlier stage in a family's problems. According to this view, referrals needed to be made 'when most likely to be effective', even if this included families as yet subject to few, if any, enforcement actions<sup>6</sup>.

2.37 In evaluating these views it is probably relevant to recognise that AFP and the BtC Projects were, at the time of the research, only recently-established. It seems possible that, as services previously unavailable, their initial caseloads may have been dominated by 'backlog cases', many involving families with a long history of problem behaviour and where referral could have been perceived by caseworkers as 'too late'. Assuming that Project lives are extended into the medium and longer term, it seems possible that a growing proportion of referrals involve newly emerging 'problem families'. Indeed, with respect to Dundee it was reported that just such a

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<sup>6</sup> An approach considered as already 'standard practice' by DFP

change had occurred over the years so that in recent times it had become possible to accept families at an earlier stage prior to any enforcement action so that a wider range of vulnerabilities could be taken into account. However, it was also evident that the most effective referrals coincide with family members being at a stage when they wish to address their problems and change their circumstances and behaviour.

2.38 Nevertheless, pressure for moves towards essentially preventative 'early intervention' could sit uneasily with the conception of IFSPs as primarily concerned with 'tackling anti-social behaviour'. Anti-social behaviour also represents a device for rationing access to the limited resource that a Project represents. This may explain tensions around what was perceived in one authority as 'project drift' whereby it was seen by local authority staff that the local IFSP team had moved away from a prime focus on ASB (i.e. towards families with acknowledged support needs but not necessarily posing a direct problem for neighbours).

## 2.6 Referral/assessment processes

### *Referral origins and outcomes*

2.39 Across the five projects, the majority of referrals originated from housing departments – involving either estate managers, ASB/community safety officers or homelessness staff (see Table 2.4). Only in Falkirk was the pattern different, with Social Work referrals predominating. 'Other' agencies making referrals included housing associations, voluntary agencies and (in Dundee) Home School Support Workers (school-based social workers).

2.40 Of the 88 case referrals analysed in Table 2.4 only four were recorded as having been rejected by the relevant Project (two in Aberdeen and two in South Lanarkshire). Three of these four were recorded as having 'refused to engage' with Project staff seeking to progress their assessment. The rather low incidence of 'case rejections' probably reflects the reportedly common practice of informal pre-referral discussion between referring agencies and Projects which minimises the risk of referrals deemed 'inappropriate' in terms of formal eligibility criteria.

**Table 2.4 – Source of referrals 2007-08**

Project name	LA housing*	LA social work	Police	Other	Not known	Total
Aberdeen	7	2	1	4		14
Dundee	12	4		3		19
Falkirk	6	11		1	1	19
P4 Perth	16	5	1			22
South Lanarkshire	8	5		1		14
All projects	49	27	2	9	1	88

Source: inward referral monitoring returns. Note: excludes referrals received by AFP and DFP pre-2007.

\*Possibly in some instances involving ASB/community safety officers based in housing departments

2.41 There were some cases in certain Projects where referrals had included households not engaged in anti-social behaviour or without children, but (at least from the Projects' perspective) this issue had largely been

resolved as awareness of referral criteria became more widespread amongst referral agencies. One Project acknowledged having discouraged a referral involving a family where the extent of criminal activity was judged to be too great. Another Project had turned down two cases where a family's reported behaviour was seen as placing Project staff at too great a risk. However, it would seem that possible referrals are very rarely rejected on the grounds that the family could be 'too difficult' for Projects to handle.

### *Assessment procedures*

2.42 Following receipt of a referral, Projects typically performed an initial check on the household's eligibility (e.g. whether a family household), followed by an assessment period of several weeks duration. This was to determine whether a referred family was likely to benefit from the specific skills and services available through the Project (related to 'making best use of resources').

2.43 Typically, the assessment process involved (a) establishing the nature of problem behaviour and whether family members recognised the impact of their conduct on others, (b) building up a picture of family dynamics and family needs, and (c) assessing family members' willingness to work with the project to achieve change. This led to a decision on whether to accept the referral and, if so, also informed the initial Support Plan(s) drawn up for the family. In Dundee and – latterly – Aberdeen the assessment outcome also determined the form of provision to be offered (i.e. core block, dispersed tenancy or outreach).

2.44 According to inward referral monitoring data the median duration of assessments (i.e. the interval between receipt of a referral and an assessment decision) was 71 (calendar) days (see Table 2.5). This figure relates to all assessment decisions taken by the four projects for which sufficient data was available in the period 1 January 2007-30 June 2008. It should, however, be borne in mind that the figures for Dundee reflect exceptional circumstances in that the Project found itself forced to establish a waiting list in this period. This resulted from temporary staffing difficulties relating to long term sickness absence and secondment of staff to Aberdeen Families Project.

**Table 2.5 – Typical duration\* of referral assessments (calendar days)**

Project	Maximum	Minimum	Median
Aberdeen	237	48	80
Dundee	274	45	118
Falkirk	NA**	NA**	NA**
Perth	137	0	42
South Lanarkshire	267	6	39
All projects (other than Falkirk)	274	0	71

Source: Inward referral monitoring returns.\*\*Assessment duration defined as the period between the date the referral was received by the Project and the date of the Project's formal decision on whether to accept the family for Project support. \*Falkirk data not sufficiently complete

2.45 It is apparent from the table that in all Projects there were substantial variations in the length of time required for the assessment process. However, Project staff suggested that the small numbers of cases extending over

apparently very long periods could reflect unusual circumstances such as cases being 'held over' pending the freeing up of caseworker time. Limited or sporadic co-operation on the part of a referred family could lead to the same outcome and hence it would be wrong to imagine that the duration of the assessment process is entirely in the hands of Project staff. It could take significant periods of time for project staff to overcome the initial scepticism some family members felt as a result of their history of antagonism with other agencies, and for trusting relationships to be established in order that engagement with the projects could occur. This had considerable knock-on consequences for the timescales required to deliver and/or complete programmes of support to families.

2.46 Final decisions on whether to accept referred households as service users were – at least in some cases – the responsibility of multi-agency steering groups (see Section 2.7). However, while a potentially useful co-ordinating mechanism, such processes could problematically delay decision-making. In one authority, for example, the need to work within the framework of a 3-monthly cycle of meetings was seen as contributing to unsatisfactory delays in completing referral assessments. In another, to overcome such problems, procedures had evolved so that such decisions could be achieved through telephone consultation with Panel members rather than requiring actual meetings.

## **2.7 Project governance and inter-organisational relationships**

### *Governance*

2.47 The five IFSPs were overseen by multi-agency groups bringing together representatives from relevant council departments (e.g. housing, social work) with senior managers from the contractor agency. South Lanarkshire is, of course, unique in this respect because its scheme is run in-house rather than out-sourced so there is no external contractor to participate in governance. Here, however, the representation of the local Shelter Families Project is seen as a means of reaching out to the voluntary sector.

2.48 In some instances – e.g. Aberdeen and Dundee – a single group played an oversight role in relation to both strategic and operational decisions. In others – e.g. Falkirk, P4 Perth – there were two distinct multi-agency oversight groups: one covering planning and management issues and one primarily responsible for decision making on referrals (who should be referred and/or which referrals should be accepted). Part of the value of a local 'screening group' could be a role of insulating project staff from political pressure which might be applied by local Elected Members lobbying for the Project to take on a particular family<sup>7</sup>.

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<sup>7</sup> As acknowledged by one Project Manager, such pressure could lead to the referral of a particular family. However, a robust referral and assessment process – including evaluation of a family's engagement with relevant staff – would determine whether the family was in fact accepted for Project support.

2.49 Governance arrangements as reported in each of the five IFSPs covered by the study are summarized below:

2.50 Aberdeen: Arrangements described in 'client/contractor' terms such that Aberdeen City Council specified, commissioning and contract managed the service, while Action for Children Scotland was responsible for service delivery. Aberdeen's Strategic Case Review (SCR) panel brought together senior managers from the Council and Action for Children Scotland on a three-monthly cycle to consider both strategic matters and the progress of individual cases. Representation of local community safety managers had been found useful in linking the project more firmly with the corporate community safety agenda. Nevertheless, housing management had remained unrepresented and original plans to establish a complementary oversight group encompassing a wider range of stakeholders (e.g. the Police) had yet to be progressed in summer 2008.

2.51 Falkirk: Referrals were overseen by a screening group comprising Falkirk Council Housing and Social Work staff along with the Aberlour manager. The group's remit was to approve referrals being made to the project and/or to determine which referrals were accepted for project support following initial assessment. As in Aberdeen, the project was described as being governed according to the Council's service specification. There was also a broader project steering group with representation from Housing, Social Work and Central Scotland Police.

2.52 Dundee: An Admissions Panel was the main decision-making forum for the Project and was formally responsible for determining which families were accepted as service users. The Panel brought together Action for Children Scotland senior managers and City Council homelessness and social work staff. Initially, all referral decisions were closely scrutinised by the Panel with referrals only accepted if fully endorsed by all Panel members. Latterly, as relationships of trust had developed, the Panel had devolved operational decision-making powers to Action for Children Scotland staff. In practice, while DFP staff have come to enjoy a degree of devolved autonomy, Panel members continued to be consulted by telephone with respect to any case considered likely to be contentious. At the time of the research the panel continued to act as the Project's prime line of accountability and retained a role of monitoring the Project's caseload and the progress/status of specific cases, as well as more strategic decision-making.

2.53 Perth & Kinross: The Council had established a Strategic Partnership Group to oversee the project. Chaired by a senior Housing & Community Care manager, this brought together staff from housing, social work, environmental services, education & children's services, health and the police, as well as Action for Children Scotland. A parallel multi-agency group oversaw operational decision-making – though was not intended to sit in judgement on individual referrals.

2.54 South Lanarkshire: The project's operation was overseen by a Project Steering Group which brought together representatives from key departments – Housing & Technical Resources, Criminal Justice, Children & Families and

Education. As noted above, the group also included the South Lanarkshire Shelter Families Project.

### *Developing relationships with partner agencies*

2.55 Both in relation to collaboration over referrals and subsequent service provision, IFSPs must establish close working relationships with local authority departments and other local partners. Project staff interviewees recognised the importance of building and maintaining such relationships. Aberlour CCT, for example, identified four key mechanisms for achieving this:

- Publicising the project's existence
- Accurately informing partner agencies of the project's aims, scope and limitations
- Managing on-going relationships with agency staff – e.g. providing informative feedback to explain reasons for rejecting referrals
- Embedding the project within partner agency strategies and procedures.

2.56 Nevertheless, it was clear – especially from the final round of fieldwork – that Projects faced major challenges in raising their local profile and establishing their credibility with some key local stakeholders. Part of this was about bridging cultural divides between IFSPs and some local interlocutors. For example, some housing managers and anti-social behaviour officers had apparently viewed the initial establishment of local IFSPs with considerable scepticism. The notion that anti-social behaviour could be stemmed by helping 'problem families' to improve their lifestyles and conduct seems to have been considered somewhat idealistic.

2.57 By summer 2008 – almost two years down the line for the BtC projects – the demonstrable commitment of Project staff and their success in stemming ASB on the part of some locally notorious families had in, certain cases, begun to erode such preconceptions. For example, some of the projects had been the subject of favourable local media coverage or supportive visits by local councillors. Nevertheless, it was perceived by some Project staff that inter-professional cultural tensions (i.e. the 'person-centred' social work worldview – as primarily embraced by Project staff versus the 'community-centred' housing/ASB staff perspective) continued to present a challenge, albeit on a reduced scale.

2.58 While local authority ASB teams are crucial local partners for IFSPs, there were some challenges to be overcome in establishing a shared view of the world. As reported by one Project, for example, there can be a 'huge culture gap' between IFSPs and specialist ASB Units – a reference to the 'enforcement-minded' mentality characteristic of the latter and which may jar with the supportive IFSP ethos. This gap reflects the balance between support, enforcement and child protection that was required in the management of the families. In most of the projects, it was regarded as a strength that Project workers were not directly involved in pursuing or contributing to enforcement measures.

2.59 A practical concern relating to such tensions involved what some Projects had found to be an unexpectedly limited volume of appropriate referrals from housing management and/or ASB (community safety) staff and the belief on the part of Project staff that this reflected lack of confidence in the BtC model among some of those concerned. Another factor could have been referral agency staff turnover presenting a challenge in terms of maintaining awareness of a Project's existence and role.

2.60 Tensions could also arise in relationships between IFSPs and their Social Work colleagues. The latter sometimes expressed reservations about Project staff coming to identify too closely with service user families. Conversely, in cases where Project staff were seen as 'lobbying' for children to be placed on the Child Protection Register this could be seen by Social Work staff as implying criticism of their professional judgement.

2.61 The strength of relationships between the Projects and local police appeared to vary; while there were some instances of police representation on oversight groups, in other authorities there appeared to be little if any regular contact.

## **2.8 Funding**

2.62 The five projects were funded in a variety of ways:

- The three BtC projects were fully funded by Scottish Executive grant for the two year pilot period
- DFP was fully funded from Dundee City Council's Supporting People budget
- AFP was funded 75% from the Council's ASB budget and 25% from the Homelessness budget. All of these monies were sourced from the then Scottish Executive.

2.63 The short term nature of guaranteed funding was seen as highly problematic in all four areas working with recently-established projects. As noted above, this had serious implications for staff recruitment and retention as well as for long-term service planning.

2.64 The Aberdeen and Dundee projects benefited significantly from 'in kind' support from their local authority partners. At AFP, the £400K capital cost of setting up the core residential block was being financed from the Council's housing capital account. At DFP such support was received from the City housing department in the form of rent-free dispersed tenancies as well as gratis use of core residential and office accommodation.



2.65 AFP staff counterposed their project's £450K annual budget with the £9K weekly cost of placing children in care (which would sum to almost identical total over 12 months for a single child). Similarly, one South Lanarkshire interviewee noted that the SLC annual project costs originally estimated at £400K needed to be seen within the context of substantial consequential savings – e.g. weekly costs of approx £4.5k for placements in residential schools.

### 3. Referrals to the Projects

#### Chapter summary

In keeping with the nature of reported antisocial behaviour more widely, family misconduct triggering referral for Project support usually involved excess noise (in 73% of all cases). Well over half of referrals (62%) were also triggered by 'youth nuisance'; in almost two thirds (65%) of cases children were implicated in ASB, with only 35% of cases where such misconduct was believed to be perpetrated only by adult family members. The seriousness of ASB prompting referrals is indicated by the 44% of cases where there was police involvement at the point of referral and by the fact that three quarters (74%) had been warned or charged by the police in the preceding three years (usually in relation to ASB rather than (or as well as) other offences).

Although ASB complaints about referred families had been ongoing for more than a year in most cases (60%), the typical duration of such problems varied considerably across the five Projects. In particular, the profile for Dundee was quite different from the norm, with more than two thirds (68%) of Dundee's cases involving ASB complaints dating back less than 12 months. This appears consistent with the suggestion that, being far more long-established than the other Projects, DFP is more able to encourage and accept referrals at an earlier stage in a family's offending behaviour.

Some 42% of all referred families were secure tenants in social housing under threat of eviction. A similar proportion (43%) were considered by Project workers to be at 'high risk' of family breakdown at the point of referral, usually on account of the possibility that children would be taken into local authority care.

Most referrals (62%) involved single parent families. Family size tended to be larger than the national norm, at 4.3 persons; almost a fifth of families contained five or more children. At the same time, however, almost half (48%) of referrals involved families containing two children or fewer.

In almost every referred family (92%) at least one family member was disabled or suffering from ill-health of one kind or another. Well over half (58%) contained one or more family members subject to depression. Frequent school absence was an issue in well over a third (39%) of families.

#### 3.1 Background

3.1 The findings in this report are based on the statistical analysis of 'inward referral' monitoring forms provided by the five intensive family support projects which form the subject of this evaluation. The forms were designed mainly to help the researchers to address the following questions:

- (a). who is helped by the projects?
- (b). what kinds of 'unacceptable behaviour' trigger referrals?

(c). what kinds of problems and needs do service users have?

#### *About the data*

3.2 It should be emphasised that the data recorded via the monitoring forms reflects the views and opinions of project staff and other agencies. For families referred for Project support, this information will have been sourced mainly from information provided by the referring agency and from subsequent meetings with the family during the assessment period. The typically intensive nature of the assessment process should reduce the risk that significant details about a family's circumstances and needs will be unknown to the project worker at this point in the process.

#### *Scope of the analysis*

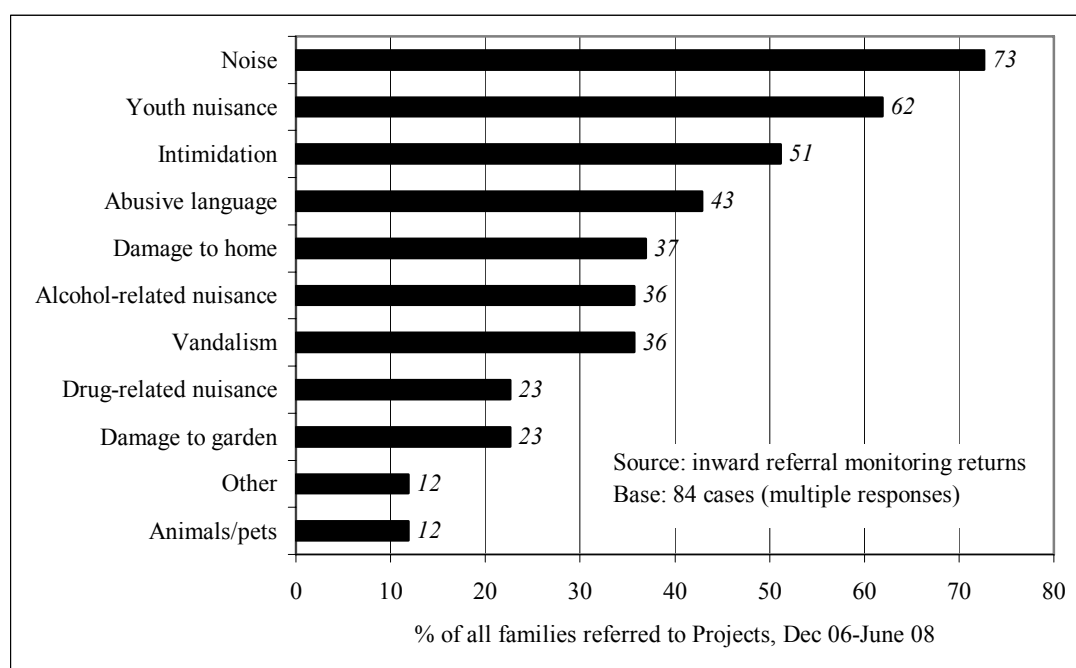
3.3 The data collected relates to information on the 84 families referred to five projects from 1 December 2006 to 30 June 2008 and accepted for project support. It therefore excludes the four referrals recorded as having been assessed and rejected during this period (see Section 2.6).

### **3.2 ASB history prior to referral**

#### *Nature of previous ASB*

3.4 As shown in Figure 3.1, complaints relating to noise disturbances were the most common problem associated with the families referred to the five projects. Almost three quarters (73%) of the 84 referred had evoked complaints where 'excess noise' was an aspect of the problem. This finding reflects the general pattern of ASB across Scotland as a whole. Concerns associated with youth nuisance, abusive language and intimidation were identified in around half of the households referred, while damage to households' own homes, alcohol and vandalism within the wider community were a concern amongst one-thirds of the families.

**Figure 3.1 – Types of ASB complaint previously recorded about household members**



3.5 In general, problem behaviour was not confined to one type of ASB. For example, 43% of those reportedly responsible for noise disturbance were also accused of damaging their properties. There were also links between certain types of behaviour – for example noise and alcohol related nuisance. In all but three of the 30 cases involving alcohol misuse, there were also reports of excess noise. Similarly, in 75% of households reportedly responsible for ‘youth nuisance’ there was also excess noise.

3.6 In gauging the seriousness of ASB on the part of families referred to the projects it is notable that there was police involvement with respect to 44% of families at the point of referral. Almost three quarters (74%) included individuals who had been warned or charged by the police in the previous three years. This figure ranged from 47% of cases in Dundee to 100% in South Lanarkshire. In most cases, prior police involvement had been triggered by ASB: 61% of families contained persons previously warned or charged by the police for ASB-related activities.

3.7 Analysis of the profile of families experiencing complaints about youth nuisance also revealed a link between these reports and the incidence of other issues affecting the child’s education. As might be expected, the incidence of issues such as ADHD, children in special education and temporary exclusion were all associated with higher levels of youth nuisance. For example, while ADHD was identified as an issue for one or more children in 14% of all families supported by the Projects, the same was true for 23% of families where youth nuisance was a documented problem (see Table 3.1).

**Table 3.1 – Link between youth nuisance and issues affecting child's education**

Educational Issue	Issue reported*		% of cases where youth nuisance reported	% of all cases
	Yes	No		
ADHD	12	40	23	14
Special education	10	42	19	11
Temporary exclusion	20	32	38	23

*Source: Inward referrals monitoring returns \*that is, issue recorded by caseworker on inward referral form as relevant to the family concerned (one or more children affected)*

### *Duration of ASB prior to referral*

3.8 In most cases (60%) ASB complaints had been ongoing for at least a year at the time of the assessment decision (see Table 3.2). However, in only 18% of instances had ASB reportedly been an issue for more than two years<sup>8</sup>. Perhaps significantly, the profile of Dundee cases was markedly different from the norm here. In more than two thirds of Dundee's cases (68%) ASB had been an issue for less than a year (compared with 40% across all five projects). This appears consistent with the suggestion that, being far more long-established than the other Projects, DFP is more able to encourage and accept referrals at an earlier stage in a family's offending behaviour (see Chapter 2).

**Table 3.2 – Duration of ASB complaints (length of time prior to Project assessment decision)**

Project name	Less than 12 months (%)	1-2 years (%)	3-5 years (%)	5 years or more (%)	Total (%)	No of families
Aberdeen Families Project	33	58	0	8	100	12
Dundee Families Project	68	26	5	0	100	19
Falkirk	25	44	13	19	100	16
P4 Perth	52	33	14	0	100	21
South Lanarkshire	17	50	17	17	100	12
All	43	40	10	8	100	80

Source: Inward referrals monitoring returns. Note: Data unavailable for 4 cases.

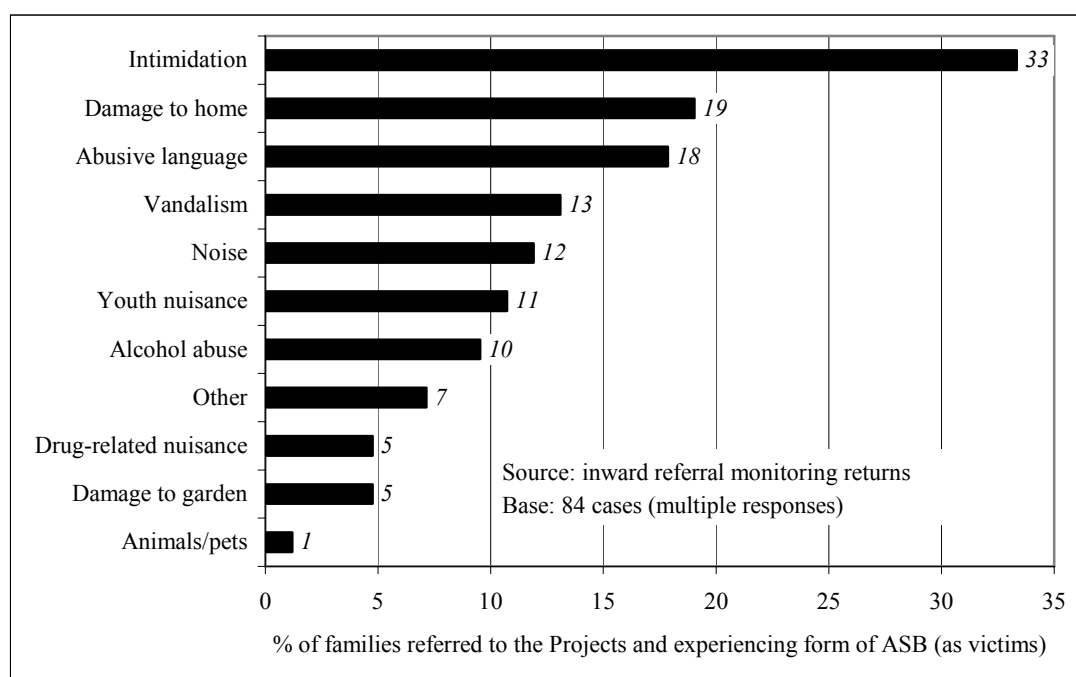
<sup>8</sup> It is acknowledged that this could reflect limited awareness of historical circumstances on the part of the caseworker.

### *Individuals responsible for ASB*

3.9 In 82 cases information was available on which member of the family was involved in ASB. In 27% of cases misbehaviour was attributed only to children, while in a further 38% both adults and children had been involved. In over a third of cases (35%) only adults had been responsible. This finding could be seen as qualifying the view that IFSPs are primarily concerned with parenting interventions triggered by ASB committed by ‘unruly children’.

3.10 Of the 84 families, just over a third (35%) were classed as being victimised by others, as well as perpetrating ASB. This tended to involve intimidation or damage to the (IFSP service user) family’s home (see Figure 3.2). Whether such victimisation is purely retaliatory cannot be determined from the pro-forma data.

**Figure 3.2 – Types of ASB reportedly inflicted on service user families**



### *Action taken to combat ASB*

3.11 In understanding how IFSP services fit within the wider framework of tackling anti-social behaviour consideration needs to be given to the measures already implemented to address the problem before referrals are made. For example, to what extent are referred families placed under pressure to engage with Project services because of the explicit threat of eviction?

3.12 In exploring this issue it is first necessary to understand families’ housing circumstances at the point of referral. Fifty-five service user families were secure tenants in social housing at the time of their referral to the relevant Project (51 renting from local authorities, with four renting from housing associations). Taking account of missing data this represented 69%

of all service users. It is assumed that most of the remaining 31% will have been families already made homeless<sup>9</sup>, possibly due to ASB (whether or not through eviction).

3.13 Among the 55 service users retaining a secure tenancy, 35 (64%) faced some threat of losing their home (see Table 3.3). In most such cases (20 of 35) this amounted only to a verbal or written warning. However, fifteen families had been served with a Notice of Proceedings or had an eviction order already outstanding. (theoretically, some of the orders could have been obtained for rent arrears rather than ASB). Nevertheless, the scenario of being referred to a Project under threat of eviction from a secure tenancy was true for only 42% of all referred families (35 of 84).

**Table 3.3 – Legal or enforcement-type action against families prior to referral**

	Threat to secure tenancy			ABC/ASBO		None	Total**
	Warning only	NOP	None	ABC(s)	ASBO(s)		
LA/RSL secure tenancy	20	15	20	4	5	18	55
Homeless temporary accommodation and other*	NA	NA	NA	4	2	9	29
Total	20	15	20	8	7	27	84

Source: Inward referrals monitoring returns. \*Includes four cases where the tenure was not known

\*\*Numbers in this column are the totals of those in LA/RSL tenancies (row 1), and in temporary accommodation (row 2). The numbers of cases in each row do not sum to this 'total' figure because some of the families concerned will have been subject to two or more measures (e.g. NOP and ASBO).

3.14 A small proportion of families also had Acceptable Behaviour Contracts (ABCs) and/or Antisocial Behaviour Orders (ASBOs) outstanding with respect to one or more family members. The relatively small proportion of families subject to ASBOs might be thought surprising. However, under the Scottish regime (unlike in England) ASBOs are primarily applicable to ASB involving adults. Hence, where families are referred because of misbehaviour on the part of children it would be uncommon for a family member to have been subject to an ASBO. What is perhaps more unexpected is that only eight families were recorded as including members subject to ABCs. In no case was a Parenting Order recorded as being in place (consistent with the understanding that, at the time of the research no Parenting Orders had yet been instituted in Scotland).

3.15 Overall, almost a third of all families (27 of 84) were recorded as having been subject to no enforcement action prior to referral (see Table 3.3).

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<sup>9</sup> That is, lost a home in which they were living at the time when they became known to the Council as ASB perpetrators. Having become administratively 'homeless' a family may have been temporarily accommodated by the council concerned.

### 3.3 Characteristics of families referred

#### *Household type, size and composition*

3.16 Across all five projects, the average size of referred families was 4.3 persons, with 2.9 children (see Table 3.4). However, there was some variation between the caseloads taken on by each Project; notably, the average size of families accepted for support by the South Lanarkshire BtC Project was substantially greater than the corresponding figure for Dundee (see Table 3.4).

**Table 3.4 – Inward referrals – family membership**

	Adults	Children	Families	Avg no. of children	Avg. family size
Aberdeen Families Project	16	31	12	2.6	3.9
Dundee Families Project	23	45	19	2.4	3.6
Falkirk	27	60	19	3.2	4.6
P4 Perth	34	64	22	2.9	4.5
South Lanarkshire	16	45	12	3.8	5.1
All	116	245	84	2.9	4.3

Source: Inward referrals monitoring returns

**Table 3.5 – Inward referrals: household composition**

Project name	Single adult	Single parent, small family	Single parent, large family	Two adults, no children	Two parents, small family	Two parents, large family	Extended family	Total
Aberdeen Families Project		4	4		3	1		12
Dundee Families Project		11	4		2	2		19
Falkirk		4	7		5	3		19
P4 Perth	1	4	6	1	3	6	1	22
South Lanarkshire		3	5			4		12
All - no	1	26	26	1	13	16	1	84
All - %	1	31	31	1	15	19	1	100

Source: Inward referrals monitoring returns. Note: 'household' includes all members of the family living together at the point of referral as well as children or others currently living outwith the family unit (e.g. in secure accommodation) but expected to rejoin the family unit within six months.

3.17 The composition of families being referred to the five projects is examined in more detail in Table 3.5. As shown here, 62% of the households referred to the projects were single parent families. Large families – households including three or more children – accounted for exactly half the caseload. In almost a fifth of cases (16 of 84) families contained five or more children and the overall average number of children per household was 2.9. This compares with the Scottish average which was 1.6 in 2005 (General Register Office, 2005). Hence, while large families were far from dominant, they were substantially represented within Project caseloads.



3.18 It should also be noted that not all the ‘families’ defined as individual ‘referrals’ involved groups of individuals all living as part of a single household. In some cases, older sons, daughters or partners living outwith the main family home were treated as service users by the Projects. The individuals concerned could have been staying with relatives, in prison or in local authority care. In some cases they had set up their own independent households (e.g. in the case of an older teenager taking on some form of tenancy, perhaps with a partner).

#### *Age and gender of family members*

3.19 Of the 76 heads of household for whom data on gender and age were available, 82% were female. Most household heads were aged 25-44 (see Table 3.6).

**Table 3.6 – Inward referrals: age and gender of head of household**

	<20	20-24	25-34	35-44	45-54	55+	Total
Female	4	8	28	15	6	1	62
Male		2	2	5	4	1	14
All	4	10	30	20	10	2	76

Source: Inward referrals monitoring returns. Note: data missing for 8 cases

3.20 As shown in Table 3.7, a third of the referred households (29 of 83) contained no children aged over nine. This helps to confirm that far from all of the ASB problems prompting referrals to the Projects stemmed from ‘rowdy teenagers’. Caseload profiles varied significantly across projects in this respect, with over half of the P4 Perth referrals involving families with older children only.

**Table 3.7 – Age of children in referred households**

Project name	Under 10 only	Under 10 and 10 plus	10 plus only	None	Grand Total
Aberdeen Families Project	5	3	3	1	12
Dundee Families Project	10	4	5		19
Falkirk	11	3	5		19
P4 Perth	2	7	11	1	21
South Lanarkshire	1	8	3		12
All	29	25	27	2	83

Source: Inward referrals monitoring returns. Note: data missing for 1 case

#### *Economic status and indebtedness*

3.21 Only 14 of 110 adult family members (for which data were available) were employed at the point of referral. Almost a quarter (24%) had never been employed.

3.22 Two thirds (42%) of families referred to the projects were recorded as having some form of debt at the point of referral (see Table 3.8). However, this is likely to be an underestimate because of incomplete information

available to Project workers completing inward referral monitoring returns. The commonest form of debt was rent arrears. In a number of cases this amounted to more than £1,000.

**Table 3.8 – Inward referrals: incidence of debt problems**

Debt	Number	%
Social Fund*	14	17
Utilities	17	20
Rent arrears	31	37
Bank loan	2	2
Credit card	3	4
Other debt	29	35
None	29	35

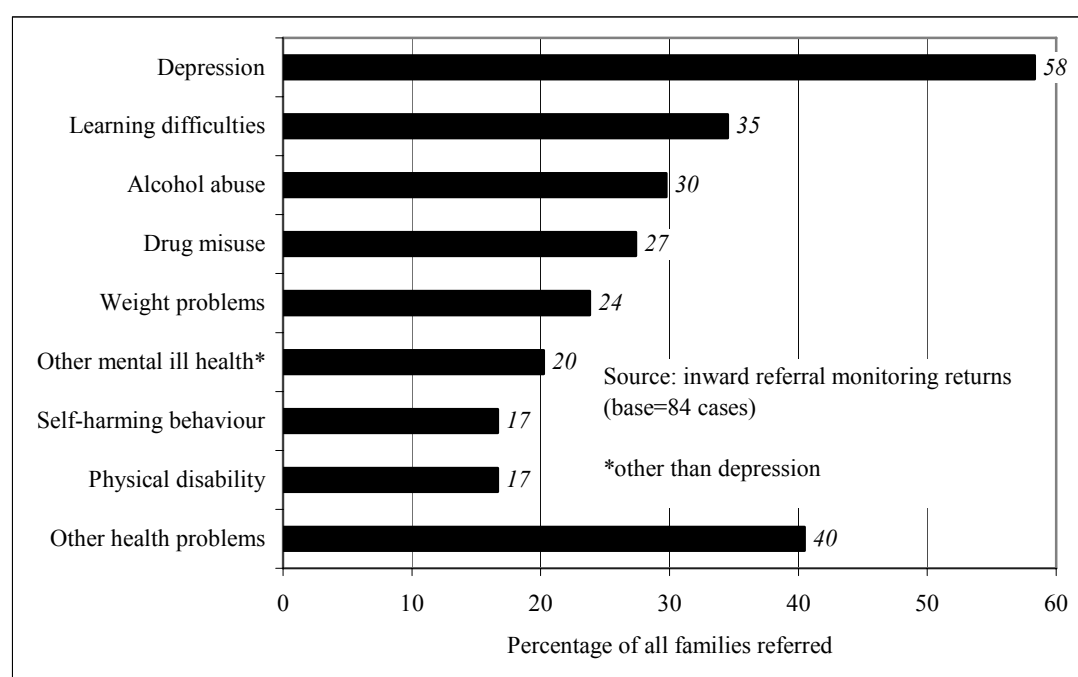
Source: Inward referrals monitoring returns. \* A source of DWP loans to pay for basic furniture.

### *Health and education*

3.23 Virtually all referred families (92%) included a member experiencing one or more of the disability or health problems specified in Figure 5. In over a fifth of families, the adult ‘head of household’ was affected by three or more of these conditions. Only 14% were recorded as including no family member with a health problem.

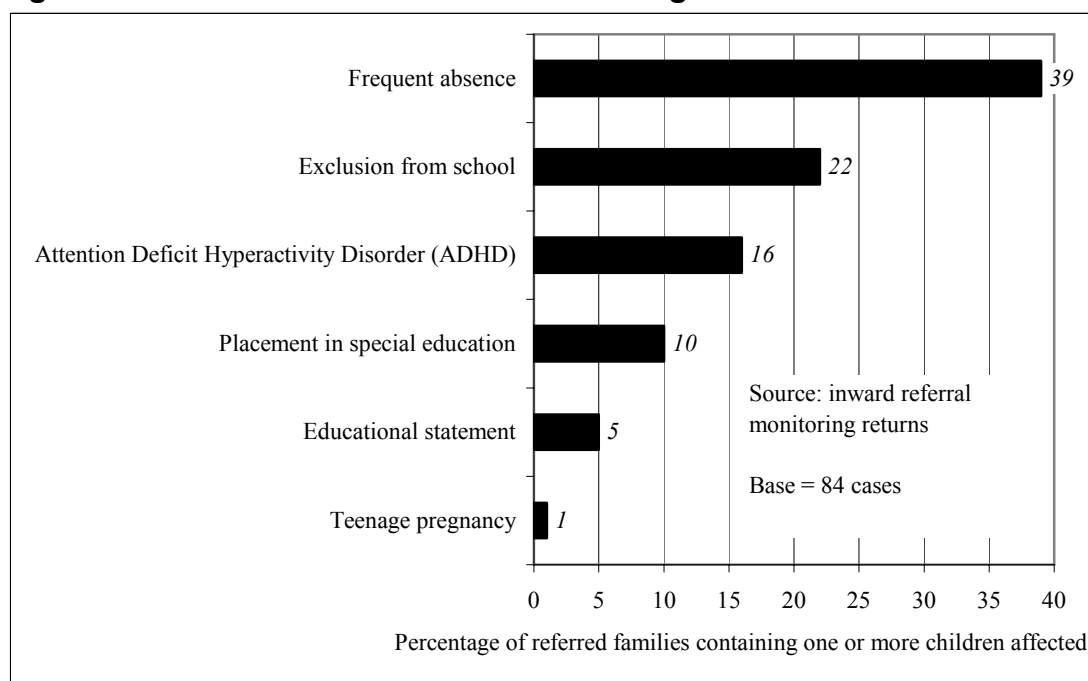
3.24 Among adults the single most common problem was depression. This affected at least one adult family member in 58% of the 84 families (see Figure 3.3). In more than a third of families Project staff judged that one or members was affected by learning difficulties. It should be noted that given the personal nature of many health problems the issues identified in Figure 3.3 probably represent only a partial picture.

**Figure 3.3 – Inward referrals: incidence of disability or health problems**



3.25 As shown in Figure 3.4, well over a third of families referred for Project support contained one or more children who were frequently absent from school. In just over a fifth of families a child's behaviour at school had been so problematic that it had resulted in formal exclusion (usually temporary rather than permanent).

**Figure 3.4 – Inward referrals: issues affecting children's education**



### 3.4 Violence within the family and risk of family breakdown

3.26 Violence within the home was not uncommon within referred families, with such abuse believed by Project workers to affect about a quarter (24%) of the total caseload. This could take the form of child on adult violence, as well as abuse of children (see Table 3.9)

**Table 3.9 – Family Violence among household members referred to the projects**

Family violence	Number	% of families
Adult on adult	15	18%
Child on adult	9	11%
Sexual abuse	0	0%
Other abuse of children by adults	16	19%

Source: inward referral monitoring returns. Base = 84 families

**Table 3.10 – Inward referrals: risk of family breakdown as assessed by Project staff**

Project name	High	Medium	Low	Total
Aberdeen Families Project	5	6	1	12
Dundee Families Project	12	1	6	19
Falkirk	4	6	8	18
P4 Perth	4	7	8	19
South Lanarkshire	9	2	1	12
All - no	34	22	24	80
All - %	43	28	30	100

Source: inward referral monitoring returns. Base=80 families – missing data for four families

3.27 Over two thirds of families were assessed as at moderate or high risk of family breakdown (see Table 3.10); most families referred to the Dundee and South Lanarkshire Projects were classed as at ‘high risk’ – see Table 3.10.

3.28 On a closely related question, almost two thirds of families were judged by Project staff as at moderate or high risk of having a child or children needing to be looked after and accommodated (see Table 3.11). However, only 27% were assessed as ‘high risk’ cases in this respect.

**Table 3.11 – Assessed risk of children needing to be looked after and accommodated**

Project name	High	Medium	Low	Total
Aberdeen Families Project	3	2	7	12
Dundee Families Project	12	3	4	19
Falkirk	2	3	10	15
P4	2	8	6	16
South Lanarkshire	9	2	1	12
All - no	28	18	28	74
All - %	38	24	38	100

Source: inward referral monitoring returns Base = 74 families – missing data for 10 families

### 3.5 Housing circumstances

3.29 As shown earlier (see Table 3.4) about two thirds of the households referred to the Projects were secure tenants in social housing. Table 3.12 presents a more detailed breakdown, differentiating referrals by Project. Nearly a quarter of referrals (20) were classed as ‘other’ in terms of housing tenure. Most of these were recorded as having experienced homelessness during the previous two years. It is, therefore, assumed that many of the group whose tenure was given as ‘other’ were homeless households living in temporary accommodation (in addition to the two who were specifically classed as such). In addition, some of those concerned could have been people occupying social housing but whose tenancies had been ‘demoted’ to (insecure) Short Scottish Secure Tenancy (SSST) status. Across all 79 families for whom data was available, 25 (32%) had experienced homelessness in the previous two years.

**Table 3.12 – Tenure at point of referral**

Project	LA SST	RSL SST	Owner occupier	Homeless temp accom	Other	Not specified	Total
Aberdeen Families Project	5		1	1	5		12
Dundee Families Project	11	1			7		19
Falkirk	13		2		1	3	19
P4 Perth	17	1			3	1	22
South Lanarkshire	5	2		1	4		12
All	51	4	3	2	20	4	84

Source: inward referral monitoring returns

3.30 As shown in Table 3.13, appreciable numbers of referred families were living in homes which (as judged by Project workers) had significant shortcomings. For example, a quarter of secure tenants (11 of 55) were seen as needing major repairs to their house. The incidence of what Project workers saw as 'overcrowding' (15 of 84 families) should be seen within the context of the relatively substantial proportion of larger families in the overall caseload (see Table 3.5 and accompanying text).

**Table 3.13 – Inward referrals – concerns about current home**

	'Needs minor repairs'	'Needs major repairs'	'Too small'	'Damp' and/or 'cold'	(Total tenure) in
LA SST	22	9	10	8	(51)
RSL SST		2	1	2	(4)
Owner occupier	2				(3)
Homeless (LA temp accom)	1		1		(2)
Other	8		3	2	(20)
Blank				1	(4)
Total	33	11	15	13	(84)

Source: inward referral monitoring returns

**Table 3.14 – Satisfaction with neighbourhood**

	High	Medium	Low	Total
Aberdeen Families Project	3	2	6	11
Dundee Families Project	2	6	10	18
Falkirk	4	5	9	18
P4 Perth	5	12	5	22
South Lanarkshire	1	1	10	12
All - no	15	26	40	81
All - %	19	32	49	100

Source: Inward referrals monitoring returns. Note: base = 81 – missing data for 3 cases

3.31 Overall, satisfaction with the local neighbourhood was fairly low across all five projects (see Table 3.14). In only 15 cases was satisfaction with the local neighbourhood described as high. This may reflect the filtering effects of social housing allocations systems, especially in the way that families made homeless due to anti-social behaviour appeared liable to be offered temporary accommodation in less attractive neighbourhoods, but it is also likely to reflect conflict with neighbours.

## 4. Supportive Interventions

### Chapter summary

An analysis of a sample of individual family Support Plans submitted by each of the projects found that the plans reflected the overall aims of the Breaking the Cycle programme; usually focusing on improving family dynamics and parenting, enhancing household management skills, reducing antisocial behaviour and increasing children's engagement with nurseries and schools. Half of the Support Plans included measures aimed at reducing alcohol or substance misuse. The initial assessments on which the Support Plans were based typically identified key family strengths as their positive engagement with the projects, their desire to change their circumstances and the loving relations between family members.

The actual delivery of Support Plans and provision of supportive interventions evolved considerably as the Projects developed. Project workers faced new challenges in responding to the size of families, the intensity of the support required and the need to holistically address a wide range of family problems. The size of caseloads and the model of dedicated worker teams for each family appeared effective. However, the typically formidable challenges facing families, the frequently protracted nature of assessments, and the sometimes sporadic pattern of subsequent engagement all tended to increase the duration of support programmes by comparison with what had originally been expected by Managers of some of the more recently-established Projects. While Projects attempted to avoid families becoming dependent on caseworker contact, this had in some cases proved difficult to achieve and consequently some families whose cases had been formally closed continued to access guidance and advice from Project staff.

Supportive interventions delivered mirrored Support Plan priorities, focusing particularly on addressing underlying causal factors such as low self-esteem, depression or substance abuse. Most interventions were delivered directly by Project workers, although these frequently included helping adult family members to access other services, both mainstream and specialist. Key themes in support provision also typically included help with parenting, emotional support, benefits advice, domestic management and children's school attendance. Promoting healthy social networks was another common component of Project support – both in terms of reducing isolation and detaching family members from harmful circles.

Through their 'core block' services the Aberdeen and Dundee Projects were able to offer particularly intensive support and supervision. This was seen as highly beneficial for certain families. However, core block placements could also bring to light problems previously unknown to Project staff (or social workers). Such 'emerging problems' sometimes included child protection issues, and this could lead to children of 'core block families' needing to be looked after and accommodated by the relevant local authority.

## 4.1. Introduction

4.1 This chapter analyses the interventions undertaken with families by the five Projects. It identifies the forms of support provided and the nature of the work undertaken with families, the key issues prioritised for intervention, the range of agencies involved and the intensity and duration of engagement with the families. The chapter is presented in two main sections. First we analyse a sample of family Support Plans produced by each of the Projects which detail the programme of assistance envisaged as being provided to families following the acceptance of referrals. This analysis relates to Support plans drawn up by the five Projects in the first half of 2007. The second half of the chapter describes how Support Plans were translated into the actual delivery of interventions with the families and the key issues arising. This is based on interviews with Project workers, family members and representatives from partner agencies carried out in summer 2008.

## 4.2 Support planned

### *Structure of Support Plans*

4.2 This section presents the findings of an analysis of the Support Plans prepared by the Projects in relation to the caseload of families accepted for Project support in the first half of 2007. The analysis is based on the written material contained within the Plans. It should be read in conjunction with the summary analysis of support provided to former service users as included in the following section (4.3).

**Table 4.1 - Number of Support Plans analysed**

Project	No. of individual plans analysed	No. of families covered by plans
Aberdeen	3	3
Dundee	5	5
Falkirk	3	3
Perth	5	5
South Lanarkshire	9	5
Total	25	21

Notes:

1. The Support Plans for Aberdeen, Dundee, Falkirk and Perth were collective plans covering all family members (although in Perth two of the plans related to individuals in single households). In South Lanarkshire, there were Support Plans for individuals, across five family groups.

2. Aberdeen Families Project submitted 3 Support Plans and 2 Support Plan reviews (these reviews are not included in this analysis).

3. Where the type of placement was identified on the Support Plans, the majority were outreach placements, with one core block placement in Aberdeen and one core block placement in Dundee

4.3 Four of the projects (Aberdeen, Dundee, Perth and South Lanarkshire) used exactly the same template for the Support Plans, whilst Falkirk's was slightly different. All of the Support Plans had a front page that identified:



- Family strengths (This section of the Support Plan had not been completed in South Lanarkshire, as the Plans related to individuals)
- Key issues to be addressed
- The aim of the placement

4.4 All of the Support Plan documents took the form of an agreement with the clients which was to be signed by all parties, reflecting the ethos of service user consent, proactive engagement and joint ownership of their work programmes.

4.5 The main content of the Support Plans set out in more detail the planned interventions. For Aberdeen, Dundee, Perth and South Lanarkshire, this comprised a grid with the following headings:

Agreed tasks	Methods to be used	What will be done, by whom	When and where will it take place	Desirable Changes	Timescale
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4.6 In Falkirk, The grid headings, under a title of 'major targets for the next three months' were:

What are our targets and who are they for?	How is this going to be done and how will we know it has worked?	Who is going to do it and when?	Indicators
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4.7 The Falkirk plans also included a section entitled 'important dates' which identified the regularity of meetings and a section listing agreed outcomes.

#### *Identified family strengths*

4.8 The family strength most commonly identified in the Support Plans was the voluntary or positive engagement of family members with the projects (see Table 4.2). In some cases this also extended to a declared willingness to work with social workers and housing officers to resolve problems, although this engagement could become more sporadic than initially envisaged. The second most commonly identified strength was the strongly knit bonds and loyalties within family units. This included mutual love and support between adult partners and between adults and children. In addition, the Support Plans highlighted the importance of wider family and social networks, including the positive impact of having wider family and friends living in close proximity and the key supportive roles played by the parents of some adult family members engaged with the Project and grandparents of children working with the Project.

**Table 4.2 - Identified family strengths**

Family strength	No. of plans
Positive and/or voluntary engagement with project	12
Strong family bonds, love and support	6
Evidence of progress and attempts to address issues	6
Awareness of issues and the need to address them	4
Good support network of family and/or friends	4
Clean living environment	2
School attendance	1
Children engaged in positive activities	1
Total number of Support Plans analysed	25

Source: Support Plans analysis

4.9 The Support Plans also commented on family members' recognition of issues of concern, and in some cases, reported evidence of ongoing progress by family members in addressing such issues. Comments on family members' perceptions of their situation included the extent to which individuals recognised their responsibility for antisocial behaviour and the need to address causal factors including alcohol use, parenting skills, lifestyles and social networks. The Plans also covered family member commitment to address problematic behaviour, in several cases linked to a concern amongst parents for the future welfare of their children. Evidence of attempts by individuals to tackle their problems included limiting alcohol consumption, changing lifestyles, honouring the conditions of an Antisocial Behaviour Order, efforts to interact more positively with their children and reducing contact with previous social networks.

#### *Key issues to be addressed*

4.10 All of the Support Plans included key issues to be addressed during families' engagement with the projects. The types of key issues identified as needing to be addressed were very similar across all five Projects.

**Table 4.3 – Key issues to be addressed with Project assistance**

Key Issue to be addressed	No. of plans
Antisocial behaviour/respect in home and community	14
Parenting	14
Tenancy management and maintenance of tenancy	12
Establishing healthy relationships within the family	12
Education and maintenance of school attendance	7
Condition and suitability of family accommodation	6
Employability and future careers	5
Budgeting and financial skills	5
Reduce alcohol misuse/dependency	4
Raising confidence and self-esteem	3
Drug misuse/ dependency	2
Gate keeping and management of visitors to home	2
Involvement in criminal activities/awareness of consequences	2
Bereavement counselling	2
Anger management	1
Keeping all agencies involved and informed	1
<b>Total number of Support Plans analysed</b>	<b>25</b>

Source: Support Plans analysis

Note: There is a degree of overlap between some of these categories (e.g. healthy relationships/parenting and antisocial behaviour/tenancy management/gate keeping). One Support Plan for a young child in the South Lanarkshire project also identified 'personal development appropriate to age', 'effective utilisation of a nursery placement' and 'health appointments being kept up to date' as key issues to be addressed.

4.11 The key issues fell into a number of related areas. As may be anticipated, addressing antisocial behaviour and parenting/family relationships were the most frequently identified issues (see Table 4.3). Antisocial behaviour included misconduct both within the home (including noise complaints) and in the community. In some cases this was more specifically identified as conflict with neighbours and also related to 'door control' and problems with visitors to the family home. In two cases, alleged involvement in more serious criminal activities was identified, alongside the need to make individuals aware of the consequences of such activity. Two of the plans identified the need to address how living environments were maintained and another plan signalled the need to look for suitable alternative accommodation for the family.

4.12 Although close and loving family bonds were commonly identified as family strengths, many of the Support Plans made reference to the need to establish more healthy relationships. This was closely linked to addressing parenting skills such as ensuring positive parenting, increasing confidence and assertiveness in parenting and establishing routines and boundaries. Many Plans also identified the need for improved communication and appropriately defined roles within the families.

4.13 A further set of key issues to be addressed related to the emotional wellbeing of individuals, including raising self-esteem and confidence, anger management and coping with bereavement. Six of the Support Plans also highlighted addressing drug or alcohol dependency. Four of these related to alcohol, either general misuse or dependency or an over-reliance on alcohol at times of crisis. Two of the plans cited tackling drug dependency as a 'key issue', with methadone specifically referred to in one case. In total, however, almost half of the Support Plans (12) included addressing alcohol or substance misuse in their outcomes and indicators (see below).

4.14 Wider life skills to be addressed through the plans related to financial management and domestic budgeting and also to helping individuals (through training and confidence building) to access employment. Finally, a number of the Plans also identified the need to maintain or improve children's school attendance.

4.15 In addition to the specific 'key issues' to be addressed by the Projects, the Support Plans from Aberdeen, Dundee and South Lanarkshire also included overall aims for the families' placement with the projects. In Falkirk, a section entitled 'main objective' included a generic statement that: *'We [the Project] are going to support you to improve the difficulties affecting you and your family and to change behaviours that cause difficulties to others'*.

4.16 The overall aims of individual placements mirrored the key rationales for the Projects in terms of reducing antisocial behaviour, securing sustainable accommodation, enhancing parenting skills and removing the threat of children needing to be looked after and accommodated.

#### *Outcomes and indicators*

4.17 All of the Support Plans included key outcome targets, linked to identified needs and issues to be addressed, and measurement indicators for identifying whether outcomes had been achieved. The formation of these targets and outcomes varied between the Projects. The outcomes and targets also varied between identifiable 'hard targets' such as reduction in the number of ASB complaints, more regular school attendance, bills being paid and accessing employment, to more general improvements in family relationships and less quantifiable progress such as enhanced self-confidence and accepting responsibility.

4.18 As shown in Table 4.4 the most common groups of outcomes and indicators related to an improved interaction between family members, followed by household management skills. Such specified 'desired outcomes' included aspirations for the families collectively and for individual family members. Outcomes under the heading of 'improved family relationships' included enhanced contact and interaction between family members, parents setting boundaries and routines that children adhered to and more efficient resolution of conflicts within families. This was also linked to outcomes aimed at improving individuals' anger management skills.

**Table 4.4 - Outcomes and indicators**

<b>Outcome/ indicator</b>	<b>No. of plans</b>
Improved positive interaction within families and enhanced parenting skills	21
Improved household management skills, including financial and tenancy management	18
Reducing number of complaints about antisocial behaviour	14
Reduced dependency on drugs and/or alcohol	12
Increased self-esteem and confidence amongst family members	11
Improved school attendance, behaviour at school and educational attainment	10
Developing more appropriate friendships and extending friendship networks	8
Taking enhanced responsibility and increasing autonomy for decision-making	8
Enhanced employment opportunities and access into employment	6
Developing respect for others	6
Improved anger management	3
Ceasing involvement in criminal activities	3
Improvements in health awareness and diet	3
Improvements in mental health	2
Resolving family crisis situations more effectively	2
Enhanced communication/ involvement of agencies	2
Improved danger awareness	1
<b>Total number of Support Plans analysed</b>	<b>25</b>

Source: Support Plans analysis

Note: Reduced substance misuse was identified as a planned outcome in 6 of the Support Plans and reduced alcohol misuse identified in 5 of the Support Plans. One Support Plan identified outcomes relating to both reduced substance and alcohol misuse.

4.19 Household management outcomes included enhanced financial management (weekly budgeting, bills being paid, debts being managed, rent arrears being reduced and benefits entitlements being taken up), correspondence being responded to, appointments being kept, increased awareness and utilisation of available support services, tenancies being maintained, and home environments being managed and adequately furnished. This was also linked to outcomes and indicators around encouraging parents to take more responsibility for decisions.

4.20 The Support Plans also included outcomes and indicators for reducing and/or ceasing involvement in criminal or antisocial activities. The indicators ranged from reduced complaints from agencies to enhanced awareness of responsibilities and the consequences of behaviour, improved respect for others and better control of visitors to family homes.

4.21 Many of the Support Plans included outcomes related to education and employment (see Table 4.4). These included improved school attendance, improved behaviour whilst in school and enhanced educational attainment. Cited indicators on employment ranged from increasing awareness of employment opportunities to the submission of applications and the gaining of a job.

4.22 Enhanced self-confidence and self-esteem for individual family members was a commonly sought outcome of the Support Plans. Family members broadening their friendship circles or engaging in more appropriate social networks was identified as a desirable outcome in several Support Plans. Many of the Support Plans also had outcomes relating to alcohol or drug misuse. The indicators to measure these outcomes ranged from greater recognition of the problematic nature of substance abuse to reducing or eliminating alcohol or illegal drug consumption and maintenance of methadone treatment programmes. In addition to these outcomes, the plans also contained some more specific measures, such as ensuring that a family received new furniture for their home, or a family member was able to access driving lessons and ensuring weekly visits to a family member in hospital.

4.23 Two of the DFP Support Plans included indicators for measuring improved communication and liaison between agencies, ensuring that agencies felt informed and involved and providing a clear multi-agency support package for the family.

#### *Methods to be used*

4.24 Each Support Plan indicated the methods to be used to address needs and achieve specified outcomes. The most common method was one to one work or family group work directly involving Project workers. Another commonly practised approach was dedicated communal times for families. Individual family members were also supported by Project workers in activities in the local community or at school. Specific programmes were referred to in the Support Plans, including Positive Parenting, ESCAPE family group work, Webster-Stratton Early Years Training courses, Scoda Young Persons Risk Assessment and the use of genograms and ecomaps during the assessment

period. Interactive video-based sessions and relaxation therapies were also used.

4.25 Project workers were to undertake home visits to the families, in some cases to provide assistance with morning routines and accompany family members to libraries or leisure centres or other social activities. The Support Plans also identified a liaison and advocacy role for Project workers acting as intermediaries or advocates for the families in relation to interactions with housing and social work offices and schools. Project workers were also tasked with assisting family members in writing CVs and job applications and in liaising with colleges.

4.26 In relation to social networks, some Support Plans committed Project workers to helping family members with socialisation skills such as developing friendships. The Support Plans indicated that project workers would assess individual family members for referral to counselling services, including alcohol and drugs support services.

#### *Workers and agencies involved*

4.27 As stated above, Project workers had the most frequent contact with family members. The Support Plans also identified a range of other organisations and individuals with which the families would engage in the course of their support programme. These included:

- Local authority social work and housing teams
- Nurseries and schools (both mainstream and specialist)
- Colleges
- Police (for checks on family progress by Project workers, not direct contact with families)
- Alcohol and drugs-related counselling/ support services
- Other forms of counselling services
- Mediation services
- Local sports clubs, sports centres and libraries
- Careers Scotland.

#### *Frequency and locations of interventions*

4.28 The frequency and duration of interventions were envisaged as varying considerably depending on the methods and tasks being used. Some tasks were to be undertaken on a daily basis. Other interventions were planned to occur on a weekly or fortnightly basis, or for the duration of a particular course. Some methods involved only a one-off session. The location of activities varied depending on the Project. For outreach and floating support

projects the majority of interventions took place in the family home or the Project offices. In Aberdeen many activities took place in the Core Block. Other interventions took place in schools or other local community facilities and a few interventions were to happen in the premises of other support agencies.

### *Timescales*

4.29 Many of the interventions with the families were planned as being on-going and reviewed on a daily basis. Other activities were to be reviewed fortnightly or six-weekly. Activities linked to dedicated courses or programmes were to be reviewed at the end of the particular programme. Other indicators such as school attendance or levels of complaints about antisocial behaviour were to be subject to review over a longer time frame. The two Support Plan review documents provided by the Aberdeen project were based on an assessment of the progress made towards each objective and further actions identified as being required to meet these objectives.

## **4.3 Delivering Project support**

4.30 Most of the remainder of this chapter is a discussion on how Support Plans were actually implemented and supportive interventions delivered via the five Projects. The findings presented here are based on interviews with Project workers, local stakeholder representatives (including referral agencies) and service user families, themselves. To set this in context, however, Table 4.5 shows the incidence of different forms of support provided to families whose cases were closed during the evaluation period.

4.31 As shown in Table 4.5, Project assistance usually involved helping adult family members to access other services, help with parenting and in dealing with ASB complaints, emotional support, benefits advice and help with self-confidence. In most families (60%) Project staff aimed to help children to improve their school attendance (see Table 4.6).

**Table 4.5 – Cases closed, 1 December 2006-30 June 2008: Forms of help provided to adult family members**

Form of help	No of families	% of families
Help in accessing services (other than housing)	51	78
Help with parenting skills	50	77
Help in dealing with ASB complaints	49	75
Emotional support	49	75
Help with claiming benefits	40	62
Help with self-confidence	36	55
Help on school attendance	31	48
Help with managing money	30	46
Help in accessing training or work	29	45
Help with social skills	28	43
Help in accessing housing services	28	43
Help in obtaining furniture	27	42
Help on decorating, gardening etc	23	35
Help in accessing support	21	32
Help in managing depression	20	31
Help in anger management	19	29
Other help	13	20
Cases covered by analysis	65	100

Source: Case closure monitoring returns

**Table 4.6 - Cases closed, 1 December 2006-30 June 2008: Forms of help provided to children**

Form of help	No of families	% of families
Emotional support	38	69
Help in managing schooling	33	60
Help with social skills	29	53
Help in accessing services	23	42
Help on self-confidence	18	33
Help with anger management	16	29
Other help	10	18
Help in accessing training or work	8	15
Help in managing depression	2	4
Cases covered by analysis	55	100

Source: Case closure monitoring returns



### *Staffing, support models and timescales*

4.32 As noted in Section 2.4, staff team members in all of the Projects provided a diverse range of skills and experience. Nevertheless, it was evident that the holistic nature of the IFSP model and the need to respond to often rapidly changing family circumstances and moments of crisis presented Project workers with a series of new challenges. Project workers reported regularly encountering situations not previously faced, the need for a 'steep learning curve' and the requirement to undertake further, often bespoke and specialised, training. However these challenges and the relative flexibility and autonomy afforded to them in working with families was an aspect of their role that most workers appeared to value. As also discussed in Section 2.4 caseworkers have to achieve a difficult balance of building the trust of families whilst maintaining a critical detachment and combining support and praise with attempts to challenge families' behaviour. This is a highly demanding role, particularly for staff members without substantial directly relevant experience. Tackling drug addiction and preventing the over-dependency of families on Project support were identified as being particularly challenging for less experienced staff members.

4.33 The Projects provided access to further training for Project staff, enabling new skills to be developed, although resource constraints limited access to some training courses. Joint training courses were organised with local authority social workers and family centre staff and this was reported to helped enhance partnership working and raise awareness of the Projects amongst potential referring agencies. Training was also important in affording Project workers opportunities for personal professional development. This resulted in many Project workers accumulating the specific experience and expertise required to more effectively engage with families and deliver supportive interventions. However, the need for such specialist skills highlights the difficulties some Projects have encountered as a result of relatively high staff turnover which necessitates new staff members having to rapidly acquire expertise. There was also an issue that Project staff pay rates were not seen as properly reflecting the skills and experiences required, in comparison to positions elsewhere.

4.34 Falkirk and Aberdeen operated a model of each family case being the responsibility of a lead project worker, supported by a second project worker. This enabled a clear line of accountability and responsibility, continuity with interactions with families and appropriate divisions of tasks, for example one worker focusing on parenting skills and another worker liaising with schools. This model was also essential to ensuring that families had constant access to a known key worker. Workers' caseloads varied across the projects but the common view expressed by both Project workers and family members was that the case load was manageable and facilitated the required levels and intensity of interventions. There was also flexibility within the Projects to re-allocate cases if there were problems in the personal dynamics between an individual worker and a particular family. There were instances where this had been an issue needing managerial resolution, perhaps resulting from tensions over the 'confidentiality' of information disclosed by a family member where

this was felt (by the Project staff member) to indicate a previously unrecognised risk of child abuse.

4.35 A key feature of the IFSP intervention model is the ability of individual project workers to engage on a consistent basis with a small number of families, thereby strengthening relationships and facilitating the holistic support provided, enabling a wide range of issues to be addressed. While case loads were regarded as manageable, a consistent finding across the Projects was the significant scale of the work involved with each family, arising from the number of children involved and the need to develop relations with each family member and to address the needs of individuals alongside work on the collective dynamics of the household (including the relationships between siblings in addition to parent/guardian-child relationships). As an illustration of the scale of work required up to six agencies may be routinely involved with one child. This was exacerbated by the wide age range of the children in some larger families. It was evident that the workload that this generated was considerably greater than originally envisaged in the Support Plans. The intensity of interventions and interactions required and the consequential staffing implications had proved challenging for the Aberdeen Families Project in the development of its core block model.

4.36 A major issue that emerged across the Projects was the protracted nature of initial engagement with families, often resulting in assessment periods being extended far beyond what was originally envisaged. At the time of their referral many families had a long and antagonistic history with statutory agencies. Adult family members were often distrustful and resentful of housing, social work and police officers and were initially reluctant to engage with Project workers.

4.37 Although, over time, the Projects were relatively successful in differentiating themselves from other statutory agencies and building trusting relations with family members, it could take several months for significant progress to be achieved here. Once families had begun to engage, there could be a second protracted period of interaction in order to get family members to acknowledge and recognise their problems and their need for help. In addition, there was also an initial need to work around some underlying problems (such as alcohol dependency) rather than being able to tackle these issues directly from the outset. While such an approach was clearly the only feasible way of facilitating families' longer-term engagement with the Projects, the duration of these stages of intervention sometimes resulted in the planned period of service provision being considerably extended. This also suggests that, while earlier intervention with some families may be desirable, it is also vital to ensure that referrals are made at a time when families are willing and able to consider making changes to their circumstances.

4.38 It is also apparent that the progress of family members' engagement with the projects was not linear or consistent. Rather, many families were subject to change and crisis such as relationships ending, a partner returning to the family home or children entering or leaving local authority accommodation. Many families had periods of disengagement from the

Project or various periods of alternate sporadic and more intensive engagement. Understandably, therefore, many cases taken on in early 2007 had yet to be closed in summer 2008.

### *Interventions to address family issues*

4.39 Project interventions aimed at addressing a wide range of issues impacting on families. In all of the Projects, this was based on an empowerment model that sought to give voice to all family members and to develop the skills and capacities of each individual concerned. Across the Projects, anti-social behaviour was conceptualised as a manifestation of family problems and the interventions focused upon reducing anti-social behaviour by tackling these family problems. However, while the IFSP model is sometimes portrayed as a wholly supportive model diametrically opposed to the traditional 'enforcement-based approach', this may be too simplistic. At least one Project, for example, found it very useful to obtain ASBOs in an effort to keep troublesome older teenagers away from the family home (from which they had previously 'moved out').

4.40 Typically, work with families comprised one to one sessions with individual family members, collective sessions with all family members and in some cases group work with several families. The majority of the interventions were delivered directly by Project workers, although families were also referred to other agencies and programmes (see below). Under the outreach model most of work with families took place in the family home. The core block model is discussed below.

4.41 Interventions with the families were planned to address key issues and aims identified in the Support Plans. However, a key characteristic of the support provided to families was the constant availability of Project staff to be contacted in order to provide support and advice. Much Project staff activity involved responding to the daily circumstances and practical and emotional needs of service users. Another important feature of the Projects' work was the tailoring and adaptation of staff training and educational resources to meet the needs of individual family members. This could involve the use of visual materials such as the 'outcome star' visual aid used in Perth and Kinross – something akin to the homework completion wallcharts issued by schools to children<sup>10</sup>. More broadly, Project workers sought to balance challenging families' 'pathological' behaviour with positive feedback and praise for achievements.

### *Addressing underlying causal factors*

4.42 As noted in Section 4.2, Support Plans identified causal factors underlying families' problems. Interventions aimed at addressing such problems included efforts to break the generational transmission of weak parenting processes. Many parents had experienced very difficult and in some

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<sup>10</sup> A device developed by for the London Housing Foundation by Triangle Consulting.

cases abusive childhoods themselves. The Projects therefore sought to address the psychological consequences of this – e.g. through counselling. At the same time, they promoted alternative models of family interaction. Low self-esteem (of both parents and children) and mental health problems were other ‘underlying issues’ Project workers sought to tackle. Alcohol and drug misuse and dependency, prominent in many cases, were prioritised for intervention mainly through referral to specialist agencies. Early work with the families had also focused upon the need for parents to acknowledge problems, accept the need for change and to take on some ownership and responsibility for this change. This was challenging as initially some adults were reluctant to accept this and tended to blame agencies or neighbours for their circumstances (and it should be noted that some neighbour disputes did include inappropriate behaviour and victimisation on both sides).

- Parenting, boundaries and routines

4.43 The most common and frequent interventions with families focused on parenting skills and family dynamics. Such work was particularly challenging where parents were subject to learning difficulties. Generally, parenting work concentrated on developing confident, positive and assertive interactions of parents with their children and included referrals to bespoke parenting programmes as well as Project workers observing and guiding parents in their own homes. Such interventions also sought to generate respectful interaction between parents and children, in which children’s voices were allowed to be heard and inappropriate responses to family conflict addressed, including anger management counselling and the development of consistent parental action.

4.44 A second strand of parenting interventions focused on boundary setting and the establishment of firm and consistently applied rules, for children, including their supervision in the local neighbourhood, supported by positive reward and sanction schemes, linking behaviour to consequences. A further strand of caseworker activity involved attempting to establish daily routines, particularly around mornings, evening meals and bedtimes.

4.45 The final element of parenting interventions aimed to increase the frequency and quality of collective family time, such as eating a meal together or participating in games and leisure activities within the home and neighbourhood. This also included family days out to local attractions, providing passes to local leisure centres and enrolling children in sports and arts activities or libraries. In addition some children were supported to gain access to organised leisure activities during school holidays. In a few cases there were attachment issues between a parent and their children. In general, however, parenting interventions across the Projects aimed to translate the love, protectiveness and mutual commitment evident through the assessment process into positive and constructive forms of family interaction.

#### - Household management and tenancy sustainment

4.46 A key criterion for referral to the projects was households being at risk of losing their social housing tenancy. Therefore supportive interventions sought to develop household management skills and to ensure that tenancies became sustainable. Such work included improving the cleanliness of properties, tidying up and maintaining gardens and improving diets and health. Project workers also attempted to address rent arrears and personal debt and improve financial management skills and to support families in communicating with statutory agencies, paying bills, claiming benefit entitlements, keeping appointments and responding to correspondence.

4.47 Project workers acted as advocates for families, including children, in their interactions with local service providers, attempting to ensure that families were receiving appropriate support. Interventions with many families aimed to improve 'door control' skills in relation to the family property to exclude inappropriate visitors or the congregation of many persons in the house. Interventions also aimed to re-establish constructive relations with neighbours through consideration of others with respect to the behaviour of children, recognition of boundaries and the playing of loud music or late night social activity. Project workers sought to provide new conflict resolution and compromise techniques for adult family members in their interaction with neighbours - e.g. how to effectively manage being at the receiving end of anti-social behaviour through the completion of an 'incidents' diary.

4.48 A number of families or individual family members were also assisted in securing new or existing tenancies, having Short Scottish Secure Tenancies converted to full Scottish Secure Tenancies, negotiating a transfer or moving from temporary homeless accommodation to a suitable permanent tenancy. In some cases older teenagers were supported from the family home into their own tenancy, which could have a significant influence on family dynamics and levels of anti-social behaviour.

#### - Education and employment

4.49 As shown in Table 4.6, a focus of most support programmes was improving children's school attendance. This involved ensuring children were punctual and appropriately fed and dressed for school or nursery and improving children's attainment and behaviour at nursery or school. This involved working closely with schools or nurseries to reinforce messages, addressing children's low self-esteem or reluctance to attend and assisting parents in supporting the completion of homework. Some older children and adults also received support to gain access to college or employment opportunities.

## - Family and social networks

4.50 The assessment of families referred to Projects often identified either the social isolation of parents or, conversely, inappropriate social networks. Supportive interventions therefore sought to enhance the positive influence of some family members external to the household (for example grandparents) and to discourage contact with relatives and friends seen as constituting negative influences. Isolated family members were encouraged to make friendships in the local neighbourhood or through schools or parents groups and to make greater use of local neighbourhood facilities.

### *Interventions with families in the core block model*

4.51 The Aberdeen and Dundee Family Projects included core block accommodation for families in addition to providing dispersed tenancies and outreach services. The core block model presented specific issues in the delivery of supportive interventions. Both Projects were fully aware of the risks of institutionalisation and dependency and the need to work towards creating a 'normal' home environment that would facilitate an eventual return to an independent tenancy. However, the extent to which a 'normal' home environment could be established in the core blocks was constrained by legal requirements, including health and safety obligations. The rules governing visitors, pets and over-night stays outside the core block required to be balanced with facilitating some autonomy and independence amongst family members. In both Aberdeen and Dundee, Project workers encouraged families to take ownership and leadership of a problem arising before workers intervened to try to resolve the situation.

4.52 As would be expected, the supervision of families in the core blocks was intensive, with regular observation on a daily basis and the incidence of family requests for support was considerably greater than under the outreach model (reflecting the fact that their support needs would be typically greater). The core blocks also generated complex issues about the input of other agencies in working with families. The forms of intervention and work programmes with families were generally similar to those deployed via the outreach model (see above). However, the 'pastoral care' and emotional support element was particularly intensive in the core block environment, as was the capacity to praise positive behaviour or challenge problematic conduct. The level of supervision also facilitated a stronger focus on resolving 'door control' issues which have often been a central feature of antisocial behaviour problems triggering initial referrals.

4.53 Aberdeen and Dundee caseworkers saw core block placements as potentially valuable in enhancing the scope for Project workers to influence family lifestyles and behaviour. Part of this was about opening up families to greater scrutiny. However, one impact of this was to bring to light problems previously unknown to Project staff (or social workers). Such 'emerging problems' could include child protection issues, and this quite frequently led to children of 'core block families' needing to be looked after and accommodated. Such a scenario could be seen as calling into question both the purpose of core blocks, and what should count as a 'success' in terms of

core block placement outcomes. Clearly, it was beneficial that children at risk had been accommodated. Nevertheless, for a project that was set up to prevent family breakup such an outcome could not be regarded, by most definitions, as an outright success. Some caseworkers were concerned that their Project's core block could come to be seen by prospective families as vehicle for children being looked after and accommodated by the local authority.

4.54 Scenarios where core block placements led to children being accommodated also raised practical problems for the Projects and their local authority partners. Parents were sometimes left with no children in their care and consequently were no longer eligible to remain resident. However, the lack of availability of suitable move-on accommodation could result in a situation where families remained in residence for considerable periods, thereby taking up places which would, ideally, be made available for other families who were eligible and could potentially benefit from such placements.

#### *Involvement of external services*

4.55 In the course of Project support programmes a range of other agencies and organisations were involved with the families. As shown in Table 4.7, social workers were directly involved in more than three out of four cases. It is, of course, acknowledged that some of the agencies listed in Table 4.7 (e.g. the Police) will have been involved with the family more in relation to enforcement action than to provide support. The 'other' agencies recorded as being involved with families during their support programmes (see Table 4.7) included: housing and education departments, health visitors, drugs and alcohol services, schools and Careers Scotland.

**Table 4.7 – Cases closed, 1 December 2006-30 June 2008: Involvement of other agencies with families in the course of Project support programmes**

	No	%
Police	21	34
Mental health professionals	5	8
Criminal Justice workers	15	24
Youth workers	7	11
(Other) Social workers	47	76
Others	38	61
Total cases for which data available	62	100

Source: Case closure monitoring returns. Missing data on two cases

4.56 Referrals of families by Project staff and contributing to families support programmes included those to parenting courses such as ESCAPE and Mellow Parenting, counselling, alcohol support services and drug rehabilitation programmes. Families were helped to access a range of support services and centres provided by local authorities, Action for Children Scotland and Aberlour in addition to services provided by other organisations, including specialist health visitors, educational psychologists and Youth

Justice workers. The Projects also made use of college facilities and courses, including educational access training, cut-price hairdressing and manicure services and also employment training. Additional commissioned services included a Shelter child support package, interior design course and alternative therapies for stress.

4.57 Many externally commissioned services were regarded by the Projects as having beneficially contributed to support programmes. However, the take up of such services and their cost-effectiveness varied considerably. Consideration was also given to the ability of families to continue to afford or to access these services following the termination of Project support.

4.58 Most of the former service users interviewed by the research team (see Section 1.4) spoke about being referred by Project staff to specialist support services. Few had previously been aware of the agencies concerned and most therefore acknowledged that accessing such help could not have been achieved without Project assistance.

#### *Partnership and review processes*

4.59 Interventions with families were premised on joint working between Project staff and colleagues in housing, social work, and the police force as well as in nurseries and schools. Co-ordination of such inputs was viewed as essential. In most cases, multi-agency collaboration on individual family cases appeared to the researchers to have been positive and robust. In some cases Project staff provided colleagues in other agencies with weekly updates on families' progress. Project workers and referral officers reported regular exchange of information and collective influence on decisions about appropriate interventions with each family. This was achieved through joint assessments, joint visits to families, Project case reviews, co-ordinated actions and project workers attending Children's Hearings.

4.60 There was a view amongst Project staff in at least two projects that more reciprocal communication and information exchange from partner statutory agencies would be beneficial. There were some concerns amongst social workers and antisocial behaviour officers in one project area about the inconsistency between project workers approaches and some evidence of a culture gap between project workers and agency officers around some issues (see Section 2.7).

4.61 Across all five Projects, the Support Plans and progress with each family were subject to regular (typically 6-8 week) multi-agency Project case review meetings. These meetings were central to the co-ordination of inputs to each family's support plan. Existing plans and future supportive interventions to be provided were, thereby, adapted as required. The reviews also provided feedback to families and confirmed the roles and accountability of partner organisations for agreed tasks. Some Projects have faced difficulties in securing the attendance of housing and social work officers at these review meetings. The progress of each individual family case is also regularly subject to internal project review by staff and Project Managers review cases as part of their staff monitoring and appraisal systems.



### *Intensity of support, dependency and sustainability*

4.62 The common model envisaged for family engagement with Projects was a programme of intensive support in the early stages of the programme with contact gradually tapering down towards case closure. In some cases, however, patterns of support have been different, often involving an initial period of sporadic engagement with the intensity of subsequent contact varying dependent upon families' changing circumstances. The typical intensity of outreach support varied between the projects. For example, the Aberdeen Project operated on the basis of an initial once weekly meeting and then less frequent meetings, while the Falkirk model assumed Project worker visits to families between two to four days a week in the early stages of a case. In South Lanarkshire it was reported that some families absorbed 25-30 hours per week of caseworker contact time in the initial phase of support. In all of the projects visits were complemented by the opportunity for families to make telephone contact with the Project at any time. Some families have made extensive use of this facility and the casenote records for families illustrate the regularity of contact and the large range of practical and emotional issues that Project workers have been involved in addressing.

4.63 The Projects were clearly conscious of the need to limit their interaction with families in order to avoid dependency and have retained a central aim of building the capacity of families to cope independently. It was recognised that the 'holistic' 24-hour nature of Project support (particularly in the core block context) could also make it harder for families to maintain independent progress thereafter.

4.64 As described in Chapter 6, the typical exit strategy involved a gradual reduction in the intensity of support. The framework for post-case closure contacts varied across the five Projects. In Dundee, families continued to enjoy access to an 'open door' and 'open phone' service enabling them to make contact at any time. A similar approach was envisaged in South Lanarkshire. The Falkirk project had attempted to address this issue by developing systems to enable a gradually reducing support service to be available to families even after case closure – for example weekly, then fortnightly, then monthly contacts. (Comparable information about Aberdeen and P4 Perth is not available.

4.65 Another key feature of Project support designed to promote sustainability of improved lifestyles and behaviour was helping families acquire self-development tools and coping mechanisms. Case closure conferences were another important part of 'exit processes'. Such meetings (ideally attended by all the professionals involved) were used as a forum for onward referrals, to try to ensure that families were linked in with appropriate mainstream and specialist services once the ongoing co-ordination of such inputs had ceased to be the responsibility of Project staff.

## 5. Working with the Projects: Service User Perspectives

### Chapter summary

Based on the 67 in-depth interviews undertaken with members of families supported by the Projects, it is clear that families tended to be socially isolated and, in the absence of local support networks, households were particularly vulnerable to stresses and pressures which in other circumstances they might have been able to weather.

Violence within the home was relatively common. While respondents rarely mentioned intimate partner violence – a finding probably related to the fact that most of the adults interviewed were lone parent women – intergenerational violence by teenage children towards their parent(s) was more frequently acknowledged.

Confirming inward referral monitoring data, service user interviews emphasised the wide range of health problems experienced by family members, many of which had not been adequately addressed prior to referral. Drug abuse problems were, in some cases, longstanding.

In some families ASB complaints were largely or entirely triggered by children's conduct. This could be exacerbated by non-attendance at school, leaving children unsupervised and liable to get into trouble. In some instances, a poor attendance record was partly due to bullying by peers or attributable to ADHD which could make it difficult for teachers to tolerate a child's classroom behaviour as well as impacting on their capacity for learning.

Asked to describe behaviour which could be considered 'antisocial', family interviewees tended to refer to their own conduct. While this suggests families had accepted their behaviour as being problematic, it may also reflect the extent to which the household had been labelled – and accepted the label – 'antisocial'. Such views were balanced by the frequent contention that complaints about family behaviour had been somewhat exaggerated and the resulting sense of unfair victimisation.

Project staff emphasized that families were not formally compelled to accept referral for Project support – nor could such an approach be practicable. In practice however, many families recognised that their choice on whether to engage with Project support was constrained, since refusal would place them at severe risk of homelessness an/or family break-up. Others, however, saw referral in more positive terms, seeing this as presenting an opportunity to 'turn their life around'.

Almost without exception, service user interviewees spoke positively about their experience of working with Project and strongly praised Project workers. Progress that had been achieved in tackling family problems was frequently seen as a direct result of Project support. Such views were testament to the hard work and dedication of Project workers. In comparison with other

professionals, Project staff tended to be seen as more trustworthy, more sympathetic and less judgemental.

## **5.1 Chapter scope and structure**

5.1 A key element of the research involved profiling families referred to the Projects. While the quantitative data collected from Project records and Support Plans was crucial to the evaluation, such sources were seen as having significant limitations. First, being completed by Project staff inward referral records could not evince first-hand experiences of the families involved. Second, while the inward referral monitoring data was valuable in terms of quantification and comparison (see, especially, Chapter 3), they did not facilitate an in-depth understanding of the impact of Project support on the families referred for help.

5.2 To supplement the statistical data and to give service users a voice within the research, semi-structured interviews were conducted with a selection of families referred to the five Projects. Over the course of the evaluation, two sets of semi-structured interviews<sup>11</sup> were undertaken; the first in summer 2007 and involving families referred to Projects earlier that year, and the second in summer 2008, involving (a) re-interviews of families previously involved, (b) interviews with families referred in the preceding 12 months, and (c) former service users living independently in the community. A copy of the topic guides which consisted mainly of open-ended questions and further details of the study methodology can be found in Annex 2.

5.3 Families participating in the interviews accounted for 51 (64%) of the 80 invited to participate. While this represents a relatively low rate of 'attrition' it is not possible to state categorically that the interviewee sample was perfectly representative of the overall population of families supported by the Projects. In the absence of any evidence to the contrary, however, we think it is safe to assume that the former is broadly typical of the latter.

5.4 Over the course of the evaluation 78 in-depth interviews were undertaken with members of 51 families referred to the five Projects (see Tables 1.1 and 1.3) – a small proportion of these being follow-up interviews with the same people. Interviewee testimony provided valuable first-hand evidence of IFSP service user experiences and perceptions. Reflecting the wider demography of service users the majority of people interviewed were lone parent mothers (see Table 1.21) although some interviews were carried out with male adults, and in five cases interviews involved young people aged 12-15.

5.5 As the preceding chapters of the report demonstrate, IFSPs have targeted interventions at some of the most disadvantaged families in the

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<sup>11</sup> In citing direct quotations from service user interviews we have anonymised these by changing family member names where mentioned and by omitting any attribution to particular Projects. Similarly, where these comments have referred to named Project staff, these identities have also been protected by the use of proxy names.

country with anti-social behaviour only one symptom of a wide range of support needs arising as a result of entrenched problems and difficult personal histories. This chapter recounts key findings on service users views and perspectives on IFSP interventions; a more detailed and comprehensive analysis of service users experiences is provided in Annex 1.

5.6 The remainder of the chapter is structured as follows. First, in Section 5.2, we examine families' housing circumstances and histories. Next we look at families' social networks and at service user perspectives on the ways that Project staff attempted to counter their typically socially isolated situation. Family problems are further explored in Section 5.4 which discusses health, family cohesion and intra-household violence. We then recount family views about the behaviour which led to their original referral for Project support. The final two sections focus on relationships between families and Project staff, and on families' aspirations for the future.

5.7 Additional material from interviews with current service users is included in Annex 1. Here, we look at family perspectives on the referral process, on the role of Support Plans, on working with the Projects, and on support outcomes.

## **5.2 Housing histories**

5.8 Most families referred to the IFSPs had troubled housing histories commonly involving frequent moves within the local authority sector, although stays in temporary accommodation were also mentioned. The reasons for moving were often complex. Some mothers had moved their families away from violent partners, while others had abandoned tenancies to escape ASB complaints. Previous evictions were also acknowledged, either because of rent arrears or ASB. One family with four sons had moved five times over a period of ten years as a result of neighbour complaints.

5.9 A history of successive moves tended to be associated with generally low levels of satisfaction with properties allocated by social landlords. This was variously related to the internal condition of the home, the size of the property or relationships with neighbours. Interviewees reported problems getting repairs completed as a result of their involvement in ASB:

*“they would nae put it on because I got an ASBO, they refused to put it [kitchen] in. They’re talking about putting it in in April but they are trying to put a temporary kitchen till then. They are saying no, they are not spending a grand on it, to fix it. So they are leaving us with no kitchen”.*

5.10 Undertaking repeat interviews with families 12 months after they had been referred to the project revealed that changes in living arrangements were not uncommon, with a number having moved homes in the intervening period. In some cases this was the result of moving into Project Core accommodation (Aberdeen and Dundee), while for others Project staff had been instrumental in arranging a managed move in order to enable the family to have a new start.

### 5.3 Social connectedness

5.11 Circumstances leading to referrals are further discussed in Section 5.5. At this stage, however, it is relevant to stress that – as a rule – no single incident led to the complaints about ASB. Instead, family accounts of events running up to a referral depicted unpredictability, complexity and chaos. All families experience ups and downs. One of the factors that distinguished families referred to the projects was the absence of support networks to help them cope with difficulties.

5.12 While a few interviewees described strong friendships and access to informal support networks within their local community, many lacked access to trustworthy friends or extended family members. Even where family members lived in the local area relationships were frequently conflictual, or non-existent.

5.13 Project workers recognised that for many families the absence of local support networks had resulted in isolation. In the absence of such support, everyday problems rapidly escalated to crisis proportions. Support strategies aimed at helping to address social isolation (see Section 4.2) were reported as working very successfully for some families with a number of people reporting that they had extended their social network or had built better relationships with wider family members.

5.14 Conversely, for a number of respondents working with the Project enabled them to break away from damaging relationships; however, this could result in a sense of loss, potentially exacerbating feelings of isolation as one mother explained:

*‘I have to say I try to keep apart. At one point I was staying down the road from, well I was staying up in [town] and my sister stayed in [town] So it was like, just a clan. So now I am up at the centre at [town] and I don’t see anybody’.*

5.15 For families who had moved house or who had stopped seeing old friends in an effort to deal with drug and alcohol dependency, establishing new friendship networks often remained difficult:

*‘I. Have you made friends here during the project?’*

*R: I wouldn’t really say friends. But, yeah, I just talk to some people, you know what I mean but I wouldn’t really go out anywhere with them or like, clubbing or things like that. I wouldn’t do that with them. I’m very particular on friends because I’ve been backstabbed quite a lot of times so...’*

5.16 One young tenant who recognised that in the past neighbour complaints had been prompted by the behaviour of visitors to her flat had become so apprehensive of further complaints that she hid in her flat with the lights off:

*“In the end I ended up in the house, with no lights on or nothing, so that they [friends wanting to party] wouldn’t come into the house”.*

5.17 Helping families establish civil and non-confrontational relations with neighbours may contribute to the creation of more stable communities. Although difficult to measure, in this regard there was some evidence that Projects had contributed indirectly by giving families the tools and strategies to deal with the day-to-day interactions that they and their children needed to have with their neighbours. Several families commented that they were now 'getting on well with the neighbours', and in some cases this was a new experience after years of having confrontational encounters in the locality (see, also, comments of former service users in Section 6.3). One mother recounted how strategies learnt from Project staff had enabled her to deal, in a measured way, with being a victim of anti-social behaviour.

#### **5.4 Ill health, family breakdown and family violence**

5.18 As illustrated in Chapter 3, families referred to the Projects were usually battling against multiple social, economic and health problems. The high incidence of ill-health was reflected in the interviews. For example, depression impacted on parents' ability to handle stressful situations as illustrated in the following excerpt from an interview with a lone parent woman who described her emotional fragility when trying to control her children's behaviour:

*"But at times, I crumble inside. At the moment I'm really not right, I'm extremely emotional and cry at anything. I really am. Cos just the thought of not being in constant control"*

5.19 For other households depression was directly related to the antisocial behaviour prompting the referral. In one household, ASB complaints were prompted almost exclusively by loud music and young people congregating in the close. The interviewee's depression often resulted in excessive drinking which, in turn, resulted in further neighbour complaints:

*"Like before, when I was going through depression, I'd always get drunk. I always had to be going out all the time"*

5.20 Linked to the high incidence of depression, the misuse of drugs was also prevalent among service users as recorded through support plans and case file reviews. This most commonly involved heroin abuse (either injected or smoked) although a number of adults said they were now stabilised on a methadone programme. Often family members had a long history of drug use within their extended family and peer groups and users described the difficulty they had in trying to 'get clean':

*"Ken, I just get dead, dead depressed. And when somebody says are you coming for a hit, I'll just say, aye nae bother. I'll do anything to that ... it was ken, £150 I was getting ... I was spending every single piece of that on heroin".*

5.21 Drug use was often associated with complaints about the volume and type of visitors coming to a property and disturbances associated with that. The example provided in the box below illustrates the way in which projects can help change entrenched drug related behaviour.

5.22 Alcohol misuse was also prevalent across the sample of interviewees. In these cases, alcohol was often described as ‘fuelling’ specific types of ASB such as loud parties, shouting and swearing and intimidating behaviour. At least eight interviewees mentioned alcohol misuse as a factor in the referral:

*“the complaints were about the loud noise initially, but increased to include things like the number of visitors, broken windows. Things would quiet down a bit but flair up again. It [frequency of complaints] was related to the alcohol and the partying”.*

### **Example 1**

A family of mother, step-father, and four children were referred to an IFSP as a result of allegations that the parents were dealing in illegal drugs. Neighbours complained of the numerous visitors to the family home who were causing annoyance and alarm to residents in the area. All four children were on the child protection register as a result of concerns about drug related paraphernalia, graffiti and the poor diet of the children. Two of the children were living in local authority accommodation at the time of the referral. It took a number of weeks for the project workers to gain the mother’s trust and confidence. Support was given regarding anger management, tenancy management, parenting skills and joint work with the local family centre.

Over 18 months the mother made significant changes to her lifestyle and behaviour and successfully completed the parenting programme. The police were satisfied that drug dealing at the property had ceased, neighbour complaints also ceased and all four children were returned to the family home. The children were now ‘doing really well at school’ and the mother reported ‘getting on brilliantly with the neighbours now’. The mother’s partner had embarked on a Methadone programme and the mother was making strenuous efforts to get employment as she does not want to be dependent on benefits. The mother has demonstrated that she has turned her life around and is grateful to the project for their valuable contribution to her new life. In her own words: *‘It was great for me – especially the anger management. I always used to scream and shout at case conferences. They told me to keep calm. It worked’.*

### *Children’s health and vulnerability*

5.23 In some families, ASB complaints had been largely or entirely triggered by children’s conduct. This could be exacerbated by non-attendance at school, leaving children unsupervised and liable to get into trouble. For a number of children, reluctance to attend school was related to bullying by peers. For some, bullying impacted on self esteem and confidence rather than affecting only school attendance. For others, the reasons school absence

were more complex and related to health or support needs such as ADHD, dyslexia and other learning disabilities:

*'We were at our wits end, we don't know how to control Tracey. We didn't know what was wrong, this was before ADHD and learning difficulties were ever diagnosed. And you're at a stage where, you kind of, you don't care less whether somebody comes to the door and makes a complaint and charges you. You just like, do what you want. And we are kind of losing the battle...'*

5.24 Some parents were dismayed by the failure of the authorities to recognise their children's behaviour as arising from a medical condition, and hence to attribute the problems to poor parenting. Concerns were expressed about the impact of labeling young people as 'bad' or 'problem children' alongside a perceived official failure to commit dedicated resources to help address the root causes. As in the examples below, parents started to worry about their own parenting skills and abilities:

*"And the neighbours were just constantly classing him as a bad behaved child. I got it into my head that he was just a bad behaved child and what have you. And then I started thinking Oh no, its no him, I'm the failure ..."*

5.25 Conversely other parents were concerned at the rapidity with which medical 'labels' were placed on children. One believed that such labeling had stigmatised her son and made it difficult for him to re-engage with education. At the point of interview he had been out of education for several years:

*"... he has been out of an education establishment for so long ... the [the school] psycho analysed him and said it was me to blame [for his behaviour]. They referred him to psychologists because they thought he had ADHD and physically put him out of school. But we've got to the stage now where it's actually, because I mean it was causing so much anxiety. And it's not healthy is it? I mean a 16 year old, he needs to get involved with things like a college ..."*

5.26 Others were concerned about social labeling of young people as 'bad' or 'problem children' alongside a perceived official failure to commit dedicated resources to help address the root causes. As in the examples below, parents started to worry about their own parenting skills and abilities:

*"And the neighbours were just constantly classing him as a bad behaved child. I got it into my head that he was just a bad behaved child and what have you. And then I started thinking Oh no, its no him, I'm the failure ..."*

#### *Family breakdown*

5.27 Due to the often chaotic and embedded nature of the problems faced by families changes in family composition in the course of Project support were not uncommon. In some cases such changes resulted from the breakdown of family relations, either through intra-family violence leading to



parental separation, through the imposition of custodial sentences or, in a number of cases, through bereavement. In one family the children's behaviour deteriorated following the exclusion of one parent from the family home. The remaining parent who suffered from depression was unable to cope - "*there was no control, it was total bedlam*" – and the complaints from neighbours quickly mounted, including reports of intimidation and serious assaults. In another case, the death of a parent had impacted on the behaviour of children in the household. While the remaining parent struggled to cope alone with ill health, complaints about the children – both in the local community and at school – escalated.

5.28 Inevitably, the problems experienced by adults in the family significantly affected the lives of younger household members. At the point of referral many families in the interview sample included children classed as at a high risk of needing to be looked after and accommodated. Some were already under voluntary or compulsory supervision orders. In most cases the primary concern was about the general welfare of the child; for example, where the housing conditions had deteriorated, where there was known parental substance misuse or where the parent was struggling to cope and not providing adequate supervision.

5.29 As acknowledged in Section 4.3, the additional scrutiny resulting from Project support could lead to the identification of child protection concerns leading to young people needing to be looked after and accommodated. Equally, it should be recognised that the provision of support to families in their own homes often impacted positively to prevent the need for the local authority to accommodate children. While recognising that in most families the situation was fluid there were a number of examples where project interventions had helped avert children needing to be looked after and accommodated where they might otherwise have been, or enabled children to be returned home when parents were able to evidence progress in parenting, with the support of the project. In other cases, even when children continued to be accommodated, parents had increased contact with their children, a scenario that would have been difficult to envisage without the input of the project.

### *Family violence*

5.30 As indicated in Section 3.4, violence within the home was relatively common. Intimate partner violence was rarely mentioned by respondents – a finding probably related to the fact that most of the adults interviewed were lone parent women. However, at least two women stated that domestic violence by a *previous partner* was the primary reason for their Project referral. One mother had moved to escape a long-term violent relationship and had been referred to the Project by Women's Aid. For those affected, family violence clearly had a lasting effect. One single mother commented on the effects on her self confidence:

*"He was really violent, I was getting battered all the time. And dead possessive, I was nae allowed to go and see my mum. If I went to see my mum, I could nae see my mum with my face and everything, and my mum*

*and I, we're like, like we are really, really close. Ken, I used to be a really confident person and that".*

5.31 More prevalent than intimate partner violence was violent behaviour by teenage children towards their parent(s) or guardians. A number of mothers described how their sons had 'learnt' to be violent having been exposed to such behaviour with one mother stating for example that: *'Angus was doing what his Dad used to do'*. In similar circumstances one mother described in emotionally charged detail the impact of her oldest son's behaviour who had been brought up in a violent household:

*"Well Willie's just, like the same [as her violent partner], I'd had bad relationships, violence, and its like, I'm getting it from a young boy. And its, its hard but sometimes it actually makes me sick ... See when he starts arguing, oh, its like my legs are like jelly [for fear of violence] ... And I should nae, the way I look at it, I should nae be sitting in my own house, scared of my 14 year old boy. I says, I'm sorry it's a bad day when your son, your own family, steal off you. You know what I mean? And he was sitting, just finished taking the soup up, I had heat it in the microwave and we both sat down. And I says it's a bad day when your own family steal off you. He went oh F\*\*\* you and he flung it in my face" [Note: names have been changed].*

5.32 For many of these mothers it was very hard for them to know how to deal with the situation and to protect other members of the family:

*'I just couldn't control it and he was putting it on me. To myself I can look after it, if I know what danger to myself but the two wee ones, with him turning on me in front of the two bits of wee ones and the wee ones seeing that kind of, I was a wee bit, I couldn't cope. It just came to it, I just couldn't cope with it.'*

*' ..... It's hard for me to sit and turn around and say, at some points if my older boys have got alcohol drink in their system, at some points kind of way, they scare me'*

*Interviewer: "So his behaviour was getting violent?"*

*Respondent: "Violent. Well he's assaulted me a couple of times. Yeah. When I've had the baby in my arms".*

*Interviewer: "Right. And I take it, if he's 14 now, he's big or he's getting big?"*

*Respondent: "He's massive. Skinny and massive".*

5.33 In a further case a mother described how her relationship with her son had been so deeply damaged that she now wanted him placed in care:

*"Because we were edging and I mean, totally edging that I was wanting to put David into care. Like pushing totally the boundaries, you know, and he was pushing it far too far, he was being domestic violence, he was actually*

*being violent towards me... this was a situation that was bringing back too much memories for me that I wasn't liking it. I was thinking he was too like his dad ... Do you understand what I mean?"*

5.34 IFSP interventions designed to tackle this type of violent inter-generational behaviour tended to focus on helping parents to establish routines and boundaries.

*"I've been referred to quite a lot of people for Andrew's behaviour because he was physically violent towards me. And he's now on an anger management course ..."*

5.35 However putting in place parenting boundaries was far easier with younger children. Controlling the behaviour of older children – especially males – was often difficult for single mothers. As one mother stated: *"I've just gave up on him now. I tell him to do something and he just tells you to effing do it back. Do it yourself"*.

## **5.5 Behaviour leading to referrals**

5.36 Most interviewees accepted that the behaviour triggering their referral to the project was problematic and 'antisocial'. There was evidence of family members' awareness of the impact of their behaviour developing as a result of caseworker action. The change in family members' attitudes is illustrated in the following comments:

*"Now that I'm off the drugs and that I see it from somebody else's point of view, it does look terrible. I didn't then, well I do see it now"*.

*"I would come home and there would be about 40 people outside my door. Ken, people hanging about the street. I did nae think it was really that bad, then, I did nae think it. Now I can see it was bad"*

5.37 When asked to describe their understandings of what behaviour could be considered 'antisocial', interviewees freely acknowledged that their own behaviour had been on occasions distressing and disturbing for neighbours. While this could suggest an acceptance of their conduct as problematic, it may also reflect the extent to which the household had been labelled – and accepted the label – 'antisocial'.

5.38 Further analysis of the interview data revealed that families' perceptions of ASB were not one-dimensional. Interviewees were aware that the types of behaviour considered as 'antisocial' vary according to tolerance levels and the local context. Indeed, one family noted that in their previous home where they had lived for seven years they had received no complaints, but as soon as they moved into a new property complaints started almost immediately. Thus, while most families accepted that their behaviour had been antisocial, many also asserted that they had been subject to complaints which were either unfounded or exaggerated and to this extent they too had been victimised. This was especially the case in relation to the behaviour of young people within the wider community. While parents often accepted that

their children had been involved in some misconduct affecting others, they felt that this resulted in their children being labelled as 'trouble makers' and subsequently unfairly held responsible for all the problems in the area:

*"Because if their names are black the noo, and it came to a point that if anything happened up in the village, the police would chap my door and say it was my ones that done it. Cos they get the rap for it, do you know what I mean?"*

5.39 One parent who had been the subject of a number of 'excessive noise' complaints reported that she too had been victimised, with neighbours unfairly blaming other problems in the stair on her family (for example, dumping rubbish and vandalism). These allegations had an enormous affect on the mother making her scared about putting rubbish out and restricting the movement of her children:

*"Oh I would put my hands up to it [responsibility for ASB]. Things, you know, if I think that we're causing them, definitely. But I was always getting the blame for other things. It didn't matter what it was, I was getting the blame ... I was just the single parent target kind of thing. And it's bound to be her and her kids. I was feared to put anything down, you know, at the garbage or anything because of complaints and that..."*

5.40 Such experiences led some families to believe that, it was impossible for them to stay in the same area. Despite making attempts to change their behaviour and 'fit in' they felt they could not get away from the negative and demonizing 'antisocial' label and that they would forever be seen as a 'bad' family.

#### *Choosing to work with the Project*

5.41 Formally, all the IFSPs clearly state that a family has free choice on whether to accept being referred for Project support; Project workers emphasise that they can only work with families who accept responsibility for their behaviour and wish to change. In practice however, for many families the choice on whether to work with an IFSP was directly influenced by the perceived risk of eviction from the home and/or social work intervention in relation to children.

5.42 All the families in the interview sample were either at risk of becoming homeless as a result of ASB or were already homeless at the point of referral. Ten of the 25 families in the initial interview sample had already lost their tenancy at the point of referral and were living in unstable housing, including hostels, bed & breakfast hotels or with friends or family. One family had simply walked away from their tenancy as their children's behaviour had become uncontrollable:

*Interviewer: So what happened to that house? Did you get evicted from there?*

*Respondent: I just walked away because the way he [son] was carrying on with the neighbours. I could not cope with it any more"*

5.43 A further constraining factor experienced by families was the impact of other forms of enforcement action. Three households included individuals subject to an ASBO prior to referral to an IFSP. In none of these instances, however, had the Order led to improved behaviour. One interviewee commented that she had thrown the ASBO into the back of the cupboard, and another stated that they had simply not read it: *"I did nae read it, I just gave it to my social worker"*. It was normally the consequences of ignoring the ASBO conditions – for example, the threat of supervision or the allocation of a social worker or the risk of losing their home – that prompted the households to reflect on their behaviour:

*"I mean, I got a scare when she said I would end up losing my house, and if I lose my house, I lose my kids. And then I had the anti social behaviour order and it was scary then".*

5.44 One interviewee was critical about the lack of support associated with ASBOs stating: *"Ken what I mean, just handed an ASBO and they just like leave you"*. Another parent reflected on the ineffectiveness of enforcement measures to address the behaviour of his step-daughter (subsequently diagnosed with ADHD). He had no confidence that such measures would help:

*'I don't know how far it would have went... I mean, the term of eviction was banded around. ASBO's was banded around, although that never actually took place ... Because enforcement wasn't working, it would have just been one enforcement measure on top of another. The ASBO would have come into play. The ASBO would have been breached. Our family would have been, who knows, it might have been broken up. I haven't got a clue. I hate to think what would have happened [without the project]'*.

5.45 For this group of families, then, it would appear that issuing an ASBO generally had little restraining effect; the desire to work with the Project and change behaviour was instead influenced by two main factors: (a) the threat of losing their home, and (b) the threat of children being looked after and accommodated. Thus, although IFSPs state that each family is required to make a positive choice on whether to work with the Project, the extent to which this choice is a 'free' choice is open to question.

5.46 For another group of families, however, referral to a Project was seen in more positive terms, with interviewees framing the decision as to work with the project in terms of a desire to change and improve the quality of their lives. A small minority of families had self-referred to the project and for these families the desire for change was a clear motivating factor. For other families too the referral to the project represented a 'new start' and an opportunity to deal with long-standing problems.

*"No. It was for me and I wanted to take a chance because I've never had the chance to get the support and what help that you's can do that you's*

*are doing as well for us, kind of thing. And I'm not like, I was on the last straw kind of thing, and right well, I'll go for it".*

*"I wasn't forced to come. It was something that needed to be done. It was a new start".*

5.47 Regardless of the extent to which families felt their views had been taken into account in the referral process a common reaction when first meeting the family project worker was one of nervousness and anxiety:

*'My first meeting I was quite shaky and I was scared because I didn't know what they were going to say to me and I was in a room full of people, you know? So it was quite frightening on its own. But, John was the actual one that held my meeting and said that they wouldn't have a problem with helping me do what is needed to stay in a tenancy and things like that. So hearing that from somebody else that says we don't have a problem, we think we could help you. Which is a good thing on its own. You know, because before nobody offered any help like that before or it could have been nipped in the bud a lot of years ago'.*

## **5.6 Relationships between service user families and the Projects**

5.48 Without exception, members of families who had worked with IFSPs were positive in their views about at least some aspects of the Project interventions. All could identify some benefits and progress that had occurred in their family circumstances as a direct result of their involvement with the Project. Project staff were frequently referred to in glowing terms (see Section 6.4 – 'service user testimony'). It was not just parents who felt Project help had enabled them make changes; children also held positive views on the Project impacts.

5.49 A finding consistently reported by service users across all five projects was the very strong relationship often established between Project workers and families. Commonly, families singled out the personal attributes and attitudes of Project staff as important factors in helping them achieve their goals. Project workers were praised for being non-judgemental and for spending a lot of time simply getting to know and understand family members' problems and circumstances; something that had not previously happened with any other agencies. Many of the activities undertaken by Project workers involved support to enable family members to undertake 'normal' activities together such as going to the cinema, ten pin bowling etc as a family. Here the emphasis was on supporting individuals to take part in everyday activities as a family.

5.50 Interviewees repeatedly spoke about the high levels of trust established with Project workers. Indeed, this was even the case for families who had worked with a Project only for a matter of weeks. Service users frequently referred to Project workers as being like family. One interviewee's remark that *"She's been like a mammy to me"* was not uncommon. Such comments speak volumes about the hard work and dedication offered by Project staff. Indeed, researcher observation at Project offices frequently revealed Project workers

going to great lengths to help families. Indeed, many service users stated that they felt that their Project worker was “*on their side*” and did not judge them:

*“I feel she’s on my side, yeah. Whereas the other ones [assumed to be a reference to social workers] that don’t. Yeah, I feel that she’s out to help me”.*

*“Carol is really helpful and understanding. They don’t judge you. See they try to get you the skills that help you. I’d say they were good. Like they don’t talk down to you”.*

5.51 While Project workers were clearly skilled in developing a rapport with families, there is no evidence to suggest this influenced their judgement when faced with sensitive decisions. For example, Project workers were often called to provide evidence to Children’s Panels or social work meetings. Case file reviews suggested that workers would always act in the best interests of the child and make difficult decisions if required. Indeed, interviewees commented that although Project workers were like a friend, they would always be honest and critical when appropriate:

*“It’s just like one of your pals ... She was dead laidback and you kent with Louise, she’ll tell you what she thinks, ken. If she thought you were up to no good, she would no be happy with that”.*

5.52 For most service users being able to contact their Project worker as and when the need arose was critical to building a relationship of trust. Another important factor was the confidentiality of shared conversations and the knowledge that information would not be inappropriately shared with other agencies. Families were also reassured by the ‘open file’ approach of Project workers, which meant that they were very clear about what was happening with their case, who would be privy to information and what the next steps would be. The way that the Project linked in with other services was also important to service users as it meant that families could work with just one or two Project workers who would advocate and liaise with other services on their behalf. This contrasted with having to deal with a number of different agencies potentially providing conflicting information and each dealing only with one small aspect of a family’s problems.

5.53 Many interviewees made comparisons between the Project workers and other agencies, primarily social workers and housing officers. The attitude of Project workers was thought to be different in that they were less judgemental, more honest and more trustworthy. As a result service users felt that there were able to be more open with staff:

*“And I was never open with social workers or anything. I would only tell them what I wanted to tell them. Whereas Gemma [Project worker], she came through the door and it was like, right out. This is how I feel. I could really sit and speak to her, to Irene [Project worker], yeah”.*

5.54 Service users also commented that Project staff were different because of the amount of time and the intensity of their support. Often families were being contacted on a daily basis, with every member of the family receiving individual support. Indeed, interviewees commented that they were able to 'pick up the phone anytime' to speak with their Project worker. Reflecting the special basis on which the Projects were set up, this level of contact could not compare to other services and was consequently valued:

*"They are doing a lot more work with me, more than the other ones ... Like its more intense, its more like, come on, we're away to try and get you sorted out".*

5.55 While valuing aspects of Project working practices this did not mean that families were entirely uncritical. Concerns were, for example, voiced about the impact of staff turnover. Building relationships of trust with Project workers was very important to service users and where family members had spent a lot of time with an individual Project worker they could be daunted by the prospect of working with a new member of staff:

*'Because of the change from [Project worker A] to [Project worker B] I felt really hurt. I just thought, right we have got to deal with another staff and then having to deal with somebody else moving on'*

5.56 Here, again, was a respect in which Project effectiveness was compromised by staff retention difficulties.

5.57 Respondents also criticised certain rules imposed on core block residents. In particular, one core block interviewee singled out as detrimental the rules regarding visitors to the block, the time allocated for being away from the core block and the ban on family pets.

5.58 The constraints of living in core block accommodation were not always described in negative terms, however, with some service users welcoming the structure and discipline that such accommodation afforded. For example, a lone parent mother with two children described how she found the 24 hour support valuable in dealing with her son's violent behaviour:

*'At the beginning I was needing them to come up and help me make sure he stops banging and things like that. I'm trying to do it myself now and it's a wee bit easier now. Before I couldn't do it, I needed the workers to help me quite a lot.....There was a bit of problems there, on it's own cos he thought he was boss and I wasn't. Now, we do talk as a family, we do sit and we could watch the telly together without animosity and that. So that's a progress from what it was in September, it was a nightmare'.*

5.59 The benefits of project core residential accommodation were also singled out by one young person in terms of the value of the quietness of the accommodation and the fact that it provided him with an opportunity to get together with his family.



*'It's got more better cos before we used to argue a lot, but since we moved in here we now know how to get along a lot better, it is our family and that. And there was all this arguing with the family and that. So we are better off here'*

5.60 Few families could identify any changes or improvements that they would wish Projects to make and stated that they would recommend the Project referral to families in similar situations. Clearly for many service users Project intervention was seen as life changing:

*'Basically I've changed my life. A lifetime of habit which was quite hard for me to do, do know what I mean? .. The support that Ann's been giving, honestly if it hadn't been for them, I don't know, I think I had probably just ended my whole life, the way things were, because I get into a rut that way. .... I've changed my life. It just turned my whole life right round again'*

*'It's improved dramatically.....Well I think personally, being referred here has been the best thing for us as a family. We can communicate with each other better'.*

5.61 While not detracting from the very positive views most service users held about the Project interventions (as cited above) it should be noted that this research has not been able to ascertain the views of families who failed to engage with Project support – these families are likely to have presented a very different account of the appropriateness and efficacy of Project intervention.

## **5.7 Aspirations for the future**

5.62 Service users tended to have quite modest aspirations for the future. Most simply wanted to improve their family's quality of life:

*"I would like to be sitting, next year at this time, not having to constantly worry. I would like to see him hanging about with guys his own age. And stuff like that".*

*"Living in my own place, being more of a family, being close together".*

*"To get my son back"*

5.63 Very revealing was the frequency with which parents referred to their desire to be a 'normal' family – the implication being that they viewed themselves as 'outside' normal society:

*"Well a nice house, a bit more room. A little bit spare cash to take the odd holiday or whatever. Get these social workers and that away. And everything back to normal".*

*"Doing things together and things like that. Be a normal family, basically".*

5.64 A unique and key contribution made by IFSPs has been their ability to work in an integrated way with partners to achieve better outcomes for families and children. Projects capacity to work with families in an intensive way, over a sustained period was seen by family members as being significant in explaining the success of the interventions.

5.65 Some current service users expressed concerns and fears about the sustainability of progress and the more positive family circumstances after case closure – see further the case example above. The problems with most of the families were multi-generational and deeply embedded. Despite the excellent work of the Project staff and the positive outcomes frequently resulting, it should be recognised that the Projects are not a 'magic bullet' and that there will always be a limit to what may be achieved over a time limited period with limited resources.

## 6. Project Support Outcomes

### Chapter summary

Evidence mainly from Aberdeen and Dundee suggests that families accepted for Project assistance were typically in receipt of such help for about 9-11 months. It is not possible to derive comparable figures for the three more recently established Projects. Across all five Projects 70% of families whose cases were closed during the evaluation period successfully completed their agreed support programme. Even among those who had withdrawn or otherwise had their support programme terminated early, most had at least partially engaged with Project help.

Project staff assessed 81% of families as being at reduced risk of homelessness/eviction by the time their cases were closed. Complaints of antisocial behaviour had, at this point, been reduced in 94% of cases (Project records here closely matched those of the agencies from which referrals had originated, although the causes of reductions could be complex). In seeking to prevent family breakup Projects faced a more challenging goal. Nevertheless, in exactly half of all cases the assessed risk of family breakup had been reduced by the point of case closure, with this figure rising to almost two thirds (63%) among those who had completed support programmes.

Across each of a range of health and wellbeing indicators, the overall balance of change during Project support was assessed as positive. For example, in 62% of cases where depression was an issue at the time of the original referral, the situation was improved at the point of case closure; in only 14% of cases had the situation deteriorated in this respect. Likewise, alcohol abuse had improved in 43% of cases while deteriorating in only 10%. Children's educational progress and prospects were recorded to have improved in 66% of cases and worsened in only five%. The aspect of family problems apparently least susceptible to Project assistance was mental ill health. As one Project Manager saw it, there was a need for a stronger recognition on the part of mental health services that chaotic families have difficulty in keeping appointments.

All the Projects were acutely aware of the need to engender lasting improvements in self-esteem, lifestyles and relationships rather than focusing narrowly on the immediate suppression of antisocial behaviour. Crucially, staff member interviews in all the Projects demonstrated a concern to avoid fostering dependency among service users and to plan exit strategies for deployment at case closure. A critical factor placing the sustainment of improved lifestyles and behaviour at risk was a reversion to drug abuse. However, although evidence is limited, it would appear that only a small minority of former service users fail to sustain progress at least during the first few months following case closure. By and large, former service users interviewed by the researchers reported maintaining the gains achieved in the course of Project support and complimented Project staff on helping them 'turn their lives around'.

## 6.1 Chapter scope and sources

6.1 In analysing the impact of project support, this chapter draws on three main sources:

- Statistical monitoring data relating to all 67 cases closed by the five projects between 1 December 2006 and 30 June 2008
- Interviews with 15 former service users whose cases were closed between 1 December 2006 and 31 March 2008
- In-depth interviews with Project staff undertaken in summer 2008 and family case summaries partly informed by caseworker testimony.

Fuller details of each of these methods are set out in Section 1.4.

6.2 The prime data source for the chapter is the case closure monitoring data. Project staff were required to complete case returns for each family having their case closed during the evaluation. Such returns were filed regardless of the reason for case closure – i.e. whether the family's support programme had been completed or whether support had been terminated due to the family's withdrawal.

6.3 However, while this system was successful in collecting quantitative evidence about support outcomes, some methodological issues need to be borne in mind in analysing and interpreting the data. Of particular importance is the nature of the cohort covered by the analysis. The vast majority of the cases in the dataset (50 of 67) relate to the Aberdeen and Dundee projects. This is because of the typically substantial duration of project support. Hence, although 53 families were accepted for support by the Falkirk, Perth & Kinross and South Lanarkshire Projects during the period 1 December 2006-30 June 2008, only in 17 of these instances had cases been closed by the end of the period. Because of their longer-established status, Aberdeen and Dundee are substantially over-represented in the dataset (see Table 6.1).

6.4 Moreover, for the recently-established BtC Projects it is possible that cases closed by 30 June 2008 were atypical in terms of their duration (i.e. cases resolved in a shorter time period than the long run 'steady state' norm). Bearing these points in mind, we have, in Table 6.2, differentiated statistics relating to the 'mature Projects' (Aberdeen and Dundee) from those for the other Projects. It is also interesting to note that families completing support programmes which had involved core block placements were likely to be cases of long duration. The median support duration of such cases was 897 days (as compared with 280 days for all those completing support programmes with AFP and 470 days for DFP).

6.5 The chapter begins by differentiating the reasons for case closure. We then look, in turn, at the impacts of project support on housing circumstances, on the incidence of anti-social behaviour, on the risk of family breakup, and on a broader range of health and welfare issues. Finally, we discuss the extent to

which improvements in family lifestyles and behaviour achieved with Project assistance are likely to be sustainable in the longer term.

## 6.2 Reasons for case closure

6.6 As shown in Table 6.1, some 70% of cases closed over the period resulted from the completion of the family's support programme. Twenty of the 67 case closures (30%) resulted from the family's withdrawal (or the premature termination of support). The mature projects, Aberdeen and Dundee, recorded figures similar to the overall norm.

6.7 In most of the 20 'family withdrawal' cases, Project staff perceived that family members had 'failed to engage' with support – in some instances attributed to ongoing drug abuse. One family had their support terminated when all the children were taken into local authority care. Some were thought to have withdrawn in the belief that they were not in need of Project assistance.

**Table 6.1 – Cases closed, 1 December 2006-30 June 2008: Circumstances of case closure**

	Support programme completed	Withdrew/ programme terminated	Total
Aberdeen Families Project	15	6	21
Dundee Families Project	20	9	29
Falkirk	4	3	7
P4 Perth	7	1	8
South Lanarkshire	1	1	2
All - number	47	20	67
All - %	70	30	100

Source: Case closure monitoring returns

6.8 Of the 67 cases closed over the evaluation period, eight involved families who had received support in the core block context. The others had been helped in outreach or (in a few cases) dispersed tenancy settings. Among the eight former core block residents two had withdrawn/disengaged from the Projects while six had completed their support programmes.

**Table 6.2 – Cases closed, 1 December 2006-30 June 2008: Duration of Project support (days)**

Project	Cohort	Mean*	Median**	Maximum	Minimum
Aberdeen	Support programme completed	350	280	745	115
Aberdeen	Withdrawn	232	216	405	111
Aberdeen	All	316	273	745	111
Dundee	Support programme completed	615	470	2,520	149
Dundee	Withdrawn	306	215	989	37
Dundee	All	519	330	2,520	37
All projects	Support programme completed	439	305	2,520	37
All projects	Withdrawn	259	208	989	37
All projects	All	385	280	2,520	37

Source: Case closure monitoring returns. \*Statistical average \*\*Middle value in the distribution

6.9 Many of those whose cases were closed due to ‘withdrawal’ were at least nominally in receipt of support over considerable periods. As shown in Table 6.2, the overall median duration of Project support for cases being closed after the completion of support programmes during the evaluation period was 305 days. However, bearing in mind the qualifications discussed in Section 6.1, it is probably more meaningful to refer to the figures for Aberdeen and, especially, Dundee – i.e. 273 and 330 days, respectively (about 9-11 months). And, focusing solely on those involving the completion of support programmes, the Dundee figure was 470 days (or 15 months) The fairly substantial difference between Aberdeen and Dundee could reflect the fact that, in spite of having been in operation since 2005, the Aberdeen Project is relatively recently established and it is possible that not all of the original cohort of families had completed their support programmes by 2008.

6.10 Monitoring returns also indicate that in some cases of ‘premature’ closure considerable support had been provided and three quarters of such families had at least partially complied with their Support Plan. In only five of the 67 cases in the dataset were adult family members considered to have entirely failed to engage. In analysing Project support outcomes, therefore, it seems appropriate to include all closed cases (rather than focusing solely on families recorded as having completed their support programme).

### **6.3 Impacts of Project support as judged at the point of case closure**

6.11 As shown in Table 6.3 Project staff judged that in over 80% of cases, families’ risk of eviction was lower at the point where the case was closed than had been the case when the referral had been made. Interestingly, this was perceived to be the case in the majority of cases where cases were prematurely terminated, as well as in those where support programmes were completed.

**Table 6.3 - Cases closed, 1 December 2006-30 June 2008: risk of homelessness/threat of eviction at case closure (compared with position at referral)**

Circumstances of case closure	Reduced	Unchanged	Increased	Total
Completed support programme	41	4	1	46
Withdrew	11	7	0	18
All - number	52	11	1	64
All - %	81	17	2	100

Source: Case closure monitoring returns. Missing data on three cases.

6.12 Largely consistent with the pattern shown in Table 6.3, the vast majority of families were reported as having reduced their involvement in antisocial behaviour in the course of Project support (see Table 6.4). However, the reasons for this reduction could be complex, for example a child being looked after and accommodated. By and large, outcomes were again positive in this respect for families which had withdrawn rather than completed their support programmes.

**Table 6.4 - Cases closed, 1 December 2006-30 June 2008: incidence of complaints about antisocial behaviour at case closure (compared with position at referral)**

Circumstances of case closure	Reduced	Unchanged	Increased	Total
Completed support programme	46	0	0	46
Withdrew	14	4	0	18
All - number	60	4	0	64
All - %	94	6	0	100

Source: Case closure monitoring returns. Missing data on three cases

6.13 In keeping with the pattern recorded in Table 6.4, most of the 15 former service users interviewed by the research team reported that Project support had helped them improve in their relationships with neighbours, typically to a 'no complaints at all' level. In one case, however, it was acknowledged that complaints were continuing at a level not dissimilar to that prior to Project support.

6.14 It is acknowledged that the source of the data in Table 6.4 (as well as in Tables 6.3 and 6.5) is the Projects themselves. Clearly, there could be a risk of such judgements being over-optimistic. However, analysis of Dundee cases provides reason to believe this is not so. Here, Project caseworker judgements about changes in the incidence of ASB were compared with referral agency assessments with respect to 26 former DFP service users. This confirmed a very close correlation between the two judgements for the 12 cases about which information was obtained from both parties. In none of these cases was there inconsistency in terms of a Project judgement of 'improvement' being contradicted by a referral agency assessment of 'deterioration'.

6.15 As might be anticipated, preventing family breakup appears to be an aspiration somewhat more challenging than helping families control antisocial behaviour. Nevertheless, in nearly two thirds of cases where support programmes had been completed (63%) it was judged that the risk of breakup had been reduced thanks to Project support (see Table 6.5). Even across the entire cohort of closed cases, it was judged that half of the families concerned were in less danger of family breakup than had been the case at the time of their referral (see Table 6.5).

**Table 6.5 - Cases closed, 1 December 2006-30 June 2008: risk of family breakup at case closure (compared with position at referral)**

Circumstances of case closure	Reduced	Unchanged	Increased	Total
Completed support programme	27	13	3	43
Withdrew	4	8	7	19
All - number	31	21	10	62
All - %	50	34	16	100

Source: Case closure monitoring returns. Missing data on five cases

6.16 Relevant to the findings set out in Table 6.5 is the evidence that, across the cohort of 67 families, ten were recorded as having one or more children removed to care during Project support. Two families had children returned from care during the period. It is likely that the significant number of children identified as needing to be looked after and accommodated during Project support at least partly reflects the greater scrutiny under which families are placed as an aspect of intensive intervention. This applies, in particular, in the core block context (see Section 4.3).

6.17 Tables 6.6(a)-(g) record caseworker assessments of Project impacts on various aspects of family health and welfare. The assessments relate to family members for whom it was judged that the issue was relevant at the outset. For example, there is data about perceived changes in the incidence of depression relating to 79 individuals (see Table 6.6(b)) whereas data about the changing incidence of drug abuse is recorded with respect to only 36 individuals (see Table 6.6(f)). It should be acknowledged that the data may not be fully comprehensive in the sense of recording perceived changes for every individual for whom a particular issue was relevant at the outset (because there was scope for interpretation in the completion of case closure pro-formas). Nevertheless, it seems reasonable to assume that the overall pattern of responses is broadly representative of the whole picture.

6.18 For every 'health and wellbeing' indicator included in Table 6.6 the overall balance of change was positive – individuals judged to have seen an improvement in their circumstances exceeded those assessed as in a worse position. In several instances, *the majority* of relevant individuals had seen their situation improve (on depression, drug abuse and children's educational prospects). The strongly positive outcomes regarding children's school attendance are, perhaps, particularly significant given the Projects' emphasis on breaking the (inter-generational) cycle of under-achievement and problem behaviour. While the numbers were small, the issue where the incidence of



deterioration was highest was mental health (perhaps reflecting the relatively intractable nature of such problems).

**Table 6.6 – Project impacts on family health and welfare: assessed change in circumstances of families having cases closed 1 December 2006-30 June 2008**

**(a) Physical health**

	Improved	Remained unchanged	Deteriorated	Total
Adults	16	31	6	53
Children	24	29	4	57
All family members - no	40	60	10	110
<i>All family members - %</i>	36	55	9	100

**(b) Depression**

	Improved	Remained unchanged	Deteriorated	Total
Adults	26	11	7	44
Children	24	8	4	36
All family members - no	49	19	11	79
<i>All family members - %</i>	62	24	14	100

**(c) Other mental health**

	Improved	Remained unchanged	Deteriorated	Total
Adults	8	12	5	25
Children	2	10	3	15
All family members - no	10	22	8	40
<i>All family members - %</i>	25	55	20	100

**(d) Employment prospects**

	Improved	Remained unchanged	Deteriorated	Total
Adults	11	29	5	45
Children/young people	25	9	3	37
All family members - no	36	38	8	82
<i>All family members - %</i>	44	46	10	100

### (e) Alcohol abuse

	Improved	Remained unchanged	Deteriorated	Total
Adults	10	12	2	24
Children	7	7	2	16
All family members - no	17	19	4	40
All family members - %	43	48	10	100

### (f) Drug abuse

	Improved	Remained unchanged	Deteriorated	Total
Adults	17	6	4	27
Children	2	6	1	9
All family members - no	19	12	5	36
All family members - %	53	33	14	100

### (g) Children's educational progress/prospects

	Improved	Remained unchanged	Deteriorated	Total
All children - no	83	37	6	126
All children - %	66	29	5	100

Source: Case closure monitoring returns

## 6.4 Sustainability of improved lifestyles, relationships and behaviour

### *Project working practices*

6.19 Section 6.3 provides fairly strong evidence of positive outcomes of Project support – even for some families whose support programmes were prematurely terminated. Questions, nevertheless, remain about the sustainability of improvements achieved while continuing to receive Project help. It was clear from interviews with former service users that many had approached the end of the support programme with some trepidation. However, as described in Section 4.3, working practices across all the Projects were clearly influenced by the aim to engender lasting improvements in self-esteem, lifestyles and relationships rather than focusing narrowly on the immediate suppression of antisocial behaviour. Crucially, staff member interviews in all the Projects demonstrated a concern to avoid fostering dependency among service users.

6.20 Across all the projects staff also stressed a recognition of the need for an 'exit strategy' for every case, with a vital component of such strategies being to link families with appropriate ongoing support from specialist and mainstream services. Case closure records show that about three quarters of families were being supported by mainstream social workers at this point. Other agencies cited as playing an active supportive role at this stage included drugs and alcohol support services, health visitors, home school support, employment services and learning disability workers.

### *Service user testimony*

6.21 Former service users interviewed by the researchers stressed that Project staff assistance had helped them develop practical skills and more healthy social networks which provided a firm footing for sustained improvement in their lifestyles and the functioning of their families. Also significant is that most such interviewees voiced praise for their local Project and the impact of Project support on their lives. Two of the 15 respondents uttered rather restrained opinions, describing their Project as 'alright' and acknowledging that '(it) helped me a bit'. One respondent admitted that 'things have gone down hill since [the Project workers] left' and felt her situation to be 'worse now than it ever was'. Much more typical, however, were comments such as 'very helpful', 'brilliant', 'a very positive thing', '(it) changed my life around', 'made a massive difference', 'was the best thing that ever happened to us', 'was a blessing', '(it) gave us a better life, a better lifestyle, everything'.

6.22 When asked about relationships within the household, one former service user interviewee acknowledged that her family were 'not doing very well... it's not really changed'. Another described her family situation as being worse than before Project referral. In the vast majority of cases, however, respondents saw their families as more harmonious and less conflictual than before, and attributed such changes to Project support.

6.23 For additional evidence on service user perceptions of support outcomes and their sustainability see Section A1.4 (Annex 1).

### *'Hard evidence'*

6.24 In seeking 'hard evidence' on the sustainment of improved family lifestyles and behaviour, reliance on the records of the Aberdeen and Dundee Projects is unavoidable because of the limited number of closed cases as yet registered by the Breaking the Cycle teams. Evaluation fieldwork undertaken in summer 2008 included data collection to inform 'family case summaries'. These related to families which had consented to participate in the research. The researchers also sought to contact and interview these families directly.

6.25 Of particular relevance here are the 11 case summaries relating to 'consenting families' whose cases had been closed by the Aberdeen and Dundee Projects within the relevant timeframe. Collation of these case summaries was undertaken with the help of AFP and DFP caseworkers. Some of the cases involved support programmes completed up to 19 months earlier. Selection bias could have influenced the makeup of this cohort of cases if consenting families were atypical in some way. However, as shown in Table 1.3 the attrition rate resulting from consent refusals was relatively low, thereby reducing this risk.

6.26 As shown in Table 6.7, most of the cases closures could fairly be judged 'successful' in the sense that antisocial behaviour had not been reported as recurring following the termination of Project support. In one case it had become apparent only four months after case closure that lifestyle and behaviour improvements achieved with Project support were not being

sustained (see Example 2). In eight of the 11 cases, however, it was judged that the former service users' prospects were good.

**Table 6.7 – Former service users – Aberdeen and Dundee Families Projects: Post-case closure outcomes**

Project	Duration of Project support (months)	Months since case closure	Case closure circumstances	Subsequent events	Sustainability assessment
Aberdeen	18	10	Support programme completed	No reports of ASB	Good
Aberdeen	18	4	Support programme completed	No reports of ASB	Good
Aberdeen	12	7	Withdrew - did not engage	No reports of ASB	Doubtful
Aberdeen	9	7	Withdrew - partial engagement only	No reports of ASB	Doubtful
Dundee	84	7	Support programme completed	No reports of ASB	Good
Dundee	36	4	Support programme completed	Reversion to drug habit and associated criminality	Nil
Dundee	36	5	Support programme completed	No reports of ASB	Good
Dundee	24	19	Support programme completed	No reports of ASB	Good (but need for long term support)
Dundee	24	9	Support programme completed	No reports of ASB	Good
Dundee	6	19	Support programme completed	ASB complaints much reduced	Good
Dundee	30	10	Support programme completed	No reports of ASB	Good (but need for long term support)

Source: Project caseworkers; service user interviews. Note: Table relates to the 11 (of 50) cases closed by the Aberdeen and Dundee Projects during the period and where the families concerned had given consent for information on their circumstances to be disclosed

6.27 In conjunction with other evidence, the family case summaries also demonstrated that key risks to post-Project sustainment of improved lifestyles and behaviour included both continuing (or a reversion to) drug abuse and the potentially malign influence of a new partner. It was also emphasised by Project staff that some former service users remained highly vulnerable (e.g. due to severe learning disabilities) and that such families would inevitably require long term (in some instances, lifelong) support (see Table 6.7).

6.28 The 11 cases detailed in Table 6.7 represent only a relatively small proportion of the 50 cases closed by AFP and DFP during the evaluation

period (see Table 6.1). As acknowledged above there is no certainty that these cases are wholly representative of this broader population (or, even, the population of former service users who had completed support programmes). However, if a large proportion of families formerly in receipt of Project support subsequently reverted to problematic behaviour this would certainly be well-known to the local authorities concerned. Although it did not appear that 'Project sponsoring' councils monitored families' sustainment of improved lifestyles and behaviour in any systematic way, key managers in both Aberdeen and Dundee expressed confidence that, by and large, Project support generated lasting benefits.

6.29 The relatively short duration of the research has limited the scope for tracking former service users and thereby developing a better understanding of the medium and longer-term impacts of Project support. There would be a strong case for building on the fieldwork already undertaken by tracing post-project outcomes for a larger number of former service users. The basis for such work would be the existing cohort of service users who have already provided their consent to be involved in the research. Ideally, such a project would attempt to add to that sample by seeking to secure consents from additional households whose cases are closed in the latter part of 2008/09 and who have not yet provided this.

### **Example 2**

A family of a mother and six children were referred to an IFSP at the point of eviction. There was a family history of domestic abuse and alcohol misuse, mental and physical health, self-esteem, parenting and neglect issues. The family fully engaged with the project and there had not been a complaint about anti-social behaviour in the six months prior to the completion of the work programme, a final review and the closing of the case in February 2008. However, following case closure there was a deterioration in the family situation with the mother reflecting that 'I regretted the day they [the Project workers] had to leave us'. At the point of the last interview she felt that 'It [her family situation] is worse now than it ever was'.

There were continuing complaints from the neighbours about the behaviour of some of the children in the family. One son was subject to an Acceptable Behaviour Agreement and had been fined for an offence. The mother was worried that the son would lose the job that the Breaking the Cycle project had assisted him to secure. Another son had received further warnings from the police and the oldest daughter, whom the project had assisted to obtain her own tenancy, had been evicted. The FIRST Team were visiting the family once a month. The family had also slipped into rent arrears. The mother had suggested to her social worker that the family be referred back to Breaking the Cycle Project but did not know whether this would be possible.

## 7. Analysis of Project-Related Costs and Cost Consequences

### Chapter summary

In assessing the economics of intensive family support projects, the evaluation adopts a form of 'cost consequences' approach. This follows from our assessment that it is not possible to undertake a full cost-benefit analysis of the Projects within the scope of the brief. Whilst the cost consequences approach identifies and tabulates relevant costs and benefits, it does not attempt to quantify or monetarise the value of those outcomes to society.

The analysis in this chapter is based on activity and cost data to the end of June 2008. Although the three Breaking the Cycle Projects were well-established by this date, they had not been operating for long enough to have fully achieved 'steady state'. The data for the Aberdeen and Dundee Families Projects provide a useful indication of steady state costs and also show the importance of working with a sufficiently large caseload (e.g. of about 20 families) to achieve important economies of scale.

Two unit costs have been calculated for each Project – the average cost per family month and the average cost per closed case. Recent activity and cost data show that the average cost per family month was about £1,300 - £1,900, with values falling considerably after the set-up period. Given that some of the Projects had closed very few cases during the evaluation period, the average costs per closed case achieved to date should be interpreted with some caution. However, the analysis shows that such costs will range from about £15,500 - £23,000 if the average duration of contact is 12 months. Some families, however, work with the Projects for considerably longer, which could have a detrimental impact on their unit costs.

The benefits (e.g. cost savings) associated with the Projects can be quantitative and qualitative and can arise in the short-term and/or the longer-term. Although many of the cost savings will be experienced by statutory services, some benefits will be enjoyed by the families themselves and by their neighbours and communities. Having considered the outcomes achieved to date and the costs of key services *that might have otherwise been required* (e.g. those relating to homelessness; looked after children and young people), the overall conclusion is that the Projects may be cost-effective in the short run. The extent of their overall cost-effectiveness, however, depends on the extent to which benefits are realised and the timescale under consideration. Potential longer-term benefits for individuals and for society associated with improved school attendance are indicated, although it may be years or decades before it is clear whether these have been generated by the Projects. Improving family functioning could also have important short-term and longer-term benefits. However, overall, it may not require many positive outcomes for the Projects' benefits to outweigh their costs.

It has not been possible to determine the cost-effectiveness of the core units, as separate information on their costs and outcomes is not available. However, the core units will allow Projects to work very intensively with families whose problems and needs may be too complex for them to be managed as effectively through an outreach service, where a longer contract period would be required. It is also likely to be important that core units have sufficient capacity that is used with enough intensity to spread the associated overhead costs across several families over a year.

## **7.1 Overview**

7.1 One of the four key evaluation objectives is to consider whether the Intensive Family Intervention Projects are cost-effective and offer value for money. This chapter addresses two specific research questions:

- Are the Projects cost-effective?
- Are core units cost-effective?

7.2 This economic analysis comprised several stages:

- Identification of Project-related activity;
- Identification of the resources used and their associated capital and revenue costs;
- Identification of relevant unit costs of delivering the Projects;
- Identification of short-term cost savings and possible longer-term cost savings (i.e. the avoided cost consequences).

7.3 This Section should be read in conjunction with Annex 3, which explains the methodology in more depth. The annex also reviews research literature on intensive family support Projects in Scotland and elsewhere in the UK and shows how values for potential cost savings have been derived. An overview of the adopted methodological approach is presented in Section 7.2. Activity data for each Project are provided elsewhere in this Report, but Section 7.3 presents a brief summary of the data to 30 June 2008, which is used for the subsequent economic calculations. The expenditure accounts to this date are summarised in Section 7.4. These activity and cost data are then used to calculate some unit costs, which are presented in Section 7.5. Some of the possible cost consequences are discussed in Section 7.6 and the two specific research questions are addressed in Section 7.7.

## **7.2 Methodology**

### *Cost consequences approach*

7.4 The approach traditionally used by economists when undertaking economic evaluations (cost-benefit analysis) requires researchers to identify and monetarise the full range of outcomes associated with a project or

programme, and to compare the value of the outcomes against the costs incurred in generating them, to identify the project or programme's value to society. Although this is undoubtedly useful when trying to compare the outcomes from different policy options on a consistent basis, monetarising outcomes can be methodologically complex and prohibitively expensive to undertake, particularly in the context of social policy. In this case, it was viewed as being beyond the scope of this research to attempt to monetarise the value of the outcomes achieved by the Projects considered here. Consequently, it has not been possible to undertake a full cost-benefit analysis of the projects.

7.5 One alternative approach to undertaking an economic evaluation would be a cost-effectiveness analysis, which identifies the cost per outcome associated with a project or programme. However, given the range of outcomes associated with the projects, the evaluation has adopted a form of cost consequences approach (as described by Coast (2004)). This methodological approach identifies and tabulates all of the relevant costs (which reflect the value of the resources used) and the possible consequences associated with a particular intervention. It clearly shows decision makers what is included and excluded from the analysis and where information is quantitative and qualitative. This approach identifies the range of outcomes associated with the projects, and the resources that have been used to generate them. As stated above, we have not provided direct estimates of the value of the outcomes achieved by the Projects. While we have endeavoured to provide indicative estimates for the monetary value of outcomes achieved from other existing sources of evidence, these are only intended to suggest the potential magnitude of the benefits that could be achieved by the Projects..

7.6 The overall objective of the economic evaluation is to consider the value of resources used (and possibly prevented from being used) associated with the five Projects to determine the extent to which the approach offers good value for money and is cost-effective. However, this approach also enables identification of non-quantifiable benefits associated with the Projects (e.g. improved family functioning; safer, more pleasant neighbourhoods), which may also be relevant to local decision makers.

7.7 The economic analysis included within the original Dundee Families' Project evaluation (Dillane *et al*, 2001) was relatively embryonic. The analysis included in the evaluations of the Shelter Inclusion Project (Jones *et al*, 2006), several subsequent Intensive Family Support Projects in northern England and an Early Intervention Case Management Project in Edinburgh (see Annex 3 for further details of the economic analysis undertaken as part of these evaluations) tried to address some of these limitations. For example, a number of unit costs were identified and calculated in these studies, thus facilitating comparisons over time.

7.8 The methods used in this evaluation build on the lessons learned from the analyses listed above and try to address some of their shortcomings (e.g. in terms of their potential to increase the use of other (Exchequer-funded) services by the families because of their involvement with the Projects). It also



draws on Scottish data wherever possible when considering the potential cost savings (short-term and long-term) resulting from the Projects, and thus their ability to deliver value for money within Scotland.

7.9 The economic analysis undertaken for this evaluation has focused on calculating two key unit costs for each of the Projects:

- The average cost per client month:
  - In 2005/06 and in 2006/07 (where relevant);
  - In 2007/08;
  - During the first three months of 2008/09 (i.e. from 01/04/08 – 30/06/08).
- The average total cost per closed case.

7.10 The average cost per family month has been calculated in two ways:

- By dividing the total expenditure over the relevant time period (i.e. from April 2005 or the start of the Project to 30 June 2008) by the number of client contact months provided during that period<sup>12</sup> - this value takes account of the costs incurred during the set-up period when activity was gradually building up;
- By using recent costs and activity levels and estimated expenditure in 2008/09 to derive an indicative 'steady state' average cost per family month.

7.11 It should be noted that the costs reported for the Dundee Families Project reflect steady state values throughout the evaluation period, as the Project was established in 1996. Those for the Aberdeen Families Project include its set-up costs (during 2005/06), its developmental costs and its emerging steady state costs. The three Breaking the Cycle Projects were still relatively immature in summer 2008 and, although they had concluded their set-up periods, they could still have been at a developmental stage and had not been operating for long enough to have achieved a steady state.

7.12 It should also be noted that the costs for the Aberdeen and Dundee Families Projects include the costs associated with their core/residential units, as these are seen as being integral parts of these Projects, drawing on the same set of resources.

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<sup>12</sup> For this calculation it is assumed that projects start working with clients on the first day of a month and also that all cases are closed on the first day of a month. Therefore a referral received on 8 January resulting in case closure on 21 December is assumed to have lasted for 11 months (i.e. from 1 January to 1 December), as would a referral received on 21 January and closed on 8 December. These differences will tend to average out as the number of cases builds up over time.

7.13 It is also possible to calculate average costs per family member as well as per family. However, these costs can be misleading, as not all family members will necessarily work with a Project (or at least not with the same intensity). However, many of the families had six or more members, all of whom would have their own specific issues and support needs. Such families require high levels of resource input from the Projects (and, indeed, from other services).

### 7.3 Activity data for the Projects

7.14 Activity data for the Projects are considered in Chapters 2, 3 and 6 of this Report. The economic analysis is based on activity and cost data to 30 June 2008 provided directly by the Projects. The activity data for the three Breaking the Cycle Projects are summarised in Table 7.1a.

**Table 7.1a – Activity data for the BtC Projects: to 30 June 2008**

	Falkirk	Perth & Kinross	South Lanarkshire
Date of first referral	30/11/06	20/11/06	14/03/07
Total families to 30/06/08	20	41	19
Total active cases on 30/06/08	13	12	11
Total rejected (or not progressed) by 30/06/08 (if classified as such)	0	12	7
Total closed by 30/06/08	7	17	1
Average size of family (adults and children)	5.4 (max: 7)	3.8 (max: 7)	4.4 (max: 9)

Source: Projects

7.15 Similar data from the Aberdeen and Dundee Families Projects are included below in Table 7.1b for comparison.

**Table 7.1b – Activity data for the Aberdeen and Dundee Projects: April 2005-30 June 2008**

	Aberdeen	Dundee
Date of first referral	29 July 2005	During 1996
Total families referred to 01/04/05 - 30/06/08	68	77
Total active cases on 30/06/08	24	15
Total rejected (or not progressed) by 30/06/08 (mostly 'inappropriate referrals')	16 Inappropriate referrals/ No service offered	38 13 inappropriate referrals; 18 no further actions; 7 disengaged
Total previously active cases closed by 30/06/08	28	24 (excluding cases referred before 2005/06)

Source: Projects

## 7.4 Cost data for the Projects

7.16 The five Projects provided copies of their annual expenditure accounts for 2005/06 (where relevant), 2006/07, 2007/08 and Quarter 1 of 2008/09. They were also asked to provide information about any payments in kind (e.g. seconded staff) and to ensure that costs associated with central management and support costs were included where relevant. The resultant information is summarised in Tables 7.2a – 7.2e.

**Table 7.2a – Expenditure by Aberdeen Families Project (Action for Children Scotland)**

	2006/07: Actual		2007/08: Actual		April–June 2008/09
	Amount	%	Amount	%	Amount
Employee costs	£222,921	76.2	£225,424	71.5	£62,343
Premises	£19,570	6.7	£26,763	8.5	£13,886
Equipment	£12,799	4.4	£23,134	7.3	£227
Transport	£10,501	3.6	£8,292	2.6	£1,265
Stationery, telephone, postage	£3,568	1.2	£8,205	2.6	£1,328
Variable	£1,472	0.5	£23	0.0	£592
Direct costs	£270,831	92.6	£291,841	92.6	£79,641
Management + support costs	£21,666	7.4	£23,347	7.4	£6,371
<b>Total True Costs</b>	<b>£292,497</b>	<b>100.0</b>	<b>£315,188</b>	<b>100.0</b>	<b>£86,012</b>

Source: Action for Children Scotland

7.17 In addition to the above costs, total expenditure by the Aberdeen Families Project was £165,421 in 2005/06 (when the Project started).

**Table 7.2b – Expenditure by Dundee Families Project (Action for Children Scotland)**

	2006/07: Actual		2007/08: Actual		April–June 2008/09
	Amount	%	Amount	%	Amount
Employee costs	£220,748	78.5	£234,674	78.6	£61,422
Premises	£19,126	6.8	£17,860	6.0	£4,688
Equipment	£5,676	2.0	£7,432	2.5	£1,024
Transport	£6,519	2.3	£6,244	2.1	£2,347
Stationery, telephone, postage	£3,729	1.3	£3,646	1.2	£1,580
Variable	£596	0.2	£2,115	0.7	£2,322
Direct costs	£256,394	91.2	£271,971	91.1	£73,383
Management + support costs	£24,859	8.8	£26,417	8.9	£7,143
<b>Total True Costs</b>	<b>£281,253</b>	<b>100.0</b>	<b>£298,388</b>	<b>100.0</b>	<b>£80,526</b>

Source: Action for Children Scotland

7.13 The Dundee Families Project started in 1996. Its expenditure in 2005/06 was £270,693. Its office accommodation, core block and dispersed properties are provided rent-free by Dundee City Council and it also receives a small amount of rental income from tenants in the core block and its dispersed properties. Given that each of the three properties that comprise its office accommodation would carry a rent to the Council of about £50 per week, an additional £7,800 per annum has been included in the costs for

premises shown in Table 7.2b. However, as DFP covers the Council's rental costs associated with the core and dispersed properties through the rents it raises from the tenants in these properties, these elements have not been included in the above analysis.

**Table 7.2c – Expenditure by Falkirk BtC Project (Aberlour Child Care Trust)**

	2006/07: Actual		2007/08: Actual		April–June 2008/09
	Amount	%	Amount	%	Amount
Employment costs (incl staff training)	£70,734	66.6	£175,940	81.4	£51,004
Direct Project/Departmental Costs	£1,063	1.0	£4,015	1.9	£1,028
Maintenance (Repairs & Renewals)	£21,065	19.8	£3,007	1.4	£923
Travel & Subsistence	£2,984	2.8	£10,077	4.7	£2,023
Overheads	£354	0.3	£2,869	1.3	£2,694
Consultancy & Fees	£320	0.3	£678	0.3	£219
Sub-total	£96,521	90.9	£196,587	90.9	£57,891
Management Fees	£9,652	9.1	£19,659	9.1	£4,825
Total Expenditure	£106,174	100.0	£216,246	100.0	£62,716

Source: Aberlour CCT

**Table 7.2d – Expenditure by P4 Perth (Action for Children Scotland)**

	2006/07: Actual		2007/08: Actual		April–June 2008/09
	Amount	%	Amount	%	Amount
Employee costs	£91,996	75.9	£189,589	83.8	£52,478
Premises	£3,770	3.1	£1,500	0.7	£1,586
Equipment	£5,036	4.2	£1,109	0.5	-£835
Transport	£4,863	4.0	£8,420	3.7	£2,015
Stationery, telephone, postage	£2,548	2.1	£673	0.3	£331
Variable	-	0.0	£824	0.4	£990
Direct costs	£108,183	89.3	£202,115	89.3	£56,565
Management + support costs	£12,982	10.7	£24,254	10.7	£6,788
Total True Costs	£121,165	100.0	£226,369	100.0	£63,353

Source: Action for Children Scotland

**Table 7.2e – Expenditure by South Lanarkshire (South Lanarkshire Council)**

	2006/07: Actual		2007/08: Actual		April–June 2008/09
	Amount	%	Amount	%	Amount (est)
Employee costs	£33,709	74.3	£187,611	49.1	£52,315
Property costs	£64	0.1	£52,534	13.8	£14,395
Supplies & services	£4,622	10.2	£39,266	10.3	£10,000
Transport & plant	£0	0.0	£3,616	0.9	£1,250
Administration	£6,944	15.3	£20,155	5.3	£5,213
Payment to other bodies	£0	0.0	£77,505	20.3	£18,414
Financing charges	£0	0.0	£1,082	0.3	£275
Total expenditure	£45,339	100.0	£381,769	100.0	£101,863

7.14 In interpreting the South Lanarkshire accounts (see Table 7.2e) several factors need to be taken into consideration. Firstly, the Project is run by the Council rather than by a voluntary organisation, which means that some elements, such as property costs and supplies and services, are handled differently. Central overheads and support costs (which totalled £20,935 in 2007/08) are included within the main cost headings. Secondly, the Project was relatively slow in terms of recruiting families and only made very limited expenditure in 2006/07 (its original budget for this year was £381,990). Thirdly, unlike the other Projects, the South Lanarkshire Project had a specific budget of about £75,000 per year for buying-in a number of other services for families (e.g. for learning new lifeskills, such as interior design; making purchases to assist with developing better lifestyles; upgrades to family home).

7.15 Finally, it should be noted that the South Lanarkshire figures for the first quarter of 2008/09 are one quarter of the annual budget for the year, rather than reflecting the actual expenditure during this period (which was about £70,000). This is because some types of their expenditure are not made evenly throughout the year (e.g. less than £9,000 had been spent on payments to other bodies from of the annual budget of almost £74,000). Using the figures to date for 2008/09 could have significantly underestimated the expected annual expenditure on the Project.

7.16 Considering the above five Tables together, they show that staff costs account for the biggest share of annual expenditure - typically 65-80%<sup>13</sup>. The Projects are highly dependent on being able to recruit and retain appropriate staff. They typically employ staff with a range of backgrounds (see Section 2.4), which will to some extent determine what expertise can be provided by their in-house team and where they need to refer families and/or individuals to other services. For example, in 2008/09 the South Lanarkshire Project included a seconded Community Psychiatric Nurse with drugs expertise in their team.

7.17 The data on total annual expenditure by the Projects are summarised in Table 7.3, which illustrates the trends in their annual expenditure. Although the three Project providers drew up their accounts in slightly different ways, similar pictures are revealed. The Breaking the Cycle Projects generally took some time to set up, resulting in their actual spending in 2006/07 being less than initially anticipated. The data for Aberdeen, which started in 2005/06, show a similar pattern. Expenditure in 2007/08, when all of the Projects were established, was much closer to budget. Expenditure during the first quarter of 2008/09 suggests that each Project will spend slightly more in 2008/09 than in 2007/08 (e.g. reflecting inflationary pressures).

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<sup>13</sup> In South Lanarkshire, the share is about 62% when the payments made to other bodies are excluded from their total annual expenditure.

**Table 7.3 – Summary of annual expenditure by the Projects: 1 April 2005 – 30 June 2008**

	Aberdeen	Dundee	Falkirk	Perth & Kinross	South Lanarkshire
Total expenditure during 2005/06	£165,421	£270,693	n/a	n/a	n/a
Total expenditure during 2006/07	£292,497	£281,253	£106,174	£112,165	£45,339
Total expenditure during 2007/08	£315,188	£298,388	£216,246	£226,369	£390,850
Total expenditure April – June 2008	£86,012	£80,526	£62,716	£63,353	£101,863
Total expenditure to 30/06/08	£859,118	£930,860	£385,136	£401,887	£530,052

Source: Projects

## 7.5 Estimated unit costs for the Projects

7.18 Two key unit costs have been estimated for the Projects, using the above activity data and financial information. These are:

- The average cost per family month;
- The average total cost per closed case.

### *Average cost per family month*

7.19 The average costs per family month have been calculated for each year for each Project and are shown in Table 7.4. Although it is recognised that the input provided to a family by a Project will vary across their period of contact with the Project (e.g. intensive initially, followed by a gradual reduction before closure), the average cost per family month provides a good indication of the costs of working with the families. Despite the differences between the Projects, these costs have a number of similarities and have fallen considerably as the projects have developed and matured. The magnitudes of these falls have occurred as projects have built up their caseloads and started to experience economies of scale.

**Table 7.4 - Average cost per family month for various time periods**

	Aberdeen	Dundee	Falkirk	Perth	South Lanarkshire
Avg cost per family month in 2005/06	£3,308	£1,347	n/a	n/a	n/a
Avg cost per family month in 2006/07	£1,283	£1,256	£3,792	£3,618	n/a
Avg cost per family month in 2007/08	£1,308	£1,286	£1,802	£1,397	£6,107
Avg cost per family month: 01/04/08 30/06/08	£1,284	£1,789	£1,742	£1,760	£2,830
Average clients per month (based on 01/01/08–30/06/08)	20.5	15.5	11	13.2	9.8

Source of raw data: Projects

7.20 Table 7.4 shows that three of the Projects (Aberdeen, Falkirk and Perth) had similar average costs per family month of about £3,500 - £3,800 during their first year. By their second year, when activity had started to build up, these costs had fallen to about £1,300 - £1,800 per month, and were generally slightly higher than the 'steady state' value for Dundee of about £1,250 - £1,300 per family per month in 2006/07 and 2007/08. The values for these four Projects are similar for the first three months of 2008/09, with a range of about £1,300 - £1,900<sup>14</sup>. However, when considered alongside the average number of clients per month for each Project, they also suggest the operation of economies of scale, whereby the larger Projects have lower average costs per family month.

7.21 It is particularly interesting to note that the average costs per family month for Dundee and Aberdeen are similar to or lower than those for the other Projects, even though they both have core/residential units. This suggests that such facilities are unlikely to increase unit costs significantly (though this may also depend on the realisation of economies of scale due to the size of the caseload)<sup>15</sup>.

7.22 The costs for South Lanarkshire are considerably higher for several reasons. These include the structure of the Project, where staff carry small caseloads and work very intensively with families on an outreach basis, as well as the fact that the SLC Project caseload has contained an unusually

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<sup>14</sup> It should be noted that DFP was able to work with an overall caseload fewer families than usual during the first three months of 2008/09 due to some staffing constraints, which resulted in an increased their average cost per family per month. Their normal caseload is about 20 families.

<sup>15</sup> Projects should also be able to recover any rental costs they carry on core accommodation through rental income they receive from tenants.

high proportion of large families (see Tables 3.4 and 3.5). However, they too fell considerably as the Project developed and matured.

7.23 Although of interest in its own right, the average cost per family month is also a key determinant of the average cost per closed case. For reasons given below, there are a number of limitations associated with the costs per closed case to date. The closed case costs presented below are calculated in two ways:

- Using the average cost per family month to date;
- Using the indicative average cost per family month in 2008/09.

**Table 7.5 – Average costs per family month: for full evaluation period and indicative values for 2008/09**

	Aberdeen	Dundee	Falkirk	Perth	South Lanarkshire
Average cost per family month (full period)	£1,466	£1,326	£2,093	£1,755	£4,762
Indicative average cost per family month in 2008/09	£1,300	£1,300 - £1,800	£1,900	£1,600	£3,700

Source of raw data: Projects

7.24 These costs are shown in Table 7.5. The average cost per family month to date is based on the costs of the Project from 2005/06 (or whenever the Project started, if later) to 30 June 2008. It therefore incorporates the set-up costs associated with the Projects in Aberdeen, Falkirk, Perth and South Lanarkshire<sup>16</sup>. The indicative average cost per family month in 2008/09 is an estimated value, based on recent caseloads and activity levels and estimated expenditure in 2008/09. A range is given to Dundee to incorporate the estimated cost if the Project is working with a caseload of 20 families (as it had done until recently).

#### *Average cost per closed case*

7.25 There are a number of caveats when considering the average cost per closed case:

- The Breaking the Cycle Projects have closed relatively few cases since their inception;
- Therefore the average duration per closed case is unlikely to represent its 'steady state' value;

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<sup>16</sup> South Lanarkshire's costs were higher for a number of reasons. The project started to recruit families later than the others, but had relatively high set-up costs initially. However, the Project was also funded at a higher level, where its staff would work particularly intensively with a relatively small caseload, at least initially. The annual budget also included about £75,000 for buying-in other relevant services for the families.



- Many of the cases that have not been closed have worked with the Projects for considerably longer than the average duration per closed case, which will result in significantly higher average costs for these cases when they finally close;
- The Projects classify their cases in different ways (e.g. rejected; not progressed; no further action) and the costs are stated in terms of the local terminology;
- All of the calculations have been based on the date of referral to the Project, not on the date the case was formally accepted by the Project (this is because the Project will be providing input to the family from the date of referral, even if the family is subsequently rejected or refuses to engage with the project);
- The Projects tend to reduce their support to a family gradually before finally closing the case, though in some cases closure may be delayed by external factors (e.g. the lack of availability of suitable housing for large families);
- No distinction is made between cases which close due to the successful attainment of their objectives and those which close by default (e.g. because the family chooses to disengage);
- Separate costs are not provided for families in core/residential accommodation – this is partly due to the small numbers of closed cases for these families, but also because the accounts do not differentiate between outreach services and those in core/residential blocks or dispersed tenancies.

7.26 Table 7.6a shows the average cost per closed case using the activity data shown in Tables 7.1a and 7.1b and the two average costs per family month presented in Table 7.5. Using the indicative unit costs for 2008/09, the average cost per closed case ranges from about £10,250 to £26,000. However, these values are in part influenced by treatment of the costs associated with rejected cases and those that did not work with the Projects for a significant period (and could therefore be described as cases that were ‘not progressed’). The costs of these cases have not been included in the figures presented in Table 7.6a but are shown separately in Table 7.6b. Average costs per closed cases of below £15,000 are in line with those found in evaluations of other Intensive Family Support Projects (see Annex 3<sup>17</sup>). It should be noted, however, that many of the projects included in these evaluations had average lengths per closed case of less than 12 months and had only been established for a maximum period of about two years.

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<sup>17</sup> The costs of the IFSPs were generally slightly higher than those estimated for similar projects in England in the early/mid 2000s. This will partly be due to general cost increases in recent years, but may also be due to differences in the support and other needs (such as health-related needs) between the English and Scottish families concerned.

**Table 7.6a - Average costs per closed case**

	Aberdeen	Dundee	Falkirk	Perth	South Lanarkshire
Closed cases	28 closed	24 closed	7 closed	17 closed	1 closed
Average length per closed case	8.0 months	12.8 months	8.6 months	6.6 months	7.0 months
Average cost per closed case: Full unit costs to date	£11,728 (max: £35,184)	£16,973 (max: £35,802)	£17,941 (max: £27,211)	£11,562	£42,749
Average cost per closed case: Indicative unit costs for 2008/09	£10,400 (max: £31,200)	£16,640 - £23,040 (max: £35,100 - £48,600)	£16,286 (max: £24,700)	£10,541	£25,900

Source of raw data: Projects

7.27 The costs associated with the 'rejected' cases are shown in Table 7.6b. Each Project recorded their 'rejected' and 'closed' cases in different ways, but most of the 'rejected' cases were inappropriate referrals (though this was not always apparent until Project staff had spent some time gathering additional information about a referred family). For the three Breaking the Cycle Projects, Perth and South Lanarkshire identified a number of rejected cases (which were described as 'not progressed' in Perth), whereas Falkirk did not identify any rejected cases. Almost all of Aberdeen's rejected cases were inappropriate referrals. However, as rejection dates were generally not recorded for these cases, an average contact period of a month has been assumed for these families for costing purposes. Dundee recorded three categories of 'rejected' cases – inappropriate referrals; cases where no further action was taken (sometimes due to a change in the family's circumstances); and cases where the family chose not to engage with the Project from an early stage (despite considerable efforts by the Project staff). It should be noted that the time spent working with these families has been included in the calculations of the average cost per family month for each Project (see Tables 7.4 and 7.5). Table 7.6b shows that the costs associated with rejected families whose referrals were inappropriate varies considerably, but generally ranges from about £1,300 to about £3,000 per family.

**Table 7.6b - Average costs per 'rejected' case**

	Aberdeen	Dundee	Falkirk	Perth	South Lanarkshire
Rejected cases	16 rejected (inappropriate referrals)	38 rejected (13 inappropriate referrals; 18 no further action; 7 did not engage)	No such cases recorded	12 'not progressed'	7 rejected
Average length per rejected case	Unknown, as end dates not provided – average contact time of 1 month assumed	1.8 months inappropriate referrals; 3.0 months no further action; 4.7 months did not engage	-	1.1 months	2.0 months
Average cost per rejected or 'not progressed' case: Full unit costs to date	£1,466	£2,387 inappropriate referrals; £3,978 no further action; £6,232 did not engage	-	£1,902	£10,341
Average cost per rejected or 'not progressed' case: Indicative unit costs to date	£1,300	£2,340 - £3,240 inappropriate referrals; £3,900 - £5,400 no further action; £6,110 - £8,460 did not engage	-	£1,733	£7,400

Source of raw data: Projects

7.28 Table 7.6a shows that the average duration of closed cases is longer in Dundee (at 12.4 months) than elsewhere (where it is between about 6 – 8 months). Because the Dundee Project has been operating for almost 12 years, Project staff believe that they have worked through the local backlog of highly complex families with long-standing histories of housing difficulties and/or anti-social behaviour (an assertion consistent with our own findings – see Table 3.2 and accompanying text). This means that most of the families now being referred to them have less ingrained problems (though nevertheless severe ones) and may be more willing to work with the Project. Therefore, although many of their current families have worked with the Project for more than 12 months, the average duration of 12.8 months shown in Table 7.6a reflects the local steady state. The other Projects may have shorter average contact durations to date because some of the families referred to them have failed to continue to engage with their Projects (despite the best efforts of the staff), possibly due to the long-standing nature of their

problems and an ingrained reluctance to address them (see Table 6.2)<sup>18</sup>. Local differences in data recording may also result in 'similar' families being recorded in different ways. Nevertheless, an average steady state duration of about 12 months for closed case families appears reasonable.

7.29 The costs for the Dundee Project were further disaggregated to show that:

- The 19 closed outreach cases (whose cases opened and closed during the evaluation period) had an average cost of about £17,650 and an average duration of 13.3 months;
- The maximum cost for a closed case of about £35,000 was for a family who spent a total of 27 months in the core/residential unit and in dispersed accommodation from the beginning of 2005/06;<sup>19</sup>
- The two closed cases that had used core/residential accommodation only during the evaluation period had an average cost of about £13,900 and an average stay of 10.5 months (i.e. less than the average contact duration for the outreach cases).

*Potential steady state average costs per closed case*

7.30 Finally, to illustrate possible steady state values for all of the Projects and to assist with future planning, Table 7.7 shows the potential average costs per closed case for the Projects, based on the indicative average costs per family month for 2008/09 and a range of periods between referral and case closure. It shows, for example, that the average cost for the Projects (excluding South Lanarkshire, which includes additional items of service-related expenditure in its accounts) would range from about £15,500 - £23,000 if the average contact period is 12 months. These costs would increase to about £23,000 - £34,000 if the average contact period is 18 months.

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<sup>18</sup> In addition, all of the Projects were working with several families who had been part of their caseload for at least a year, who would tend to increase the average duration of contact when their cases are closed. The implications of this for the average cost per closed case are explored in Table 7.7.

<sup>19</sup> In reality, this family spent much longer with the Project, but the costs have only been analysed since 2005/06.

**Table 7.7 - Potential average costs per closed case for various periods between referral and closure**

	Aberdeen	Dundee	Falkirk	Perth	South Lanarkshire
Indicative average cost per family month in 2008/09	£1,300	£1,300 - £1,800	£1,900	£1,600	£3,700
6 months between referral and closure	£7,800	£7,800 - £10,800	£11,400	£9,600	£22,200
12 months	£15,600	£15,600 - £21,600	£22,800	£19,200	£44,400
18 months	£23,400	£23,400 - £32,400	£34,200	£28,800	£66,600
24 months	£31,200	£31,200 - £43,200	£45,600	£38,400	£88,800
30 months	£39,000	£39,000 - £54,000	£57,000	£48,000	£111,000

Source of raw data: Projects

### *Factors influencing the costs*

7.31 The above analysis shows that three main factors determining the average cost per closed case are:

- The duration of the cases;
- The average cost per family month;
- The numbers of inappropriate referrals and/or of cases where families refuse to engage (as these divert resources from other families).

7.32 However, it is also important to bear several factors in mind when considering the costs presented above:

- Direct comparisons should not be made between Projects, as the types of services they are able to provide will in part be determined by the particular skills of their staff (e.g. some Projects may be able to provide parenting courses in-house, whereas others may refer families elsewhere for such work);
- Projects have somewhat different aims, objectives and acceptance criteria – therefore, some may be working with more a complex caseload of clients than others;
- The extent to which Projects are working with families with a long-standing history of housing problems and/or anti-social behaviour will be influential;
- ‘Closed’ cases may be defined in different ways (e.g. depending upon the Project’s process for assessing and classifying referrals), which will influence how cases are classified by each Project, and thus their associated costs.

## 7.6 The potential cost consequences

### *Project-related outcomes*

7.33 The cost-effectiveness of the Projects is determined by considering the costs of delivering the projects (as described above) in conjunction with the values placed on the outcomes achieved by the Projects. Some of these outcomes (e.g. changes in the incidence of complaints about anti-social behaviour) can be quantified. However, other outcomes (such as improved family functioning) are qualitative in nature. As stated above, we have not provided direct estimates of the value of the outcomes achieved by the Projects. While we have endeavoured to provide indicative estimates for the monetary value of outcomes achieved from other existing sources of evidence, these are only intended suggest the potential magnitude of the benefits.

7.34 Two other important dimensions when considering costs and outcomes are when they occur and their duration (see Table A3.21). The costs associated with the Projects are generally incurred immediately and over the relatively short life-spans of a family's involvement in the Projects (although some, such as foster or residential placements for children, may be incurred over several years). Many of the key outcomes (such as reducing the risk of eviction; reducing the incidence of complaints about ASB; and reducing the risk of family breakup) may also be achieved in the short term. However, many of the other outcomes generated by the Projects will only become apparent after several years (e.g. better job prospects due to improved attendance at school). It is also likely that some of the benefits (e.g. improved family functioning) will also be experienced by future generations – certainly many of the adults in the families referred to the Projects had poor childhood experiences themselves, which have adversely impacted on their own lifestyles and their abilities to raise their children. As it may be many years before some of the impacts of the Projects become apparent, it is not possible to identify with certainty all of the outcomes achieved by the Projects within the time period available for consideration. We have therefore focused on the available evidence around the short-term and intermediate outcomes, and have provided an indication of the longer term outcomes that may arise in the future as a result of these. However, these longer term outcomes are indicative, as generating evidence to support their existence has been outwith the scope of this current piece of research, given the timescales involved.

7.35 This study has adopted a Before/After methodology, with outcomes being identified as changes in the Projects' participants compared with their position before participating. However, the research did not feature a control group, making it difficult to determine what the impact on the participants would have been had they not been involved in the Projects. Project staff believe that the families would have continued to experience a variety of problems (including becoming homeless) had the projects not been in place. Indeed, most of the families will have been subject to a range of interventions already and, given that the behaviour of the families was problematic enough to warrant referral to the IFSPs, we have to assume that these interventions had not been successful, at least in the medium- to long-term, in addressing

the underlying problems. It is therefore suggested that the outcomes presented below are attributable to the Projects.

7.36 Chapter 6 presented some quantitative information about the impacts of Project support as judged at the point of case closure. These impacts are summarised below to enable the costs analysis to be more easily considered alongside quantitative information on outcomes. Tables 7.8a and 7.8b compare the situation regarding several key outcome measures at the point of case closure with that at the point of referral and show that net positive outcomes have been achieved across every dimension.

**Table 7.8a: Changes in key outcome measures at point of case closure compared with point of referral**

Outcome measure	Reduced	Unchanged	Increased
Families' risk of eviction	81%	17%	2%
Incidence of complaints about ASB	94%	6%	0%
Risk of family breakup	50%	34%	16%

**Table 7.8b: Changes in family health and welfare at point of case closure compared with point of referral**

Outcome measure	Improved	Remained Unchanged	Deteriorated
Physical health	36%	55%	9%
Depression	62%	24%	14%
Other mental health	25%	55%	20%
Employment prospects	44%	46%	10%
Alcohol abuse	43%	48%	10%
Drug abuse	53%	33%	14%
Children's educational progress/prospects	66%	29%	5%

7.37 The Tables indicate the Projects appear to have had a range of positive impacts on some participants in the Projects. Table 7.8a suggests that the following key short-run outcomes have been generated:

- Reduced risks of homelessness and tenancy-related problems (includes costs borne by social landlords and housing departments);

- Overall reductions in the incidence of and complaints about anti-social behaviour (includes costs of police and the criminal justice system);
- Reduced overall risks of family breakdown and a reduction in the numbers of children at risk (includes costs of foster and residential care borne by social services) – though it should be noted that some children were moved from their families due to problems identified whilst working with the Projects<sup>20</sup>.

7.38 Table 7.8b suggests that, in addition, a range of quantitative family-related outcomes with potential short-term and longer-term impacts have also been generated for some participants in the Projects:

- Improved school attendance (leading to improved employment prospects);
- Improved access to training and employment opportunities;
- Reduced dependency on drugs and/or alcohol (though these improvements could be hard to sustain and relapses were not uncommon);
- Improved physical and mental health and diet;
- Improved household budgeting and financial management.

7.39 The outcomes referred to above may also generate a range of qualitative family-related outcomes in the short and long term. These may include:

- Improved self-esteem and self-confidence;
- Better family relationships;
- Better parenting (plus inter-generational impact);
- Better adherence to routines and boundaries;
- Improved household management and time management;
- Improved appearance of home and garden;

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<sup>20</sup> There are several dimensions to this aspect. Some families already had children in care when referred to the Projects, in which cases the Projects could work with the families to increase their access to the children, with the possibility of them returning to live in the family home. However, in some families, such as those with poorly managed addictions to drugs and/or alcohol, the extent of their problems and the risks these placed on their children only became apparent once the family had been referred to a Project, resulting in one or more children being accommodated elsewhere. For example, this sometimes occurred with families in the core/residential facilities, where the intensity of supervision and observation meant that such problems did not remain undetected.



- Better relationships with neighbours;
- Improved anger management and better communication skills;
- Improved ability to keep appointments.

### *Estimates of Monetary Value of Potential Outcomes Associated with the Projects*

7.40 This sub-section draws primarily on data from the literature review of the possible short-term and longer-term cost consequences if families' anti-social behaviour continued and their tenancies remained at risk (see Annex 3). If the Projects generate positive outcomes, the costs that society avoids incurring as a result can represent the benefits associated with those outcomes. As stated previously, we have not provided direct estimates of the value of the outcomes achieved by the Projects. While we have endeavoured to provide indicative estimates for the monetary value of outcomes achieved from other existing sources of evidence, these are only intended to suggest the potential magnitude of the benefits.

7.41 Information provided by the Projects indicates that, for many families, behaviour has improved significantly, their tenancies are no longer threatened, and the risk of family breakdown has reduced (see Table 7.8a). Table 7.9 presents some indicative cost consequences based, where feasible, on Scottish data<sup>21</sup>. It should be noted that the various published studies and other information sources from which these data are drawn show considerable variations in the estimated costs for similar types of service.

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<sup>21</sup> In addition, Falkirk Council provided average local costs for a variety of services, especially those relating to looked after children, as shown in Table 7.9. However, such data are often not known by Councils.

**Table 7.9 – Estimates of possible short-term cost consequences (Scottish data)**

	Falkirk (average local costs)	Scottish-based literature (see Annex 3)
Foster Care/Fostering Agency	£925 per week	£680 per week £35,400 per year
Residential Accommodation placement (Children's Unit):	£2,600 per week (within Council area) £3,600 per week (outwith Council area)	£1,400 per week £72,800 per year
'Crisis Care' placements:	£4,400 per week (outwith Council area)	Close Support Unit: £2,775 per week £144,300 per year
Residential School Placement	£2,500 per week	£2,100 per week £109,200 per year
Local Specialist Education day placement	£18,940 per annum	Special School (England) £26,225 per year Secure Training Centre (England): £164,750 per place
Secure Accommodation	£4,700 per week	£3,725 per week £193,700 per year
Young Offenders/Custody	£30,500 per year	Custodial sentence at YOI (England): £51,000 for 6 months

Sources: Falkirk Council and others detailed in Annex 3

7.42 The costs associated with looked after children can quickly escalate, especially if the family includes several children who need to be looked after and accommodated by the local authority. However, it should be noted that time spent in care is not always undesirable. For some families, it may be essential to move the child/children to a safer living environment while their parents address specific personal problems, such as drug/alcohol dependency or mental ill-health. Therefore money spent now on foster and/or residential care may reduce subsequent expenditure on these (and possibly other) services.

7.43 Table 7.10 presents information about other possible short-term costs drawn from research undertaken in England (see Annex 3). It is illustrative rather than comprehensive, but again shows that costs can soon escalate, especially if the family becomes homeless or if criminal behaviour results in prosecution.

**Table 7.10 – Estimates of other possible short-term cost consequences (English data)**

Costs to landlord of evicting tenant due to anti-social behaviour	£6,500 - £9,000
Cost of temporary accommodation for a homeless family for 6 months	£23,400
Average cost per week to local authority of a child with emotional or behavioural difficulties and offending behaviour	£3,062 per week <sup>22</sup>
Average cost per week to local authority of a child with disabilities, emotional or behavioural difficulties and offending behaviour	£4,927 per week
Pupil Referral Unit	£14,644 per year
Average cost per crime committed by a young person aged 10 – 21 years	£4,600 per crime
Costs associated with a teenager involved in criminal behaviour	£13,000 for police time, YOT involvement and Court appearances
HMP and YOI provision	About £95 per day and £36,575 per year. Overall annual cost (e.g. including tagging and probation) of at least £50,000

Sources: see Annex 3

7.44 An illustrative case study cited in the evaluation of intensive family support projects in England shows the estimated costs over a year for a vulnerable family with four children that did not work with an Intensive Family Support Project. It shows that the short-term costs associated with non-participation can be considerable (£334,000 over 12 months for this family), suggesting that the costs associated with delivering an IFSP can be covered by achieving ‘successful’ outcomes in the short term for a relatively small number of families. For details of this case study see Table A3.18 in Annex 3.

7.45 The costs presented in Tables 7.9 and 7.10 relate to a relatively short period of time, such as a week or a year. However, children displaying anti-social behaviour (who often also have poor educational attainment) tend to experience life-long consequences. A number of studies have drawn on research on a wide variety of topics (e.g. education; employment; crime; health) to estimate the cumulative financial effects of unaddressed childhood problems. These are discussed in Annex 3 and summarised in Table 7.12.

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<sup>22</sup> These costs, and the ones in the row below, are taken Tables 6.6.3 and 6.6.4 in *Unit Costs of Health and Social Care 2006*, published by the Personal Social Services Research Unit. They are derived from a study of the costs of children in care, which showed that the costs associated with children with emotional or behavioural difficulties and offending behaviour can be very high, mainly due to the frequency of breakdown of the residential placements (which were usually out-of-area). Finding and managing placements for these ‘difficult to place’ children also required increasing amounts of social worker time.

**Table 7.12 – Estimates of possible longer-term cost consequences (English data)**

Being 'NEET' aged 16 – 18 years	Total discounted cost of £84,000 (undiscounted vale of £300,000) <sup>23</sup>
Social exclusion	Additional total (discounted) cost of £62,596 by age 28 for children with conduct disorder (i.e. ten times higher than for children with no problems)
Permanent school exclusion	Total (discounted) cost of £63,851 (£14,187 borne by individual and £49,664 borne by society)
Persistent school truant	Total (discounted) cost of £44,468 (£22,562 borne by individual and £21,906 borne by society)
Unaddressed literacy difficulties	Total (discounted) cost per person to age of 37: £44,797 - £53,098. Total (discounted) cost of £63,851 (£14,187 borne by individual and £49,664 borne by society)

Sources: see Annex 3

7.46 Some further illustrative examples of potential cost savings associated with positive outcomes, based on the real experiences of the Projects, are presented below:

- Enabling a child to return to the family home from voluntary foster care saved £35,400 over a year;
- Preventing the need to place some children on the Child Protection Register has potential benefits for Social Work, through freeing-up scarce resources for other cases;
- Preventing the eviction for one family, which would have resulted in three children being taken into care, resulted in an estimated saving of £106,200 over a year;
- Local calculations indicated that preventing eviction for a family, with the associated expenditure on temporary accommodation charges, legal fees, furniture storage, special education and other services, could result in estimated savings of about £40,000 over a year.

7.47 The potential cost savings presented above are for indicative purposes only. We have not attempted to quantify the total value of cost savings to society, as the fact that it may be some time before the full range of outcomes associated with the Projects become apparent make it difficult to determine a full picture of what they have achieved and its value to society. The information presented above is therefore only intended to given an idea of the potential magnitude of the cost savings that could be generated over the short term and the longer term. However, it suggests that these savings could be substantial. Compared against the costs associated with delivering Project

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<sup>23</sup> Discounting is an adjustment made (by accountants and economists) to express the sum of a future stream of costs over several years as the present value of this sum. In this example, a sum of £84,000 would be needed now to deliver the £300,000 required over the person's lifetime, if invested with a return of 6% per annum. Thus £84,000 is the present value (or discounted cost) of the required income stream.

services, only a few 'successful' and sustained outcomes may be required for the Projects' benefits to outweigh their costs.

### *Sustainability of Positive Outcomes*

7.48 When considering the financial consequences, it is also important to determine the extent to which the positive short-term outcomes that were achieved by many families are sustained. Given the small numbers of closed cases achieved by the three Breaking the Cycle projects and the lack of any significant period for their follow-up within the evaluation framework, it is currently beyond the scope of this research to do so for these Projects. These will be the subject of a further piece of work in the future. However, some indicative information on the possibility of sustaining the positive outcomes has been taken from two sources:

- The subsequent experiences of some of the families who had previously worked with DFP and AFP;
- A follow-up research study of six English Intensive Family Support Projects.

7.49 As shown below, these two sources show that about 70% of families have "good" prospects of sustaining the positive changes achieved whilst undertaking intensive family support.

### *Subsequent Experiences of some AFP and DFP Families*

7.50 Chapter 6 presented some material on the sustainability of improved lifestyles, relationships and behaviour, including some 'hard evidence' drawn from the records of the Aberdeen and Dundee Projects. Follow-up information was compiled for 11 of the 50 families whose cases had been closed by AFP and DFP. This analysis was done with the help of the caseworkers and included interviews with the families. Although these 11 families may not have been representative of all families whose cases had been closed, and the families' sustainment of improved lifestyles and behaviour are not monitored locally in a systematic way, it is likely that any families reverting to their previous problematic behaviours would be well-known by their local authorities. The period of time since case closure for these 11 families ranged from 4-19 months, with a mean of 9.2 months.

7.51 The information from this analysis was presented in Table 6.7. It showed that although one family had reverted to its previous drug habit and associated criminality, there had been no reports of ASB for nine of the families and that ASB complaints were much reduced for the other family. The sustainability assessment was deemed to be 'good' for eight (72.7%) of the families (albeit with two needing long-term support, due to vulnerabilities such as severe learning disabilities). The two families whose sustainability assessment was 'doubtful' had both withdrawn from their programme (one did not engage and the other only engaged partially). However, it should be noted that no reports of ASB by either of these two families had been received

in the seven months since their withdrawal. This analysis therefore suggested that almost three-quarters of these families were successfully sustaining the positive outcomes generated by their work with the AFP and DFP several months after their cases had closed.

#### *Longer-term outcomes from IFSPs in England*

7.52 This finding is reinforced by the conclusions of a study of the longer-term outcomes associated with six IFSP projects in England. This follow-up study (Nixon *et al*, 2008) built on an earlier evaluation of these projects over a two-year period (Nixon *et al*, 2006).

7.53 This follow-up study employed a qualitative methodology involving interviews with project managers, key stakeholders, family members and agencies working with families. Twenty-eight families who had worked with these IFSPs during 2004-2006 were successfully tracked. They were found to be representative of the wider population of 256 families who had worked with the six IFSPs over this period. The majority of the 28 families had exited the project within the previous 12 months and were living independently in the community. Six families, however, had only recently left the project and in these cases it was harder to establish the longer-term impact of the IFSP interventions.

7.54 The overall key findings from this study were:

- For seven out of ten (20/28) families, positive change had been sustained and/or had occurred since exiting the IFSP and no significant further complaints about ASB had been received. For these families the risk of homelessness had been significantly reduced and the family home was secure at the point of the final interview.
- The cessation of ASB complaints and reduced risks to the home, however, represent only two dimensions of sustainable outcomes and do not reflect the multiple difficulties that continued to impact on families.
- Over half the families (16/28) had moved home and while for the majority, moving to a new neighbourhood represented a chance to start again, others had exchanged secure tenancies for less secure accommodation, either renting from a private landlord or living in temporary accommodation pending a decision about re-housing.
- Just under a third of families (8/28) continued to experience difficulties with complaints about ongoing anti-social and/or criminal behaviour placing the family home at risk. For these families, the IFSP interventions did not appear to have any discernible impact on the behaviour of family members.

7.55 The study included an examination of the outcomes against the following four core objectives relating to family functioning and behaviour, which were:

- Prevention of repeat cycles of homeless and family breakdown arising as a result of ASB;
- Addressing unmet support needs and ensuring that families are able to sustain a positive lifestyle without being the cause of ASB;
- Promotion of social inclusion for families and assisting in providing better outcomes in relation to health, education and well-being;
- Increasing community stability by enabling and supporting families to live peacefully and to fully participate in their communities.

7.56 The findings for this element were presented as a continuum of outcomes, where involvement with the IFSPs was defined as:

- A “resounding success” for 12 families (i.e. for 42.8%);
- A “qualified success” for 8 families (28.6%);
- 8 families (28.6%) experienced “continuing difficulties”.

This follow-up study also found that:

*“Although local stakeholders could not place a precise financial value on the impact of IFSP interventions or the value to the wider community, the projects were perceived to offer excellent value for money.”*

#### *Use of additional resources*

7.57 It is, however, also possible that the Projects may result in additional use of some Exchequer-funded services. One of the main areas where costs may increase, especially in the short term, is foster care for children. Costs associated with foster care have been considered above. The other major areas where demands for other services may increase relate to treatments for drugs and/or alcohol misuse and dependency and to mental health services. However, it is difficult to identify ‘representative’ costs for these services. Audit Scotland is currently undertaking a study of the costs and effectiveness of drug and alcohol services in Scotland, which is due for completion at the end of March 2009. Costs for mental health services also vary considerably according to the type of treatment. Some unit costs for England in 2007/08 published by the Personal Social Services Research Unit (PSSRU) (Curtis, 2008) suggest that:

- A unit cost of £219 per patient day (i.e. over £1,500 per week) for NHS inpatient treatment for people who misuse drugs/alcohol;
- A unit cost of £219 per patient day for NHS inpatient treatment for people with mental health problems on an acute psychiatric ward;
- £790 per resident week for voluntary sector residential rehabilitation for people who misuse drugs/alcohol;

- £56 per patient week for maintaining a drugs user on a methadone treatment programme;
- £58 per Cognitive Behaviour Therapy (CBT) session;
- £43 (Voluntary sector and Social Services) - £65 per day (NHS) for day care for people with mental health problems.

7.58 Finally, the material presented above focuses mainly on quantitative aspects to which a financial value can be assigned. However, it is also important to recognise that intensive family support interventions can also deliver a range of qualitative benefits, such as improved family cohesiveness and functioning and making neighbourhoods safer and more pleasant places to live. Furthermore, many of the benefits resulting from the Projects are likely to be enjoyed by future generations.

## **7.7 Answering the research questions**

7.59 By way of conclusion to the economic appraisal, the material presented above and elsewhere in the Report is used to address the two research questions posed at the start of this section.

### *Are the Projects cost-effective?*

7.60 The data in Table 7.13 are taken from various tables in this chapter. They focus on the outcomes achieved by the five Projects during the evaluation period in terms of the key objectives of the Projects – reducing the risk of family homelessness due to eviction (e.g. for ASB); reducing the incidence of complaints about ASB; and reducing the risk of family breakup (unless indicated due, for example, to concerns relating to child safety). The costs included in the table are indicative, but are drawn from Scottish data where available. It should be noted that they are not cumulative, but show the results for several measures derived from a variety of research projects and other sources of information. The exact magnitude of the potential cost savings associated with the Projects will vary according to the circumstances of each family, but the values quoted below show that many of these costs that might otherwise have been incurred during the evaluation period are considerable. The table also shows that total numbers of families working with the Projects and the total costs for each year since 2005/06.



**Table 7.13 - Summary Table of Key Short-term Indicative Costs**

Total families referred:		Breaking the Cycle Projects (20/11/06 – 30/06/08): 80  Aberdeen and Dundee Families Projects (01/04/05 – 30/06/08): 145	
Total costs of Projects:		2005/06: £436,114 (Dundee and Aberdeen only)  2006/07: £837,428  2007/08: £1,447,041  April – June 2008: £394,470	
Cost per family month		£1,300 - £1,900	
Cost per closed case (based on average contact of 12 months)		£15,500 - £23,000	
Families with reduced risk of eviction	81%	Costs of eviction due to ASB	£6,500 - £9,000
		Cost of temporary accommodation for a homeless family for 6 months	£23,400
Families with reduced incidence of complaints about ASB	94%	Average cost per crime committed by a young person (aged 10 – 21 years)	£4,600
		Cost of custodial sentence at a YOI for 6 months	£51,000
		Secure Accommodation	£4,700 per week
		Costs associated with a teenager involved in criminal behaviour	£13,000 (for police time, YOT involvement and Court appearances)
		HMP and YOI provision	About £95 per day and £36,575 per year. Overall annual cost (including tagging and probation) of at least £50,000
Families with reduced risk of family breakup (16% had increased risk)	50%	Foster Care/Fostering Agency	£925 per week
		Residential Accommodation placement (Children's Unit)	£2,600 per week (within Council area) £3,600 per week (outwith Council area)
		'Crisis Care' placements	£4,400 per week (outwith Council area)

7.61 The cost analysis has shown that none of the Breaking the Cycle Projects has fully reached steady state, although some estimated steady state unit costs for 2008/09 have been derived. The experiences of Dundee and, to a lesser extent, Aberdeen (due to its shorter period of operation) also provide a good indicator of the unit costs that may be achieved over time, though these may also depend on the project working with a sufficiently large number of families at any one time (e.g. about 20) to realise important economies of scale.

7.62 In terms of the unit costs, the analysis has shown that the Projects should be able to achieve average costs per family month of about £1,300 - £1,900 and average costs per closed case of about £15,500 - £23,000 (based on an average contact duration from referral to case closure of 12 months). However, these values will also be determined by local procedures and practices. Overall, a Project with an average monthly caseload of 20 families requires an annual budget of about £360,000.

7.63 Whether or not the Projects are considered to be cost-effective will depend upon the estimated cost savings and the additional costs associated with the Projects and the time horizon under consideration. With regard to the short-term cost savings, the data in Table 7.13 shows that these can be considerable, especially if children are prevented from being taken into care. As an illustrative case study in Table A3.18 in Annex 3 shows, a family with four children can generate Exchequer costs of over £330,000 in a year if their behaviour results in eviction and the children being placed in appropriate alternative accommodation. One such 'success' in a year for a Project could cover its annual cost of delivery.

7.64 Furthermore, the potential cost savings may be larger in the longer term, when the full range of outcomes associated with the Projects become apparent. The short-term outcomes data showed that some family members experienced considerable improvements to their health and welfare during the evaluation period, and that the proportions benefiting from these always outweighed the numbers experiencing deterioration. Reducing depression and drug and alcohol abuse, improving employment prospects and children's education progress and prospects may lead to a wider range of positive outcomes for families over time, with associated future reductions in public expenditure. However, given the limited evaluation period, it has not been possible to determine whether these longer term outcomes are being generated. It has therefore not been possible to determine the additional value to society associated with these wider outcomes.

7.65 However, it should also be noted that the Projects have often identified significant problems within their families (e.g. children at risk; drug and alcohol addictions; mental health problems), which may require specific (and often expensive) interventions. Some children have been taken into care (albeit often on a temporary basis) due to problems that came to light within their family whilst working with the Projects (see also Section 4.3). In other words, in the short term the Projects may be increasing the costs to the Exchequer over and above the direct costs associated with running the Projects. It has

not, however, been possible to quantify the potential indirect costs associated with the Projects.

7.66 It is also important to recognise that the holistic approach adopted by the Projects means that all aspects of the families' lifestyle are considered (e.g. diet; hygiene; school attendance; training; anger management; parenting skills), rather than just one specific problem area (such as housing problems or anti-social behaviour). Many of these benefits may be lifelong, and possibly inter-generational. In particular, Projects that encourage meaningful school attendance could be cost-effective in the longer term, due to improving the life chances of the children involved. It is encouraging to note (see Table 7.8b) that the Projects have tended to have considerable success in terms of improving school attendance.

7.67 Overall, the Projects' costs will largely be incurred in the short run, while some of the outcomes arising from the Projects (and their resulting benefits) may only become apparent over the longer term. Consequently, it is not possible to state definitively whether the Projects are cost-effective, as the information necessary to make that judgement is currently unavailable. However, the Projects may generate notable short-term cost savings. The available information on indicative cost savings that could arise from the types of outcomes that may be generated by the Projects suggests that only a few 'successful' and sustained outcomes may be required for the Projects' benefits to outweigh their costs.

#### *Are core units cost-effective?*

7.68 Staff in the two Projects with core units spoke very highly of these and saw them as essential. Two of the other three Projects indicated that they would like to have such a facility (see Section 2.5). Core units enable a Project to work more closely and intensively with a family than is possible through an outreach service. This can be very beneficial, and can enable some highly complex families to be accepted who otherwise would not be appropriate for an outreach service due to their need for very intensive support. However, it is important to recognise that core units may also bring new problems to light (e.g. relating to child welfare and protection), with subsequent cost consequences for some services. Nevertheless, child welfare issues should be of paramount importance, and core units may help to identify these.

7.69 Core units need to be sufficiently flexible to accommodate large families if necessary (e.g. by joining two such units) and it is also important that they are used on a regular basis and do not stand empty for long periods of time. There also need to be a sufficient number of flats to enable economies of scale to be realised (e.g. relating to staff sleeping on site). The importance of such economies of scale suggests that Projects which are too small to generate sufficient demand for a facility of this kind should work together (e.g. across local authorities) to provide such a facility (although we recognise the potential accounting and managerial complexities of such an approach).

7.70 Separate accounts are not kept for core units, due to their integration within their Project as a whole. However, the unit costs presented above for Aberdeen and Dundee include the costs associated with their core units, and their costs (e.g. the average cost per family month) are generally lower than those for the Breaking the Cycle Projects (though this may in part reflect the relative maturity of the Dundee and Aberdeen Projects). Furthermore, although the evidence to date is limited due to the small number of closed cases, it suggests that the families placed into a core unit may not necessarily require a longer overall duration of contact with the project than is needed for some families receiving outreach services.

7.71 It has also not been possible to identify separately the outcomes associated with the core units. Therefore, as it has not been possible to identify either the costs or the outcomes associated with the core units, no definitive conclusions can be made about their cost-effectiveness. However, the core units do allow the Projects to work with more complex families in greater depth than they would be able to with their outreach services. This may mean that the Projects can generate a greater range of positive outcomes than would be possible if these families received outreach services alone.

7.72 It is also likely to be important that core units have sufficient capacity that is used with enough intensity to spread the associated overhead costs across several families over a year.

## **8. Conclusions**

### **8.1 Study limitations**

8.1 In drawing together the findings of the evaluation, this chapter revisits the original research questions (as listed in Section 1.1). Before doing so, however, it must be stressed that the duration of the BtC pilot programme (and the evaluation itself) constrain the extent to which firm conclusions about Project efficiency and effectiveness can be drawn at this stage. Firstly, being established ‘from scratch’ entailed each of the new Projects had to devise procedures, recruit and train staff and establish working practices which inevitably took some considerable time to bed down. Consequently, these Projects are unlikely to have achieved an ‘optimal’ regime at least during their first year of operation. Secondly, the research confirmed that the ‘short term’ horizon of guaranteed Project funding hampered both recruitment and retention of Project staff.

8.2 Thirdly, it seems likely that the initial cohort of families referred to the new Projects will have included significant numbers of families long-known to the relevant statutory agencies and in this sense constituting ‘backlog’ demand for Project services. The experience of Dundee seems to suggest that, over time, as such backlogs are addressed, capacity is freed up to help families whose problems are not so long established and whose starting position is not (yet) so dire – see Table 3.2 and accompanying text. In the long term, therefore, it may be that Projects find it possible to address the problems of referred families more quickly and/or with less intensive staff time inputs. Hence, unit costs should fall and ‘success rates’ should improve as Projects mature.

### **8.2 Findings in relation to research questions**

(a). What is the capacity of each service?

8.3 Including families being assessed as possible service users, snapshot caseloads of the five projects as at September 2008 ranged from 13-16 (see Table 2.3). However, throughputs of families also varied substantially, so that the numbers being assisted annually by each project might be more diverse. Because, by summer 2008, the initial cohort of BtC referrals had yet to fully work its way through the system, it is not possible to specify exact ‘throughput’ figures for the BtC projects. However, if (as a ‘mature Project’) Dundee’s experience is typical, the Projects might expect to help around 15-20 families per year in the longer term (see Table 6.1).

(b). What are the referral eligibility conditions and procedures?

8.4 All of the Projects were targeted on households responsible for anti-social behaviour and at risk of eviction or having been excluded from social housing following eviction. All five were aimed, primarily, at family households (i.e. those including at least one child aged under 16), although P4 Perth was also willing to accept single people (see Section 2.5). With the exception of P4 Perth, only family households were accepted for support. Referral procedures

varied, but usually involved some form of initial exploratory discussions between referring agency and Project as to the potential suitability of a prospective service user (e.g. in terms of their history, support needs and commitment to change).

- (c). How do the Projects work with other agencies and how well do other stakeholders understand Projects' roles?

8.5 The Projects worked with other local agencies at a variety of levels. In most instances there were high level, multi-agency, oversight bodies to whom Project managers were partly accountable and which exercised influence on Project activity at a strategic level. Project managers and staff also related to colleagues – especially in local housing and social work departments – at an operational level in relation to specific families. Such contacts were both bi-lateral (officer to officer) and in the context of case conferences or panels often involving representatives of various agencies (see Sections 2.5-2.7, 4.3).

8.6 Among local stakeholder bodies, understanding of Projects' roles was somewhat patchy, although this generally improved as the Projects developed. Particularly for the BtC Projects, their recent arrival on the scene (and possibly their perceived insecure status) meant that not all potentially relevant local players had yet come to fully appreciate the contribution the Projects could make. At least in some of the local authorities it was perceived that inter-professional tensions had yet to be fully overcome (see Sections 2.4 and 2.7).

- (d). How are potential clients identified and how effective is the process?

8.7 Potential service users were identified mainly by housing and social work departments although small numbers of referrals originated from other agencies. The methods used were seen as generally effective by the agencies concerned (see Section 2.5).

- (e). What is the profile of service user households and does this change over time?

8.8 Service user families were typically lone parent families containing relatively large numbers of children. Typically, such families have multiple support needs. Comparing the profile of families referred in Dundee with equivalent cohorts in the other four authorities suggests that typical family size may decline over time (perhaps as initial 'backlog cases' pass through the system) – see Section 3.3).

- (f). What types of intervention are offered by/through the Projects, and to what extent is Project support distinct from assistance previously offered/provided?

8.9 Project support typically addresses multiple issues and is delivered in a variety of ways. In most instances, support includes help with parenting skills and improving children's school attendance, building self-confidence,

emotional support and welfare benefits advice. Family members are also usually challenged to recognize the negative impact of their previous misconduct, and parents encouraged to face up to deep-seated problems such as alcohol or drug abuse. Especially in its supportive component, such intervention is typically far more intensive than anything previously experienced by the service user families concerned (see Sections 4.3, 5.6).

(g). Which types of clients engage most successfully?

8.10 Project staff found it difficult to generalise on this. However, there was a consensus that parental neglect due to drug abuse constituted a particular challenge, partly because the priorities of a drug-addicted person could present a serious obstacle to engagement with Project support (see Sections 4.3 and 6.4).

8.11 It was also found that older teenage children (especially boys) could be more difficult to engage than their parent(s). The typical absence of male Project workers was thought by some staff to be a potential constraint in working with teenage boys. However, others contended that strong personalities among female workers and less 'macho' male workers could help to challenge the impressions that some children have developed due to exposure to parental behaviour.

(h). What is the duration of support, to what extent are support programmes terminated early, and where this occurs, what are the reasons?

8.12 In Dundee, families completing support programmes had typically worked with Project for around 15 months. As a rule, families withdrawing from their support programme had, nevertheless, been receiving help for seven months at this point (see Table 6.2). The median duration of initial assessments in the 18 months to June 2008 was 2.5 months (see Table 2.5). This represents the period elapsing from the date of the original referral to a Project to the date that Project staff reached a final decision on whether to accept the family for Project support. However, given that the monitoring period (2007-08) may have been affected by exceptional factors a more typical assessment duration may be 1-1.5 months.

8.13 Having been formally referred to a Project, most families complete their support programmes. Only a small proportion (around 5%) fail to be accepted for Project support following their initial assessment. Around 30% of those accepted for support have this support 'prematurely terminated' – either because they withdrew from the programme or for other reasons (e.g. all children taken into care). Nevertheless, even this latter group usually engage with Project support at least to some extent. Withdrawal from Project support was, in some instances, attributed mainly to ongoing drug abuse. See Sections 2.6 and 6.2.

(i). What is the nature of relationships between service users and Project staff?

8.14 Service user testimony confirms that Project staff usually succeeded in establishing relationships of trust with the families under their responsibility. Service users tended to view Project staff as being highly committed to their welfare and contrasted this with social workers and other officials with whom they had previously interacted. This may be attributed partly to the essence of the Projects which was to focus substantial staff (and other) resources on a small number of families. It is also probably associated with the fact that – unlike social work, housing or ASB staff – the Project caseworker function is not a ‘policing’ role (see Section 5.6).

(j). To what extent do Projects successfully meet clients’ needs?

8.15 One response to this question is, in relation to families accepted by them for assistance, that Projects subsequently ‘sign off’ 70% of cases with the families having completed support programmes designed with their active involvement (see Section 6.2). Other relevant evidence is the tendency for service users to speak in very positive terms about their relationship with Project staff and the help provided by them (see Sections 5.6, 6.4 and A1.3). It is, nevertheless, fair to acknowledge that a significant proportion (30%) of service users withdrew from support programmes and that some others will have reverted to unhealthy lifestyles and behaviour following ‘successful’ case closure. Hence, there was an appreciable proportion of service users whose needs Projects were unable to fully address. As well as drug abuse, mental ill health tended to be one of the more intractable issues (see Table 6.6(c)).

(k). To what extent do former Project service users continue to require support?

8.16 Although it is difficult to quantify this in precise terms it seems safe to say that a majority of former service users are likely to require some continuing support following case closure, at least for a time. Such needs might be limited to the kind of help available via the Projects themselves. For some, however, ongoing support needs will relate to services properly provided by other agencies. Such help might appropriately include help of an even more intensive kind than the ‘IFSP product’– e.g. residential drug treatment. A group singled out as likely to need significant post-Project support on a lifelong basis were families including individuals with severe learning disabilities (see Section 6.4).

(l). What is the impact of Project support on service users’ awareness of their problematic behaviours?

8.17 Most interviewees accepted that the behaviour which had triggered their referral to the Project was problematic and ‘antisocial’. There was evidence of family members’ awareness of the impact of their behaviour developing as a result of caseworker action (see Section 5.5).

(m). What is the impact of Project support on service users in terms of (i) reducing their anti-social behaviour, (ii) improving their housing circumstances, (iii) improving their family functioning



8.18 At least for the period that families were receiving Project support, reports of antisocial behaviour were almost always reduced and often eliminated. Although not all families exiting Project support succeeded in sustaining improved lifestyles and behaviour, recurrence of ASB appeared to be unusual (see Table 6.4 and Section 6.4).

8.19 Again, the vast majority of families receiving Project support saw their housing situation improve in that risk of eviction receded (see Table 6.3). In some cases, Project assistance included help in making housemoves to more suitable homes or homes in more suitable areas. Project help could also contribute to better housing conditions through relieving overcrowding by helping children over 16 access tenancies of their own (see Section 4.3).

8.20 It was clear that, rather than focusing exclusively on suppressing antisocial behaviour in the immediate term, caseworkers concentrated on identifying and helping families to deal with underlying problems – especially problematic family dynamics. One measure of success here is that (as judged by caseworkers) Projects succeeded in reducing the risk of family breakup in 50% of cases (see Table 6.5). Nevertheless, ‘fixing’ such problems often presented major challenges and sometimes Project support actually triggered ‘family breakup’ where the additional scrutiny brought to bear on a family revealed child protection concerns resulting in children having to be accommodated by the local authority (see Section 4.3 in relation to core block provision).

(n). To what extent have Projects fulfilled stakeholder agency expectations?

8.21 In terms of the social work and housing managers who collaborated in setting them up, Projects’ achievements were universally recognised and celebrated. In general other stakeholders were also positive about their contribution. In some instances, however, not all local agencies responsible for tackling anti-social behaviour had been closely involved in the establishment, governance or operation of the Projects (in the Dundee case, this simply reflects the fact that the ASB team, as it existed at the time of the research, had not been created at the time the Project was established in 1996. See also Section 2.7).

(o). If ‘positive outcomes’ are achieved, how sustainable are these?

8.22 It is evidently the case that a proportion of families assisted by the Projects find it difficult to sustain improvements in lifestyles and behaviour achieved with Project support. This is even true among those completing support programmes. However, it would appear that – at least in the short to medium term – the majority of families exiting from the Projects succeed in sustaining their gains (see Section 6.4).

(p). What are the relative impacts of core block and outreach service provision?

8.23 This is a difficult question to answer. As discussed in Section 2.5, South Lanarkshire was explicitly committed to an ‘outreach only’ model and

would not have aspired to establish a core block, irrespective of the resource issues involved. Aberdeen and Dundee, by contrast, saw core block provision as essential and the other BtC Projects saw such provision as desirable, if sadly unaffordable.

8.24 However, it would be difficult to conceive of 'evidence' which could prove or disprove the contention that core block provision is necessary. At this stage all that can be said is that none of the BtC Projects reported having 'turned down' potential referrals because the gravity of their support needs was such that these could have been addressed only via core block provision. In the longer term, perhaps, it might become apparent that the average duration of cases needs to be greater under an 'outreach only' model, or the 'failure rate' associated with the latter might turn out to be higher.

(q). What are the local attitudes towards core blocks?

8.25 Although this question was not addressed in any depth, there was no suggestion from the Project staff in either Aberdeen or Dundee that local hostility to the siting of core blocks was a current issue. It is believed that, at the outset (circa 1995), such opposition had arisen in Dundee. Seeking to learn from this example, there had been extensive consultation with local people in the neighbourhood where the Aberdeen Families Project planned to site its own core block in 2005/06. This was seen as having been highly successful in addressing neighbourhood concerns, and therefore eliciting local compliance.

(r). Do the projects represent value for money?

8.26 The Projects are deemed to represent value for money if they are cost-effective. Analysis of the costs is relatively straightforward and shows that the 'steady state' average cost per family month is likely to be in the region of £1,300 - £1,900, with lower values for Projects with larger caseloads. If a Project works with a family for a period of 12 months, the average cost per closed case will be about £15,000 - £23,000. If the Project is working with an average caseload of 20 families at a time, it will cost about £360,000 per year to deliver.

8.27 The outcomes data show that many families have achieved positive outcomes that will have reduced their needs for other services and interventions and improved their life chances. Many interventions relating to looked after children and youth justice are very expensive and can cost £50,000 - £100,000 over a year. In relatively crude terms, if the value of the financial savings resulting from a Project exceeds its costs to Exchequer-funded services, it is cost-effective. However, many of the benefits are 'quality of life' gains which cannot be quantified in monetary terms (e.g. improved family functioning). Some of them will be enjoyed for many years (e.g. better employment prospects due to improved school attendance) and even by future generations (e.g. children's improved future parenting skills).

8.28 Some Projects will have resulting in additional expenditure; for example, where dependency problems or child protection issues become

apparent within a family only when it is exposed to the scrutiny which is part and parcel of Project support. However, addressing these should reduce future expenditure by the Exchequer and improve the family's prospects.

Having considered the outcomes achieved to date and the costs of key services that might have otherwise been required, the conclusion is that the Projects may be cost-effective in the short run. The extent of their overall cost-effectiveness depends on the extent to which benefits are realised and the timescale under consideration. However, it may not require many positive outcomes for the Projects' benefits to outweigh their costs.

(s). How do core block and outreach services compare in terms of value for money?

8.29 The two Projects with core blocks (Dundee and Aberdeen) have lower unit costs than those without such accommodation (though this may in part reflect the relative maturity of the Dundee and Aberdeen Projects). Furthermore, although the evidence to date is limited due to the small number of closed cases, it suggests that the families placed into a core unit may not necessarily require a longer overall duration of contact with the project than is needed for some families receiving outreach services.

8.30 Because their core accommodation is seen as an integral part of their service, these Projects do not have separate accounts for core and outreach services. Therefore, as it has not been possible to identify either the costs or the outcomes associated with the core units, no definitive conclusions can be made about their cost-effectiveness. However, managers of Projects with core blocks are convinced that they can accept and work with particularly complex families who need more intensive support and supervision than could be provided by an outreach service. It should be noted though that core blocks need to be used effectively and to be large enough (e.g. with accommodation for three families) to enjoy economies of scale enabling them to provide value for money.

### **8.3 Concluding reflections**

8.31 The intensive family support projects examined in this report had been charged with a highly challenging task. Similarly, as a research undertaking, arriving at definitive judgements about Projects' efficiency and effectiveness has not surprisingly proved a complex undertaking. It can, however, be stated with confidence that the Projects have engaged – and in most cases achieved immediate positive impacts – with some of the country's most vulnerable and troubled families. And, although the evidence as yet available is limited, it also appears that in the majority of cases, improved lifestyles and behaviour achieved with Project support have tended to be maintained at least in the months immediately following case closure. The extent to which such gains are sustained and built on over the longer term is a matter for further research.

# Annex 1 - Service User Experiences of Project Support: Additional Material<sup>24</sup>

## A1.1 Views of the referral process

Family members' views varied on the extent to which they had a choice about being referred for Project support. Some felt they had no real choice since refusal to engage would place them at severe risk of homelessness an/or family break up as the following comments illustrate.

*"We had no choice, or we would nae have had a house".*

*"It wasn't until they started coming up to ... speak to us and see us about it and that...I was determined I was nae coming [to work with the project] but then I got told, if you don't go, you're getting your kids taken off you for supervision. So I thought, right, I'm going. That's it".*

As noted in Chapter 5, however, some interviewees portrayed these issues in more positive terms.

Most of the families believed that Project aims and objectives were fully explained to them at the point of referral. However, as the Projects work with the families on a wide range of issues, interviewees understandably felt that there had been a lot of information to take in. Only one mother felt that the Project's role had not been fully explained. This related to the vulnerability of the mother at the point of referral and her inability to be confident enough to ask questions: *"No, really. Because I did nae get all the details. I was nae asking a lot of questions".*

It should be emphasized that this view was exceptional across the interviews. All the Projects appeared to have taken very seriously the provision of information about their work, and indeed, engaged with the families over several weeks before accepting them for longer-term Project support.

While Project aims and objectives were explained comprehensively, some families had remained reluctant to work with the IFSP, worried about letting their "guard" down. One young man who had grown up in care was particularly reluctant about working with the project: (although he had gone on to do so)

*"I just felt, back to this again, I dinnae need all this. I've been through it all before. I hate having to sit and explain all my business and this and that and telling this. And getting other people telling me, oh you've got to do this and do that. I know how to do it, I know how to run a house. I dinne need anybody to tell me what to do".*

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<sup>24</sup> As in the citation of service user testimony in Chapter 5, note that in this Annex, to protect confidentiality, all names are aliases.

Another interviewee was reluctant about becoming involved with the IFSP as they did not believe that the project could offer the type of support which would benefit his family:

*"I'll be honest. I was sceptical about the project. They said this that and the next thing. But I thought what can you give me? Do I really need you? I didn't want anyone to psycho-analyse me. Then Ruth came round with another worker. He went right through it, he told us all about it and that if we had any objections we could stop it at any time".*

Some families did experience feelings of shame about being referred to an IFSP. Parents expressed concerns that by accepting support that they had somehow let their children down:

*"I try not to tell them as much as possible because I don't think we should be in this situation for a start. You know, its never got as far as this where we're needing to have help".*

Linked to this, some families were also nervous about precisely what being involved with an IFSP would actually mean:

*"At first I thought, oh yeah, I felt kind of, you know, not ashamed, just worried about coming here, you know. Different things, you've got people 24/7, you know. And I thought, do I need all this? But it's been helping".*

Although accepting that the Project's role had been fully explained, one family explained how the amount of effort involved in working with Project staff was a 'shock':

*"I think they explained it well enough. I got a bit of a shock when I came in, about what I was expecting and what was actually happening since I moved in here".*

## **A1.2 Understanding of the role of Support Plans**

The five Projects all adopted a similar approach to planning out their work with families. During the initial assessment phase, Project staff worked together with families to develop an individual support plan. With the exception of two very recent referrals, all the families in the interview sample had a support plan in place.

None of the interviewees felt that the support plan had been imposed on them. Instead, support plans were generally developed after a number of sessions between the family and their project worker. The support plans can be thought of as a written summary of these sessions, with a list of key issues and the actions needed to address them. With Project workers' help, service users contributed to the development of their support plans based on their own perceptions of the support needed:

*"I think I had the full say, ken. It was like Jill was talking, do we think this is the best way to go? And things like that. And it was like, up to me, which way I was going to go for it ...With this, its for me to pick out what we are going to work on".*

As testament to this process, families typically had a high level of ownership of their support plan. A number of interviewees mentioned that working to achieve the goals set in the support plan was hard work – one mother spoke of going home to do her 'homework'. However, plans were also seen as exemplifying a 'partnership', based not just on what the families would do but also what Project staff would do for them:

*We had a plan written up where we had, yeah, we had to meet certain targets but it wasn't given as a kind of, it wasn't sold to us as a kind of, ultimatum. It was like, this is what we're going to achieve together and this is what we're going to do for you. Rather than this is what you must achieve. And that's important as well. I mean, again, its totally getting away from the, from the enforcement side of things".*

### **A1.3 Working with the Projects**

An important aspect of the support provided by the IFSPs was the way in which the work was structured. Project workers clearly understood that the families working with them were able to address only a limited range of issues at the same time. Initially, Project workers focused their attention on measures directly addressing the behaviour that had prompted the referral and the need to stabilise living conditions for the family. More 'aspirational' goals, such as training or employment, were considered at a later stage in the plan.

Although there were commonalities across the households in terms of vulnerability, unemployment, housing instability the 'story' for every family was unique. In response the Projects designed unique, family-centred solutions. Below the main forms of support provided by the project are discussed in turn.

#### *Housing support*

As seen by Project staff, an important part of the service was help to create a stable living environment for families. In some instances this was seen as requiring re-housing, while in others it meant helping families to resolve outstanding repairs, rent arrears. A significant amount of work by Project staff involved negotiating with social landlords to help resolve neighbour disputes and addressing complaints about behaviour. Project workers often worked jointly with housing staff to run workshops for Project service users on tenancy rights and responsibilities.

An important aim of the Projects was engendering confidence among service users that Project staff were "on their side". Thus, staff often helped families handle ASB complaints in a more positive way. This proved beneficial, especially where complaints were thought to be unfounded:

*"They stepped in as, like a middle man, and sort of, explained to the council our side of the story [regarding ASB complaints]"*

*"Er, yeah, they've been good because when we first moved up here there was complaints ... against us, but they were unfounded. And it was because of the Project workers, I think, because they were pushing it so much that they ... got investigated and they were unfounded and stuff. I think, if it wasn't for them, I don't think it would have happened so quick".*

#### *Liaison with other agencies*

Another key IFSP function delivered was brokering and co-ordinating help from other agencies. The review of case files undertaken alongside the service user interviews revealed that at the point of referral it was not uncommon for numerous agencies – sometimes dozens – to be working with families. One parent had noted during a review meeting: "I don't want too many chiefs telling me what to do". Prior to referral, families had sometimes found such activity uncoordinated and confusing.

Thus Project workers often spoke of adopting a case management role; where necessary, streamlining input by other agencies. In some cases involvement with other services was ended, thus allowing families to build trust with a more manageable number of agencies. In the following quotations interviewees refer to the case management style role offered by the Projects:

*"It's like, the Families Project are like a hub and they've got different arms reaching out to all different agencies working alongside. But they're the hub of everything, with us, to help us, every step right from beginning to end".*

*"And very close as well with social work. But if issues come up, they actually work with Jane [social work]. If Jane calls a meeting there's always somebody from [the Project]"*

The Projects also worked with families to develop the skills to negotiate with other agencies. A number of interviewees acknowledged having previously failed to face up to their problems, for example, by ignoring warning letters and *"throwing them in the back of the cupboard"*. One spoke of the help provided by the Project in terms of working with her existing social worker:

*"when I spoke to her, she seemed to be opening the doors for me .... So she went there [to meeting with social workers], guiding me like, and to the conferences and first screenings...[previously] If I was to say something to social workers or that, it kept getting turned round the wrong way. Because like I say, she's given me confidence".*

Where children's attendance at school was problematic, parents often described difficulties negotiating with education departments. Where this was an issue, Project workers were often reported as helping parents to liaise with schools – e.g. in agreeing alternative support services for children on part-time timetables:

*"He was home, I think he was home for nearly a whole year just about. So they helped me to contact other agencies and that for me. And then they assessed the boys to see what areas was more important to start off with and then work through"*

### *Practical support*

Many families stated that help with practical issues had proved to be the most beneficial aspect of the Project support (so far). This included help with decorating, gardening, accessing funding for new household items and managing mail. One family was supported to get new carpeting, which in turn helped to reduce noise levels from the flat:

*"Cos that makes a big difference because see when you're walking in your house and you ken you've no got carpet on your stairs, it makes you feel like you're just a pure failure like. And carpets are really expensive and I'll admit, I'm no good at saving up".*

*"Debbie also got us a package off the homeless, like I got a new freezer and cooker. It's getting carpets and blinds fitted as well. That's been really good money wise, cause it would have been a struggle without it. Karen will also come with me to appointments".*

Another parent was assisted with removing old furniture from her house and accessing funding to purchase new household items. In this case the parent had by her own admission *"let things get out of hand"*. Helping the family get the house 'tidy and organised' allowed them to move onto address more fundamental issues, such as parenting and routines.

One parent commented that practical support in keeping appointments had been invaluable, and together with parenting skills and routines setting had helped the family enormously:

*"They have been helpful with me, like if I need to go to something, they tell me when it is. They are involved, and so are the social work and the Council. Its helpful cause I'm no good with it, like I miss appointments".*

Finally, the Project workers assisted families to access support or help from other agencies, such as education, training, benefits advice and help accessing nursery placements. This latter service proved to be invaluable for many parents, especially those with no support from extended family.

### *Finances and budgeting*

For many families with older children, budgeting and help with finances was not a priority. However, it was a fairly common concern for younger families, particularly young single mothers. Help with budgeting was often closely linked to practical support, such as shopping, cleaning and tenancy related support. One young mother said that she had no 'home skills' and described how the project assisted her in this area:



*"She helped us budget my money so we'd go shopping and just get that shopping that we needed for the whole week. And then she would help us cook and show us how to cook and clean and stuff like that".*

One single mother who had recently separated from her husband commented she had ignored financial issues as problems with ASB had worsened. Support with handling rent issues was of great importance:

*"[the help with rent and budgeting was] very helpful because sometimes you don't know, you don't know who to go to.... And especially, I'm responsible for the kids, I'm responsible for everything. I'm responsible for the income coming in the house, the paying the rent and things like that. Especially cos as I say, things have been getting on my, things have just become a bit overboard recently".*

Another mother described the support provided to assist her with her rent arrears:

*"Aye it's been good aye. Cos ... I don't like phoning up and saying about repairs about the house because I get all stuttering and all that. Aye, cos ...I've gone into arrears and Geoff's sorted it oot into a plan what I've to pay a week".*

#### *Help with parenting skills*

One of the problems most frequently cited by parents was the lack of control they had over their children's behaviour. Thus, parenting skills was a focal point for many support plans, to be addressed through workshops and one-to-one sessions. Project staff would often visit a family at key points during the day and assist with routine setting. One project was connected to a dedicated parenting project (located in the same building) and referrals could be made directly to this service.

Work in all five Projects was similar, with a focus on helping parents establish a setting of routines and boundaries. This included setting morning routines (getting children clean, dressed and fed), evening (getting children be home before dinner, have dinner, to do their homework) and bedtimes. Work also focused on how to manage aggressive or controlling behaviour. One mother was described as treating her children as "friends" and as such was unable manage her children's poor behaviour.

Parents generally responded well to these routines, although some found the frequent visits by Project staff initially difficult to handle. Two parents below described their positive experiences:

*"They help with Emma [daughter, 3] getting her into routines. I feel like I have support and help with her now. Like she had problem with eating. She wouldn't eat anything. And sleeping, getting her to bed".*

*"It was mainly to do with Jessica and Joe. Like rows breaking out and me shouting. Basically it was to do with the weans. Like I've got a temper anyway, and then when they don't sleep there is a fight getting them to bed, then you are tired the next morning. I've had parenting classes and filling in the charts".*

### *Work with children*

Many cases involved Project workers engaging directly with younger family members, as well as with parents. In some cases, children's behaviour had prompted the referral thus work often focused on the reasons for the behaviour and individual support needs. In other cases, the children were affected by the behaviour of the adult members of the households. For example, children were being affected by loud music and parties within the home, family violence or substance misuse.

One-to-one sessions with children were used to focus on a range of different issues, for example, confidence, self-esteem or attitudes bullying. Depending on a child's age Project workers used different approaches to address these issues. Activities described included drawing or painting, using 'concept cards', taking children out for activities such as snooker or rock climbing. Project workers also helped children to access out of school activities or other educational services if they had fallen out of mainstream schooling.

It was noted by some adults that parenting skills, while useful for younger children, could not be applied to older children. Project workers adopted different approaches to working with older children, for example, by trying to engage them in training programmes, education or outdoor skills course (like the Princes Trust). One parent described how successful this focused one-to-one attention had been for her 14 year old son:

*"The day before, he started on us, oh, I was just so not well that I just could nae handle it, do you know what I mean? The Project worker came and she took Graham out. Had a word with him. And yesterday as well, she had him out. And last night, ... I took the 2 wee ones out, we went to Strathclyde Park. And we came back and it was that way, the atmosphere in the house. So I just took the 2 boys up the stair, because he'd been bullying the 2 wee ones, do you know what I mean? So I took them up and it was about half an hour later, Graham actually came up and he's apologised to us. Which is a thing that he's never, ever done. He's never apologised, do you know what I mean? He can accept he's done wrong, but he's never come out and says Mum, I'm sorry for what I've done... And I think with the project worker taking him out and explaining the situation and that".*

However, success engaging with older children was mixed. As described by one single mother where older children were unwilling to engage, this meant that Project workers had to concentrate on helping parents:

*"They are no working with him. Because any time that the Project workers comes up, he just sat there and laughed at her. He was not taking an*

*interest. I says to him in front of the Project worker one day, aye [they are here] because of your behaviour. And he just sat there and laughed. So all the work has been with me”.*

In some cases where the ‘offending behaviour’ of older children had been so serious that Project staff had seen no alternative to their removal from the family setting. This happened in two cases, where the relationship between an older child and other family members had completely deteriorated. Indeed, for both the families concerned, the removal of the older child automatically ended the ASB. The children removed were, in both cases, referred to dedicated youth support projects. A third parent was looking at this option in the hope that it would change her son’s behaviour:

*“she’s got something sorted for him. A kind of, its no a hostel, it’s a, it’s like a unit and you get a key worker and that with you. So she’s going to organise that for him, do you know what I mean. We’re hoping that he’s just going to come back with his tail between his legs, do you know what I mean?”.*

### *Emotional support*

Project workers were frequently cited as just spending time with families, chatting about everyday life and talking through family members’ personal problems. All the interviews found this type of emotional support to be important, helping them to address problems with control, stress, self confidence and self esteem.

Linked to helping family members feel more in control of their lives many service users were encouraged to use ‘anger management’ techniques. One couple had realised that their aggressive behaviour as a couple was affecting their child and worked with the project to address their anger. Learning to handle conflict had not only had a positive effect on their relationship and their child, but had also helped the couple develop tools for handling conflicts with their neighbours:

*Female: “Now we ken what way to deal with things. Like, if one of us is upset or whatever, we just go outside ...I’m glad that we ken the tools that we ken now. But I wish I kent it then, but I ken it now. Like for instance, if anybody, neighbours or anybody was complaining or shouting, I would nae react, I would just be nice and I would just go [walk away].*

*Partner: If we are arguing, I just go up the stairs and I’m up the stairs for about 10 minutes. She’ll go Sandy, go and come down the stair, its crap sitting here on my own”.*

### *Health issues*

Many families were assisted by Project staff to address health problems that most people would regard as mundane, e.g. visiting the optician or the dentist. In a number of cases, mothers suffered from very poor dental health

which impacted on confidence and self esteem. Helping to ensure that such problems were dealt with was seen as a high priority by Project staff.

In seeking help to tackle more fundamental health issues (such as substance abuse or depression) family members were generally referred to external agencies, although Project workers took the time to discuss such issues with family members during one-to-one sessions:

*“They know the situation as far as, me having to have my tablets changed because, and they said that they had access to people, they could pass me onto, you know, people that could counsel me. Sort of like, acting as a middle man, not offering me a direct service from them, but telling me about other services”.*

### *Creative solutions*

Project staff were credited for adopting creative approaches to working with families. While social work services were often described as “just talking at you”, project workers often devised innovative and interactive ways of working with families. These included:

- Relaxation and aromatherapy classes
- Parenting classes (with other families)
- Worry books (to help children get their emotions out)
- Creative drawing (to look at issues such as self confidence, image and bullying)
- Accessing driving lessons
- Star charts
- Outdoor activities such as rock climbing

### **A1.4 Views on Project support outcomes**

As well as rating the Project worker, interviewees were also asked to rate Projects overall. All ratings were six or above, and most awarded a score of nine or ten.[Note that this was not a ‘scientific’ scoring exercise, simply a crude way of gauging interviewee opinions about Project staff and their effectiveness).

Families were also asked to state what aspects of the service they would like to change. Responses here reflect the high overall ratings for Projects. Most stated that there was no aspect of the project that they would like to change. However, four families felt that the Projects could work more actively with younger family members. This perhaps reflects the difficulties that Project staff had when engaging with older children.

One interviewee felt that it had been difficult to adapt to the intensive support after years of doing what she wanted. However, this change was seen in a positive light:

*"But I struggled with it. I used to call this prison sentence, I was like, this is a friggin prison. I used to take fits all the times, going mad and everything. All the time, totally, all the time. But its just totally changed my life [for the better]. Totally has".*

Another parent, whose child was eventually diagnosed with ADHD had hoped that the intervention could have taken less time. Again, however, there was a recognition that the project was unable to make things go faster:

*"that's just our expectations of hoping things have a quick fix when there isn't really a quick fix for it ... And I think its important that anybody that gets involved with the project digs in. but no, I don't think there is anything that I could really call back on and say, it could have been done better".*

For most families the support provided was seen as invaluable in changing their lives for the better. Consequently, it was difficult to say precisely what had helped them the most:

*"Its kind of hard to explain. I think, the easiest way I could put it is, the Families project has given us the tools and the know how, to help ourselves. That's the easiest way I can explain it. Its not one thing, its all collective. I couldn't really point to one single thing and say, you know, that is the one thing that's turned our family around. It's a collective thing. It's also the other agencies they put us in touch with".*

*'No, no. I couldn't identify just one thing because there's been so many different things that, I had to get told about. Like, parenting things like one-on-ones with Elaine, for like my emotions. And things for my kids and protecting my kids and things like that. There is a lot of different things that they've helped us with. You know what I mean?'.*

The majority of service users interviewed stated that working with the IFSP had made a lasting improvement to their quality of life. Many stated that since being involved with the Project ASB complaints had substantially reduced or ceased entirely. Service users also spoke positively about the way Project staff had helped them mediate with other agencies (especially housing and ASB teams) to prevent further enforcement action:

*"I managed to keep the property. And we went to court to keep my eviction as well. The closure order got stopped and the ASBO got sorted out".*

This was connected to families having developed a "different outlook" on both their behaviour and what they wanted out of life. Many felt that their relationship with their children and extended family had improved. One parent felt that she was now able to talk to her family and her neighbours to address her problems, something she would previously have been unable to do. One service user had been encouraged by her project worker to start seeing a

psychiatrist on a regular basis. Compounding work on parenting skills she had started to see a real improvement in the relationship she had with her children.

Stress, tension and aggressive behaviour were common themes amongst many of the families referred to Projects. Many felt that the project intervention had had a “calming” effect and had helped them address anger and negative emotions. Linked to this was the feeling of being “in control again”, especially amongst single mothers. The ability to start coping with daily life had an enormous impact:

*“I’ve started speaking to my father. I’m now speaking to my mother. I’ve got myself a job. I’ve got my kids in a routine and they are now behaving themselves more better. I’ve got a better relationship with my kids. I’m starting to get to see my oldest kid. There’s just loads”.*

Concerns were expressed that in some cases improvements may be difficult to sustain without the on-going support of the project. Earlier interventions, particularly with regard to children, so that problems could be addressed before they became too entrenched, were seen as one means of ensuring greater sustainability. An increase in Core Block accommodation was seen as another. One service user interviewee believed that families were more likely to be able to sustain improved outcomes if they had received the particularly intensive support provided by the core block. Another professional expressed the opinion that what really mattered was not the way the support was delivered, but what was delivered in terms of developing key skills and attributes (parenting, self-esteem, confidence building etc) that were sustainable in the long-term. Despite the excellent work of the project staff, it is important to recognise the long-term and intra-generational nature of the families’ problems, which necessarily constrains the support that can be given, even within the confines of the Core Block.

In the final analysis, the sustainability of improvements will be dependent on the political will and concomitant resource allocations, as well as the multi-agency and intensive ways of working that have been successfully piloted thus far.

## **Annex 2 – Methodology for Service User Interviews**

### **A2.1 Collecting data from service users**

Project staff were asked to discuss the research with families referred to them for support, and to seek family members' consent to participate in the study by allowing access to personal records and/or agreeing to be interviewed. Similarly, Aberdeen and Dundee staff helped the researchers by seeking consent to be involved in the research on the part of any families having their cases closed during the research. It was then a matter of contacting and arranging interviews with those agreeing to be involved.

Dundee's experience as detailed below indicates the relatively limited extent of 'attrition' involved in the process of seeking to obtain service user interviews:

Of approximately 25 approaches made to families in the Phase 1 fieldwork, 18 agreed to be interviewed, both of these figures providing around half of the total for the entire sample. Nine of these were interviewed in Phase 1.

Unlike for the more recently established projects, some DFP cases had been closed for up to a year before the interviews took place. Consequently, while consent had initially been given, come the time of the interviews, some families were uncontactable. Some, for a variety of reasons, simply did not attend interviews as previously arranged.

In any case, given that 28 families were interviewed in this phase (see Table 1.1), then DFP's 9 accounted for 32% of the total.

Over both phases:

39 of DFP's cases fell within the parameters of the research. All cases considered to be live on or after 01.04.06 were to be included. Since some cases had already been closed by the time the pro-formas for the research were developed, retrospective consent required to be sought for some families. Some simply did not respond, or declined to give consent. Bearing this in mind, the actual figures for those who did give consent are:

27 out of 39, or 69% of all DFP families who fell within the criteria consented to researchers viewing their case files.

28 out of 39, or 71% of all DFP families who fell within the criteria consented to researchers seeking information from other agencies.

23 out of 39, or 59% of all DFP families who fell within the criteria agreed to take part in interviews.

A further 13 interviews took place at DFP during Phase 2 (out of 14 interviews arranged). Five of these were second interviews, with a further eight being 'new' interviewees.

The number of interviews which took place with DFP families was therefore 22, amounting to a third of the total across the five projects.

A number of difficulties were encountered in seeking to arrange interviews. Many of the families involved in the projects were, not surprisingly, living in extremely vulnerable situations. The majority had been working with their IFSP only for a short period and were starting to address serious issues such as homelessness, eviction, drug and alcohol misuse and child welfare. While agreeing to participate in the research in principle, some people cancelled or otherwise missed scheduled appointments. Others experienced personal problems which meant that they were unable to commit to an interview during the research period – for example, one family was made homeless during the interview period and another experienced bereavement.

As one project worker commented: *“a week is a long time for these families”*. Indeed, one family described themselves as having made significant changes in their lives at the point of interview. However, a week later the situation had deteriorated considerably and their children had been taken into care. This example starkly illustrates the chaotic and unstable lifestyles which IFSPs are working with.

The interviews completed involved a face to face meeting, each lasting approximately one hour. All bar two were conducted at Project offices. As the service users were already working with their IFSP, this provided a familiar and comfortable setting. Interviewees were invited to bring a friend or project worker to the interview, although none accepted this offer. The interview topic guides were designed to be as sympathetically phrased as possible, thus limiting the impact upon families that may be under stress. Project worker were available after the interview was completed if additional support was required. Where possible (and consent had been given), the researchers also reviewed case files maintained by project staff relating to the service users being interviewed. A further 15 case files (at P4 Perth and DFP) were reviewed where families had allowed access to their personal records but had not consented to interview.



**Table A2.2 – Families participating in service user interviews – summary details**

**(a) Interviews achieved in 2007**

Project	No of children	Household type	Outreach or core?	Perpetrators	Referral agency	Employment status/history of interviewed adult	Risk of child into care	Drug use	Alcohol	Depression
Dundee	1	Single headed	female	Core, then dispersed	Adults only	LA housing	Never employed	High	No	Yes
Dundee	2	Single headed	female	Core	Both adults and children	DV Refuge	Never employed	High	No	Yes
Dundee	1	Single headed	female	Core	Adults only	LA social work	Never employed	High	Yes	Yes
Dundee	5	Single headed	female	Outreach	Children only	ASBT	Currently unemployed	High	No	Yes
Dundee	2	Two adult family		Outreach	Children only	LA housing	Employed	Low	No	Yes
Dundee	2	Two adult family		Dispersed	Adults only	LA housing	Never employed	Medium	Yes	No
Dundee	2	Single headed	female	Core	Adults only	LA social work	Never employed	High	No	Yes
Dundee	2	Single headed	female	Core	Children only	LA housing	Never employed	High	No	Yes
Dundee	2 (one in care)	Single headed	female	Outreach	Children only	LA housing	Never employed	High	No	No
Dundee	1	Single headed	female	Core, then dispersed	Adults only	LA social work	Never employed	High	Yes	No

Falkirk	2	Single headed	female	Outreach	Children only	LA social work	Never employed	DK	No	Yes	Yes
Falkirk	1	Single headed	female	Outreach	Adult only	LA housing	Never employed	Low	No	No	No
Falkirk	2	Single headed	female	Outreach	Adults only	LA social work	Never employed	Low	No	No	Yes
Falkirk	2	Two adult family		Outreach	Both adults and children	LA social work	Never employed	DK	No	No	DK
Perth	2	Single headed	female	Outreach	Children only	ASBIT	Currently unemployed	Low	No	No	Yes
Perth	3	Two adult family		Outreach	Adults only	LA social work	Currently unemployed	High	Yes	No	Yes
South Lanarkshire	3	Single headed	female	Outreach	Both adults and children	LA housing	Never employed	High	Yes	Yes	Yes
South Lanarkshire	6	Single headed	female	Outreach		LA social work	Currently unemployed	Medium	Yes	No	No
South Lanarkshire	6	Single headed	female	Outreach	Both adults and children	LA housing	Never employed	High	No	No	Yes
South Lanarkshire	4	Two adult family		Outreach	Both adults and children	LA housing	Never employed	Medium	Yes	Yes	No

**(b) Interviews undertaken in 2008**

Project	No of children	Household type	Outreach or core?	Perpetrators	Referral agency	Employment status/history of interviewed adult	Risk of child into care	Drug use	Alcohol	Depression
Aberdeen	1	Single headed female	Outreach	Both adults and children	Other	Currently unemployed (previously employed)	Low		Yes	
Aberdeen	1	Single headed female	Outreach	Both adults and children	LA housing	Currently unemployed (previously employed)	Low	Yes		Yes
Dundee	2	Single headed female	Blank	Adults only	LA social work	Never employed	Low			
Dundee	3	Single headed female	Outreach	Children only	LA housing	Never employed	High			
Dundee	3	Single headed female	Outreach	Children only	LA housing	Currently unemployed	Low			Yes
Falkirk	2	Single headed female	Outreach	Both adults and children	LA housing	Currently unemployed (previously employed)	Low		Yes	
Falkirk	3	Single headed female	Outreach	Both adults and children	LA housing	Currently unemployed (previously employed)	Low			Yes
Falkirk	2	Two adult	Outreach	Adults only	LA social work	Never employed	Blank			Yes
Falkirk	4	Two adult	Outreach	Adults only	LA social work	Currently unemployed	Low		Yes	Yes
Falkirk	6	Single headed female	Outreach	Adults only	Blank	Currently unemployed	High		Yes	
Perth	6	Two adult	Outreach	Children only	LA housing	Employed	Low			

Perth	6	Two adult		Outreach	Children only	LA social work	part time	Medium				Yes
Perth	3	Single headed female		Outreach	Both adults and children	LA housing	Currently unemployed	Medium		Yes		Yes
Perth	5	Single headed female		Outreach	Both adults and children	LA housing	Employed part time	Medium				
Perth	3	Single headed female		Outreach	Children only	LA housing	Employed part time	Medium		Yes		Yes
Perth	5	Two adult		Outreach	Both adults and children	LA housing	Currently unemployed	High	Yes	Yes		Yes
Perth	4	Two adult		Outreach	Both adults and children	LA housing	Blank	Low		Yes		Yes
South Lanarkshire	3	Single headed female		Outreach	Both adults and children	LA housing	Never employed	High	Yes	Yes		Yes
South Lanarkshire	1	Single headed female		Outreach	Adults only	LA social work	Currently unemployed	High		Yes		Yes
South Lanarkshire	3	Two adult		Outreach	Both adults and children	LA housing	Currently unemployed (previously employed)	High		Yes		Yes

NB thirteen interviews were conducted in Dundee in 2008. There are only three records in this table, however, due to the fact that five families were also originally interviewed in 2007 and are therefore listed in Table A2.2(a); and following that, out of remaining eight families five were accepted for project support before 2006 and therefore no data was available for them on employment status, risk of child being taken into care, and health problems.

# **Annex 3 – Potential Cost Consequences Methodology & Literature Review**

## **A3.1 Introduction**

One of the four key research aims and objectives of the project is to consider if the Intensive Family Support Projects offer value for money.

This Appendix starts by describes the cost consequences methodology adopted in the economic evaluation and the reasons for taking this approach. It then provides a brief overview of the evaluations of a number of other Intensive Family Support Projects (IFSP), focusing mainly on the costs associated with them and on some of the methodological problems encountered when undertaking this work. These include the Dundee Families' Project (DFP), the Shelter Inclusion Project (SIP), several other projects providing intensive support to families in northern England, and an Edinburgh-based project providing an early intervention case management service to families with young children. Although each project had its own specific acceptance criteria, most worked with vulnerable families exhibiting anti-social behaviour at risk of losing their tenancy and becoming homeless. Most families also had significant health-related issues (e.g. mental health problems; addictions to drugs and/or alcohol) and child protection was also often a major concern.

One of the biggest difficulties associated with evaluating projects with multiple objectives where the benefits may occur over many years is trying to determine what might have happened to the family in the absence of the intervention. Although family-specific estimates cannot be made of the services that they may have otherwise required (and of the costs associated with these services), it is possible to identify a number of possible short-term and longer-term consequences and their associated costs. This Appendix includes information on the costs of a variety of such consequences, drawn from Scottish data sources (where available) and supplemented by data from research in other parts of the UK. This element does not provide a comprehensive review of this literature, but it does identify its main implications for the economic evaluation element of this study.

## **A3.2 Methodology**

Economists have traditionally used a variety of approaches when undertaking economic evaluations:

- Cost-minimisation analysis
- Cost-effectiveness analysis
- Cost-utility analysis
- Cost-benefit analysis.

The health service was one of first major public sector services to adopt such approaches and health economists have developed a variety of ways of evaluating health care interventions. Economic analysis is now an integral part much research in this area<sup>25</sup>. *Cost-minimisation analysis* considers the intervention that achieves a specific outcome at the least cost (in terms of its use of scarce resources). Thus if home measurement of blood pressure is shown to be as effective as measurement by a GP or by a Practice Nurse, the cheapest approach should be adopted. *Cost-effectiveness analysis* values costs of interventions in monetary terms and compares these with a single primary outcome (e.g. the cost per life year gained for hospital dialysis versus kidney transplantation after renal failure). *Cost-utility analysis* is a specific form of cost-effectiveness analysis in which outcomes are measures in terms of Quality Adjusted Life Years (QALYs). This approach recognises that people may prefer a few additional years in good health to a greater number of additional years in poor health. *Cost-benefit analysis* values all of the outcomes from an intervention in monetary terms as well as the costs. It has been used by planners to evaluate large public programmes (e.g. the Channel Tunnel) where the impacts may be felt across many different sectors of the economy.

Given the range of outcomes associated with the projects, the evaluation has adopted a form of cost consequences approach (as described by Coast (2004)<sup>26</sup>) for the economic evaluation. This methodological approach identifies and tabulates all of the relevant costs (which reflect the value of the resources used) and the possible consequences associated with a particular intervention. It clearly shows decision makers what is included and excluded from the analysis and where information is quantitative and qualitative. No attempt is made to combine the costs and benefits formally into a single measure (as done in traditional economic evaluations), but decision makers can use the assembled information to draw their own conclusions. Therefore the overall objective of this economic evaluation is to consider the values of the resources used and possibly prevented from being used that are associated with the Scottish Intensive Family Support Projects to determine the extent to which the approach offers good value for money.

The economic analysis falls into several stages:

- Identification of project-related activity;
- Identification of resource use and associated capital and revenue costs by the projects and by other agencies and organisations;
- Identification of relevant unit costs of delivering the projects;

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<sup>25</sup> See, for example, Jefferson T *et al.* *Elementary Economic Evaluation in Health Care*, 2<sup>nd</sup> edition, BMJ books, 2000 and Drummond MF *et al.* *Methods for the Economic Evaluation of Health Care Programmes*, 2<sup>nd</sup> edition, Oxford Medical Publications, 1997.

<sup>26</sup> Coast J. Is economic evaluation in touch with society's health values? *British Medical Journal* 2004; 329:1233-6

- Identification of short-term cost savings and possible long-term cost savings (i.e. the avoided cost consequences).

*i) Identification of Project-related activity*

Much of the information collected during the other elements of the evaluation (e.g. project aims and objectives; selection criteria; success and case closure criteria; facilities; staffing levels; anticipated 'steady-state' caseloads; family composition; referral sources; information about services used by family members at referral) provide important contextual information for the economic evaluation. However, the projects have also provided specific information for all referrals about dates of referral, dates of acceptance or rejection, and case closure dates.

This information provides important details about the length of time for which families are in contact with the projects. There are two main reasons why families do not proceed to work with a project:

- They do not meet the project's acceptance criteria and are therefore rejected by the project;
- They meet the acceptance criteria, but do not want to work with the project.

For some families, the time between receipt of a referral and the decision to reject a family will be relatively short (e.g. if the family clearly does not meet a project's specific referral criteria). In some cases the project will need to gather additional information before it can decide whether or not a family meets its acceptance criteria, which can take several weeks. However, even when families meet the referral criteria and are offered support, they will often work with the project for a while before deciding whether or not to 'sign up' to participate. It is important that this time is captured in the evaluation, due to its opportunity cost (i.e. the required project resources cannot be used for any other activities).

The date of closure for those families that agree to work with a project determines the amount of time for which a family is 'on the books' of a project. Cases tend to close for one of two reasons:

- By mutual agreement with a successful outcome, where the objectives have been achieved;
- The family ceases to comply with the project's requirements (e.g. they refuse to attend key meetings) – in such cases some benefits may have been achieved.

Data on the number of contact months, and their dates, are key elements of the economic evaluation. Although the amount of contact families have with the projects is likely to vary from week to week and month to month, these variations are not included in the analysis. This is partly because such data is very time-consuming for staff to gather and collate for all families, but also

because it is the macro-level average total costs of the families that are relevant for decision making about projects' cost-effectiveness. However, local analysis of family-specific micro-level data on aspects such as contact levels with project staff can be used for project audits to help managers determine how resources are being used and whether they could be used more efficiently. Such audits can show, for example, whether families tend to be relatively time-intensive initially, with a gradual reduction over time to case closure, or if families' needs for staff support are more erratic and unpredictable. This information can be helpful when planning staffing levels and staff workloads.

*ii) Identification of resource use and associated capital and revenue costs*

- Costs incurred by the Projects

The primary source for identifying the capital and revenue costs of the resources used by each project was their annual (audited) income and expenditure accounts and their budgets, financial projections and financial monitoring for the current financial year. Each project was asked to provide copies of audited accounts for completed financial years (e.g. for 2005/06 if relevant, 2006/07 and (when available) 2007/08) and regular (e.g. quarterly) updates of expenditure against budget during 2007/08. Copies of any other relevant finance-related documents (e.g. Business Cases; internal financial reports) were also requested for each project on an ongoing basis.

The three Breaking the Cycle demonstration schemes only have revenue costs, as they only provide outreach support. Ideally, for comparative purposes, separate capital and revenue costs would be available for the two Families Projects (i.e. Dundee and Aberdeen) with core units, along with separate revenue costs for their outreach/dispersed services and core accommodation. However, in reality the revenue costs of providing core and outreach services are hard to separate, as staff work across both services and buildings are used to provide support to all families using the service.

Two other significant aspects relating to the use of resources also need to be taken into account to identify the true costs (as opposed to the accounting costs) of running the projects:

- Central overhead/support costs;
- Payments in kind.

To identify the true resource-related costs of running the projects, it is important that the costs of senior manager time provided by staff not specifically funded by the projects and the costs of centrally-provided activities such as staff recruitment, financial management, staff training and central administration are included. Projects may also benefit from staff seconded from (and paid by) other departments/organisations (e.g. social workers; youth workers) or from the provision of facilities such as rent-free office space. These resources generally have an 'opportunity cost' (i.e. they could have been used for other activities), especially the staff. It is therefore



important to identify (e.g. through discussions with Project Managers) the extent to which projects benefit from such 'free' resources so that their true cost can be included in the financial cost calculations for each project. This is relatively straightforward for staff, whose salaries (plus relevant on-costs) can be used, but is usually much harder with facilities, as it may not be possible to identify a 'market rent' for such buildings (as they may otherwise have been unused or used to reduce pressures on space elsewhere). It is also important to try to identify the value of the resources contributed by any other organisation which works closely (e.g. in partnership) with a project and is crucial to its operation.

#### *Costs incurred by other agencies pre- and post-intervention*

Many of the families will also generate additional Exchequer-related costs due to their participation in these projects. For example, a mother may be encouraged to receive help for previously untreated depression and a child may be placed in a pupil referral unit to start to address their schooling problems. The evaluation of six intensive family support projects in northern England (Nixon *et al*, 2006) found that families were generally making less use of most services when their cases were closed than they had been doing when their cases opened, although more use was made of youth workers and mental health workers when the intervention ceased. Many of the families are very vulnerable and continue to be so after their immediate tenancy and anti-social behaviour problems have been addressed.

Case notes for closed cases were studied during the second part of this evaluation to try to determine the extent to which families' use of other services had changed before and after the intervention. Where possible, the impact on other resources was estimated. However, it must be remembered that service use may alter for reasons beyond the scope of the projects' influence. It will also be influenced by local availability of (and possibly waiting lists for) many services (e.g. child and adolescent psychiatry). It can also be argued that, due to their needs, the families should already have been receiving these services. Therefore, although the interventions may result in additional short-term costs for other agencies and services, it is expected that these costs will be far outweighed by the longer-term benefits of project participation.

One of the problems associated with evaluating new initiatives is the lack of information about their longer-term effects. The researchers who undertook the evaluation of the six intensive family support projects in northern England were able to follow-up some of the families several months after their cases had closed (Nixon *et al*, 2007). Given their fundamental vulnerabilities and the fact that families' needs inevitably change over time, some of the benefits achieved at closure had been lost, resulting in them placing new demands on various services and agencies. However, it is important that any increased use of other services to address problems and difficulties is not seen as a sign of failure by the intervention. Indeed, getting families to recognise their needs and to seek help may be a sign of success.

### *(iii) Unit costs of project delivery*

Two main unit costs are calculated:

- The average cost per family contact month;
- The average total cost per closed case.

Both of these have been used in other evaluations of similar initiatives and provide a sound basis for monitoring the development and progress of the projects. Values are calculated for each financial year, which enables comparisons to be made over time (although many evaluations tend to focus on relatively short timescales, often before projects have achieved 'steady state').

The **average cost per family contact month** is determined by dividing the (true) annual cost of delivering the project by the number of family contact months provided over the year. For example, a project working with an average of 10 families each month over a year delivers 120 family contact months. If the project's annual cost is £240,000, then the average cost per family contact month would be £2,000. The activity data provided by the projects enables the actual months of contact with each family to be used in the calculation.

The average cost per family contact month in a specific year can be compared with the estimated average cost per family contact month if the project was working at full capacity. For example, if the above project was resourced to work with 20 families per month (i.e. to provide 240 family contact months per year), then the minimum average cost per family contact month would be £1,000 if the project was always working at full capacity. Evaluations of other similar interventions suggest that it is very difficult for projects to run at full capacity all of the time, especially whilst they are getting established, recruiting staff, seeking suitable referrals, and building up their caseloads. It is therefore important to use real activity data on caseloads and the actual costs of delivering the projects to calculate the true average cost per family contact month for each project. This unit cost can then be monitored as the project develops and matures.

The second key unit cost is the **average total cost per closed case**, which will depend on the average amount of time for which families are in contact with the project. This cost is built up for a specific year by averaging the total cost for each family whose case was closed in a particular year. For example, if the average cost per family contact month is £1,000 and the family worked with the project for nine months during that year, then the total cost for that family is £9,000. If the family works with the project across two financial years, then the relevant average costs per family contact month should be used for the number of months falling in each financial year. The average total cost per closed case in a specific year is calculated by averaging the totals for each family whose case was closed during that financial year. However, it is also useful to identify and specify the range of times for which families are in contact with a project, as these may differ

considerably, resulting in a wide range of total costs for closed cases. For example, two families with contact times of 3 months and 15 months and total costs of £3,000 and £15,000, respectively<sup>27</sup>, would have an average contact time of nine months and an average total cost of £9,000 per closed case. The average values alone may mask considerable variations.

The experience of other similar projects indicates that the average total cost per closed case is likely to increase over time for two main reasons:

- Some families have more complex needs than others, requiring longer periods of intervention and contact than the relatively straightforward families;
- With experience, projects improve their abilities to identify which referred families are most likely to be suitable (and/or to improve the suitability of the families referred to them), thus reducing the numbers of families with very short contact periods with the project (e.g. due to a failure to engage; being too close to eviction for the project to be able to intervene).

It is therefore unlikely that the steady state unit costs of delivering the projects will be established until the projects have been running for at least 18 – 24 months, and possibly longer (depending on the lead-in time required to set up the project). One of the reasons for including the two Families Projects in Aberdeen and Dundee was to enable a longer perspective to be taken when identifying the unit costs.

These two unit costs are relatively simple to calculate from routinely-recorded data and to monitor. There are a number of other possibilities that can also be calculated, such as the cost per successfully closed case and the cost per family member. However, these tend to have a variety of shortcomings. For example, focusing only on the families whose cases have been closed due to the successful achievement of their objectives overlooks the many benefits that may also have been achieved even if a family prematurely terminates its involvement with a project. In addition, although the average cost per family member reflects the fact that families differ in size, it may be misleading because family compositions are often fluid and tend to change over time (e.g. older teenagers may move out; some children may be living temporarily with foster carers). Furthermore, a project may work mainly with only one or two members of a large family if the behaviour of other members is not a cause for concern.

Finally, unit costs can also be used to undertake some comparisons between projects, although this should only be done with caution. Projects in different places may work with families of differing sizes and with varying levels of complexity (e.g. due to local provision of other services relating to ASB). They may also have different underlying objectives. Such comparisons can

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<sup>27</sup> Assuming the average cost per contact month was £1,000 in both financial years.

be especially problematic if there are small numbers of service users. For example, if a core unit is designed and staffed to work with two resident families but only has one family in it for a period of time, the costs for this family will be higher than they would have been if two families had been in residence. Unit costs will generally be lower if projects are working close to capacity, but it is also important that the projects work with appropriate families to obtain the desired outcomes (and thus to deliver genuine value for money).

*(iv) Avoided short-term and longer-term cost consequences*

The final element of the economic evaluation is to consider the costs that may have been incurred by other service providers in the absence of the Intensive Family Support Projects. Given the uniqueness and complexity of families and their situations<sup>28</sup>, it is not possible to compare the services used by those families experiencing the intervention with a matched sample of families not working with the projects. Instead, this element focuses on identifying potentially avoided costs, using professional judgement where feasible<sup>29</sup>, to determine which may have been incurred by the families. It focuses on the costs of the Exchequer-funded services rather than on any costs that may have had to be met by the families themselves. Potential costs that would have fallen on the Exchequer include short-term costs associated with activities such as:

- Evicting (and possibly rehousing) families;
- Placing one or more children in foster or residential care;
- Youth justice services (e.g. Young Offenders Institute; legal and Court costs);
- Special education or training provision for those children and young people not regularly attending school or college.

In addition, there are also likely to be longer-term cost consequences of anti-social behaviour due to social exclusion and poor educational attainment impacting on employment and lifestyle opportunities (e.g. resulting in lifelong benefit dependency). Many of these fall on society and individuals as well as on Exchequer-funded services. Although much less certainty is associated with these costs (and their present value will be relatively low if they would occur many years into the future), it is nevertheless important to identify them so they can be considered as possible cost consequences.

Many potential quantitative cost consequences can be identified from the published literature, and these are described in the following two sections of

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<sup>28</sup> For example, family composition, current and previous ASB; health-related problems; housing history; school attendance; locally available services.

<sup>29</sup> Though it is important that projects' achievements are not exaggerated.

this Appendix. Local values are also used in the evaluation with local values where these can be identified.

Finally, it should be noted that these types of projects are also likely to have a number of other, more qualitative outcomes. For example, residents in a neighbourhood may feel that it has become a safer, quieter and more pleasant place to live. Although it is not possible to attach financial values to these benefits, it is important not to overlook them. The cost consequences approach used in this evaluation allows these qualitative benefits to be captured and described. Policy makers can then use their discretion to interpret the relevance of the findings to their specific circumstances.

### **A3.3 Costs of similar projects**

#### *i) Dundee Families Project*

An evaluation of the Dundee Families Project (DFP) was undertaken by a team of researchers from the University of Glasgow from May 1999 to May 2001 (Dillane *et al*, 2001), drawing on data from November 1996. DFP was established to assist families who were homeless or at severe risk of homelessness as a result of anti-social behaviour and was run by NCH Action for Children Scotland (as it was then) in partnership with Dundee Council Housing and Social Work Departments. It works with families deemed to have exhibited a range of anti-social behaviour with the aim of enabling them to avoid eviction or be restored to satisfactory tenancy arrangements. This would help prevent the breakdown of vulnerable families or re-unite separated families. Almost all of the referred families were on low incomes and many were headed by a lone parent. Professionals often also had concerns about parenting and care of the children. The evaluation found that many families improved their behaviour and stabilised their tenancies. These improvements were usually sustained after contact with DFP ceased, although many families still had serious problems, especially relating to childcare.

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

The study also applied cost information to the alternative actions that would have been required had the DFP not been available to its recipient families. These calculations suggested that the DFP saved the local Council more money than it required to operate. The authors recognise that their analysis has many limitations – for example, it is based on family problems only

persisting for one year and excludes a set of broader social costs “which were impossible to guestimate” - but nevertheless they conclude:

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

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

- Avoided high-cost options (e.g. children becoming looked after, supported accommodation for the family);
- Reduced behaviours (including crime) with potential long-term cost implications for society;
- Promoted the quality of life of family members.

#### *ii) Shelter Inclusion Project*

The Centre for Housing Policy at the University of York undertook an evaluation of the Shelter Inclusion Project in Rochdale (Jones *et al*, 2006). This project was launched in 2002 in partnership with Rochdale Metropolitan Borough Council. It provided a specialist floating support service to tackle anti-social behaviour and social exclusion amongst four types of clients – lone adults, adult couples, lone parents and family groups. Its income came through Supporting People and the Neighbourhood Renewal Fund.

It supported 74 households containing a total of 230 individuals over its three-year duration. Two-thirds of the households included children and just over two-fifths (43%) were headed by lone parents. However, in 70% of the households the anti-social behaviour was being committed only by an adult in the household. Most households were economically inactive, with only 3% of service users in work. Almost a quarter of the children (24%) were either temporarily or permanently excluded from school or missing significant amounts of schooling. Many households also had high levels of reported health and support needs. More than half of the households contained an adult with depression or other mental health problems. Just under a third included someone with a limiting illness or disability. Drug and alcohol dependency among adults was a problem in almost a quarter (23%) of the households). Households had also been subject to a wide variety of actions due to their anti-social behaviour, including eviction, injunctions and Anti-Social Behaviour Orders (ASBOs).

Anti-social behaviour ended or improved in 70% of households that completed their time with the project. Among the 45 closed case households, 60% no longer exhibited any anti-social behaviour and a further 11% showed

improvements. With regard to tenancy sustainment, over four-fifths (84%) of closed cases were assessed as being no longer at risk of homelessness. Of the 34 children and young people who received direct support with their education, 91% showed improvements in school attendance. Many service users reported improved self-esteem and feeling more in control of their lives. Table A3.1 summarises the project activity and the unit costs associated with this project.

**Table A3.1: Shelter Inclusion Project - Summary of Project activity and costs: August 2005 – December 2006**

Project Activity	Cases Closed in 2003/04	Cases Closed in 2004/05
Number of closed cases	16	25
Number of individuals in closed case households	37	88
Cases closed during period:		
Average duration (months)	9.3	16.4
Range (months)	2 – 15	4 – 27
Unit Costs		
Average cost per client month	£679	£819
Average cost per family member month		
Total cost per closed case:		
Average	£6,281	£11,902
Range	£1,358 - £10,185	£3,276 - £19,873
Total cost per family member	£2,716	£3,381

The project was staffed to work with a maximum of 33 households per month. It was estimated that the project would cost £771 per household month in 2005/06 if the project worked at full capacity throughout the year. If the average contact time could be reduced to 12 months per household (e.g. by closing cases more efficiently), this would result in an average total cost of £9,254 per closed case household.

### *iii) Anti-Social Behaviour Intensive Family Support Projects*

The findings of a study of six anti-social behaviour rehabilitation projects was undertaken by a team of researchers from Sheffield Hallam University for the Department for Local Government and Communities (Nixon *et al*, 2006). The six projects, which worked intensively with vulnerable families, were located in northern England. Five were managed by Action for Children (formerly known as NCH) and one by a City Council. They offered multi-disciplinary support for families exhibiting problem behaviour at risk of family breakdown and homelessness either in their own homes or by moving them to managed accommodation. The study focussed on 256 families, nearly all of which had high multiple support needs. Two-thirds of the families had three or more children four-fifths of the referred adults had poor mental health (especially depression) and/or problems due to substance misuse. Almost half of the families reported either intimate partner or intergenerational domestic violence. In 85% of cases, the intensive support resulted in families changing their behaviour so that complaints of anti-social behaviour either ceased completely or dropped dramatically.

The evaluation included an in-depth discussion of the costs and cost consequences of these projects. The majority of the funding came from Supporting People, though some projects also received income from other sources, such as the Children's Fund their local Council. These funders tended to have different requirements, which influenced the range and scope of some of the projects.

Two unit costs were calculated for 2003/04 and 2004/05 – the average cost per client month and the average total cost per closed case. Three of the six projects had a core unit for part or all of the evaluation period, but it was not possible to separate the costs of the core units from the overall accounts for these projects. Activity and unit cost data for the six projects are shown in Table A3.2.

These costs show clearly that the average cost per client month and the average total cost per closed case tended to increase over the two years. For example, for the projects without a core unit, the average cost per client month increased from a range of £813 - £1,305 in 2003/04 to £1,060 - £1,496 in 2004/05. During this same period the average total cost per closed case increased from a range of £3,954 - £5,991 to a range of £4,913 - £12,940. The latter increase was because the families leaving the projects in 2004/05 had generally had more complex needs and been in contact with the projects for longer periods. The table also show that, as expected, costs are much higher for projects with core (residential) units than for those only providing outreach services.



**Table A3.2 – Intensive Family Support Projects – Activity and cost data: 2003/04 and 2004/05**

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

\*: denotes projects with a core unit throughout

<sup>o</sup>: denotes the project with a core for part of 2004/05

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

Although it was not possible to determine the Exchequer costs that would have been incurred by these families in the absence of the intervention, the evaluation includes an illustrative case study showing how a family with four children can easily generate public costs of more than £330,000 over a 12-month period (e.g. due to eviction, foster care, residential care and criminal justice provision) if their anti-social behaviour is not addressed. As shown in Sections A3.4 and A3.5 below, the costs associated with anti-social behaviour and non-sustainable tenancies can be high. Furthermore, the costs of providing foster care and more specialist residential care to children who cannot remain with their families can be very high. These types of projects can be very cost-effective, not only in the short-term but over recipients' lifetimes.

#### *iv) Edinburgh Early Intervention Families Project*

The Case Management Early Intervention Project (aka the Early Intervention Families Project) was established in Edinburgh in August 2005 with initial funding for two years. Although the project has been evaluated

independently over two years by Brodies<sup>30</sup>, its economic aspects were included in an evaluation undertaken by Sheffield Hallam and Herriot Watt Universities of the impact of local anti-social behaviour strategies at the neighbourhood level (Flint *et al*, 2007). The project works with vulnerable families in specific parts of the city where there is at least one child aged 12 years or under and the behaviour of one or more children is giving cause for concern. Each family is allocated a Case Manager who works holistically with them and with all of the other agencies in contact with the family to co-ordinate these services and to identify and fill any gaps. It is less intensive than the other models described above and has a stronger focus on prevention through early intervention and on working with families with at least one young child. It also draws on a New Zealand model known as Strengthening Families, which encourages families to develop and draw on their own resources to improve the functioning of the family as a unit. This is expected to reduce the subsequent development of antisocial behaviour.

During the period August 2005 to December 2006, the project worked with 37 families. Two-thirds were headed by a lone adult parent and each family had an average of 3.9 children (range: 1 – 9). As well as including one or more children whose behaviour was causing concern, 60% of accepted families were affected by parental mental health problems and substance misuse, over half by significant poverty and debt, and 40% were affected by poor parental physical health or learning disabilities. Slightly over three-quarters (77%) of accepted families had been involved in, or had generated complaints about their involvement in, antisocial behaviour. Four-fifths of families working with the project had had problems relating to the attendance or behaviour of their children at school and two-thirds of families were involved with the police and social workers at the time of referral or previously. Two-thirds of accepted families were living in City of Edinburgh Council tenancies. At least 40% of these were seriously overcrowded. The remaining third of families were either living in the private rented sector or in homeless accommodation. Over a third of the families accepted by the project were homeless or threatened with homelessness at the point of referral.

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<sup>30</sup> Formerly known as Capital City Partnership, Bishops Solicitors and Consulting.

**Table A3.3 - Case Management Early Intervention Project – Summary of Project activity and costs: August 2005 – December 2006**

Project Activity	August 2005 – March 2006	April 2006 – December 2006
Number of new clients/cases:	24	13
Number of client months	111	198
Average number of clients (families) per month	13.9	22.0
Number of family members	550	1,039
Average number of family members per month	68.8	115.4
Number of closed cases	6	10
Cases closed during period:		
Average duration (months)	4.8	7.7
Range (months)	3 – 8	4 - 12
Unit Costs		
Average cost per client month	£888	£646
Average cost per family member month	£179	£123
Total cost per closed case:		
Average	£4,292	£4,670
Range	£2,664 - £7,104	£2,584 - £9,688

Table A3.3 summarises the project's activity and costs since its inception in August 2005 to December 2006. Two families had worked with the project for 17 months (i.e. since it started in August 2005) and almost half (10/21) of the families working with the project in December 2006 had done so for 12 months or longer. The table shows how the average duration for closed cases has increased over time, from 4.8 months (range: 3 – 8 months) during August 2005 to March 2006 to 7.7 months (range: 4 – 12 months) in April to December 2006. It also shows that the average cost per client (i.e. family) month has fallen from £888 to £646 and the average cost per family member month has fallen from £179 to £123 over these periods. Overall, the average cost per closed case increased slightly from £4,292 (range: £2,664 - £7,104) to £4,670 (range: £2,584 - £9,688).

Although these costs are of interest, they were not felt to represent the likely steady-state costs associated with the project after mainstreaming. This was partly no overhead charges were levied on the project during its pilot phase. Based on the assumption that the project has an average caseload of 20 families each month (i.e. it provides 240 client contact months each year) and costs £250,000 over a full year, the average total cost per closed case would be £12,500 if the average duration of contact with the project is 12 months. However, it would only be £9,375 if the average duration of contact was nine months<sup>31</sup>.

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<sup>31</sup> This project was evaluated independently (Brodies LLP, 2007). The final evaluation quotes costs of about £99,000 for 2005/06 and about £245,000 in 2006/07, during which time there were 46 case families. It states that these figures “equate to a *notional* total spend of c. £7,472 on each of the 46 case families over the period”, but points out that “the quoted cost figures for the Project exclude the

Although this project tends to intervene sooner and works in a less direct manner with its families, these costs are similar to those associated with evaluations of other projects providing support to families with problems relating to their behaviour and their housing (Jones *et al*, 2006; Nixon *et al*, 2006).

#### *v) Summary*

The above discussion shows that although there is considerable variation across the projects in terms of the lengths of the period of participation and the costs per client month, they generally cost in the region of £10,000 - £13,000 per closed case. This cost tends to increase over time as projects mature and work with families with more complex needs, requiring longer periods of contact.

The economic analysis included within the Dundee Families' Project evaluation was relatively embryonic. The analysis included in the evaluations of the SIP, the IFSPs and the Early Intervention Case Management Project in Edinburgh tried to address some of these limitations, for example by including calculations of the unit costs for each family and by gathering generic information on some of the costs that may have been prevented due to the interventions. However, it was not possible in these evaluations to include the costs of changes in the use of (Exchequer-funded) services by the families because of their involvement (although there are many caveats associated with such work). The economic element of the evaluation of the Intensive Family Support Projects in Scotland provides an opportunity to build on existing experience and to try to address some of the shortcomings of the previous economic evaluations.

### **A3.4 Short-term cost savings**

A considerable amount of published literature is available on the potential cost consequences for publicly-funded services of not tackling children's and families' antisocial behaviour<sup>32</sup>. Some of these are short-term, such as the costs of tenancy failure, foster and residential care, and youth justice. As shown below, these costs can be very high, particularly if specialist provision is required. Long-term cost consequences are discussed in A3.5

The following categories of costs are considered:

- Looked after children:

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opportunity cost of partner time on cases". However, it should be noted that this quoted value does not just relate to families whose cases have been closed.

<sup>32</sup> There may also be some (relatively small) increases in costs for some services if family members are referred to them (e.g. for mental health or drug and alcohol problems). However, in many cases the project has only helped them to access services which their needs suggest they should already have been receiving.

- Costs of foster care;
- Costs of residential care and secure accommodation;
- Estimated total costs of services for children in care with varying support needs;
- Housing and Homelessness;
- ASB and Crime:
  - ASB
  - Crime
- Education;
- Health;
- Domestic violence.

Although it is not known what costs would have been incurred by the families receiving intensive support to help them address their problems, the costs presented below provide a range of useful values for estimating the potential cost consequences that may have been incurred in the absence of the families and Breaking the Cycle projects.

*(i) Looked after children*

The following information provides an overview of the numbers of looked after children in Scotland on 31 March 2006 (Scottish Executive, 2006):

- 12,966 children were 'looked after' by local authorities in Scotland – an increase of 6% from 2005 (though young people aged 18 and over are included for the first time – if the 216 of them are excluded the increase since 2005 is 5%;
- Of these, 7,220 were boys (56%) and 5,746 were girls (44%);
- 53% (6,855) were aged 11 years or younger; 47% (6,111) were over 12;
- The proportion of children who are looked after in Scotland has been rising steadily since 2000 and reached 1.16% in 2005/06 (the highest since 1982);
- The main statutory reason for being looked after is a supervision requirement;
- Statutory reasons for supervision requirements include:
  - Commission of an offence;

- The child being out of control;
- Not attending school;
- Lack of parental care;
- The child “falling into bad associations or exposed to moral danger”;
- A risk of offences being committed against the child;
- If a parent cannot look after the child;
- If the child needs to be looked after and accommodated to safeguard his or her welfare;
- With the majority of supervision requirements, children stay at home or are fostered;
- 56% of looked after children are at home with their parents (43%; 5,506) or with friends/relatives (13%; 1,726);
- 29% (3,731) of ‘looked after’ children are in foster care;
- Nationally, 13% (1,638) of looked after children were looked after in residential accommodation (ranging from 6% in Clackmannanshire to 31% in Orkney);
- 737 were in local authority homes (45% of those in residential accommodation and 6% of the total);
- 663 in residential school (39% of those in residential accommodation and 5% of the total)
- 84 were in voluntary homes (5% of those in residential accommodation and 0.6% of the total);
- 78 were in secure accommodation (5% of those in residential accommodation and 0.6% of the total);
- 76 in other residential accommodation (5% of those in residential accommodation and 0.6% of the total)
- During 2005/06, 4,718 children started to be looked after and 3,882 ceased to be looked after;
- 74% of children are looked after away from home for longer than one year and 29% have 3 or more placements.

*(ii) Foster care*

- Costs of foster care in Scotland

Foster carers are usually paid a combination of allowances and fees. The allowances are payments made to cover the cost of looking after a child in foster care, including everything from food and clothes to pocket money. In 2007/08 current expenditure per week by Scottish local authorities on fostering allowances is about £460,000 and annual expenditure is almost £24 million. The fee payments are the remuneration for the foster carers' work, skills and experience.

A report on the costs of foster care in the UK (Tapsfield and Collier, 2005) was published by British Agencies for Adoption and Fostering (BAAF) and the Fostering Network<sup>33</sup>. It concluded that "a massive injection of funding from central government will be required for fostering services to meet the complex needs of children in public care". The estimated shortfall in funding in Scotland for 2005/06 was estimated as £65.5 million (against annual expenditure on foster care in 2003/04 of £47.4 million - £55.5 million<sup>34</sup>).

The researchers found that the average weekly unit cost to deliver effective foster care services in Scotland in 2004/05 would have been £605 (i.e. £31,460 per year). This equates to about £680 per week (or about £35,400 per year) in 2007/08. This value includes allowances, fee payments, training costs, respite care costs and the costs of management and support. The report also estimated that total required expenditure on foster care in Scotland would need to be £121.8 million in 2007/08 to ensure sufficient numbers of foster care households.

The Fostering Network conducts a comprehensive annual survey of the fostering allowances and fee payments made to foster carers in every local authority in the UK. For many years it has published recommended minimum weekly allowances, based on a comprehensive assessment of the minimum needs of looking after a fostered child. In addition, it recommends an additional four weeks allowance each year to cover the costs of birthdays, holidays and a religious festival. The recommended weekly allowances for 2007/08 for children of different ages and the annual equivalents based on 56 weeks per year are shown in Table A3.4. It should be noted that these costs exclude any managerial and administrative costs associated with foster care incurred by the local authority.

**Table A3.4 – The Fostering Network's recommended minimum weekly allowances: 2007/08**

	0 - 4	5 - 10	11 - 15	16+
Weekly Rate	£118.60	£135.10	£162.89	£198.11
Annual Rate (56 weeks)	£6,641.60	£7,565.60	£9,121.84	£11,094.16

<sup>33</sup> The Fostering Network describes itself as the UK's leading charity for everyone with a personal or professional involvement in fostering.

<sup>34</sup> The former value is derived from government data for 2003/04 and the latter is based on data from CIPFA (Chartered Institute of Public Finance and Accountancy).

In terms of current expenditure on allowances, the survey for 2006/07 showed that 34% of Scottish local authorities paid at, or above, this rate. This had increased to 53% (i.e. 17 of the 32) in 2007/08, although seven authorities were paying £40 - £60 per week less than this recommended minimum weekly allowance. Extra investment of £4.26 million would be required in 2007/08 to ensure that all Scottish local authorities were able to pay the Fostering Network's minimum recommended rate. This represents an increase of almost 18% on current expenditure.

Scottish local authorities operate myriad different systems for the fee payment schemes that provide remuneration for the work, skills and experience of the foster carers. These are sometimes tailored to meet local needs or budgets. The Fostering Network's survey for 2007/08 showed that 16 local authorities (i.e. 50%) operate a fee payment system that is open to all approved foster carers. These schemes may or may not include higher fees for more skilled or experienced foster carers, but do provide entry level payment. Eight authorities (i.e. 25%) operate systems that do not pay all of their foster carers but that could very broadly be described as following a 'payment for skills' model (though sometimes it is couched in terms of being for foster carers who care for more difficult children). One authority operates a fee payment scheme that is only available to 'specialist foster carers', while seven authorities (22%) reported that they had no fee payment scheme whatsoever. The percentage of authorities operating no form of payment scheme is considerably higher in Scotland than in the other nations of the UK.

The Fostering Network recently undertook a survey of fee payments to foster carers in the UK (Swain, 2007). Within Scotland, the survey found that:

- 37% of foster carers receive no fee payments;
- 67% earn less than the national minimum wage from fostering;
- Only 11% of foster carers receive a fee comparable to that of care staff in a children's home (who receive £17,368 - £21,341 per year, at 2005 rates);
- 21% of foster carers claim state benefits for additional income and for 4% their only income is from benefits.

These factors make it very difficult to recruit and retain sufficient foster carers with the right skills and experience. Such foster carers are essential if children in public care are to be given the same opportunities to have a successful future as other children in society. The Fostering Network argue that, given the regulatory responsibilities and the time needed to devote to fostering, it is a job of work, not just a way of life, and that foster carers should not be treated as volunteers.

The final evaluation of the Early Intervention Case Management Project in Edinburgh (Brodies LLP, 2007) includes a number of potential savings associated with the Project provided by the Council's Children and Families Finance Section. These include annual costs for specialist carers of £35,500



(£683 per week) and annual costs for specialist respite of £14,859 (£286 per week), based on 2006/07 figures. An annual cost of £12,381 (£238 per week) is quoted for adoption and of £2,062 (£40 per week) for befriending.

The above discussion has shown that current expenditure on foster care in Scotland seems to be considerably lower than needed to provide sufficient numbers of foster carers who are adequately remunerated for their work. It suggests that this would cost an average of about £680 per week (i.e. about £35,400 per year) per foster placement, which includes all managerial overheads. However, current payments of allowances and fees to foster carers tend to be below the levels recommended by the Fostering Network and BAAF. Furthermore, they vary considerably across the Scottish local authorities.

- Other estimates of the costs of foster care

Several studies have estimated costs of foster care outwith Scotland. The Personal Social Services Research Unit's (PSSRU) *Unit Costs of Health and Social Care 2006* (Curtis & Netten, 2006) estimates that the unit cost per child per week of foster care in 2005/06 was £513 (comprising £311 per child per week for the boarding out allowance and administration; £152 per child per week for social services, including the costs of a social worker and support; and £50 per child per week for other services, including education). This gives a cost of £26,676 over a full year (including a total of £16,172 for the boarding out allowance and administration).

Data for 2004/05 provided by a District Council in north-west England used in the Shelter Inclusion Project (Jones *et al*, 2006) showed an average weekly cost for foster care for a child of £392 (£269 for local provision and £641 for provision by others). This gives an annual cost for foster care of almost £20,500. In the study of several Intensive Family Support Projects in northern England (Nixon *et al*, 2006), the Social Services Department associated with one of the projects provided estimates of £700 - £900 for weekly fostering costs, depending on the need and level of care. This gives an annual cost of £36,400 - £46,800. Foster placements in another project's area were calculated to be a minimum of £40,000 per year.

- Summary of costs of foster care

Table A3.5 summarises the relevant findings from the above studies. It should be noted that these costs may be underestimates for some children, especially those with emotional and behavioural difficulties. These costs were considered in a study by Ward *et al* (2004) and are discussed after the discussion of the costs of residential care and secure accommodation.

**Table A3.5 – Summary of estimates of costs of foster care for children**

Cost required to attract sufficient numbers of foster carers in Scotland	£680 per week £35,400 per year	Tapsfield and Collier, 2005	BAAF and the Fostering Network, uplifted to 2007/08 costs
Cost of specialist carers	£683 per week £35,500 per year	LLP Brodies, 2007	City of Edinburgh Council, Children and Families Finance Section, 2006/07 values
Foster care - unit cost per child	£513 per week £26,676 per year	Curtis and Netten, 2006	Personal Social Services Research Unit (PSSRU) estimates for 2005/06
Metropolitan Borough Council in north-west England	Average of £392 per week (£269 for local provision and £641 for provision by others) Annual average cost of £20,384	Jones <i>et al</i> , 2006	2004/05 values
2 other Councils in northern England	£700 - £900 per week £36,400 - £46,800 per year	Nixon <i>et al</i> , 2006	Cost depends on need and level of care required
	Minimum of £40,000 per year		2005/06 values

*(iii) Residential care and secure accommodation for children**- Scottish data*

Nationally, 1,638 of looked after children were looked after in residential accommodation in 2005/06. Such accommodation includes local authority homes, residential schools and secure accommodation. Scottish data on the costs of such accommodation are considered in a recent study for the Scottish Executive Education Department on secure accommodation in Scotland (Walker *et al*, 2006).

Between 200 and 250 young people are admitted to secure care in Scotland each year, with about 90 placements at any one time<sup>35</sup>. In recent years there have been a number of changes and developments in the provision and use of secure accommodation in Scotland. These include the growth of a range of community-based 'alternatives' for young people who can safely be accommodated within an open setting, such as schemes offering enhanced or intensive community-based support (which may include electronic tagging) and specialist foster care. Partly because of the nature of the children's

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<sup>35</sup> A majority are boys, but girls typically account for more than a quarter, with most being placed for welfare reasons rather than because of offending. Approximately two-thirds of young people in secure accommodation are placed there on the authority of a children's hearing. The others are subject to a court order, either serving a sentence for a serious crime or on remand.

hearing system, secure accommodation in Scotland is quite different from similar provision in other parts of the UK. One of the key differences is that it is located within residential child care provision. A high proportion of young people are admitted primarily on welfare grounds. However, policy and practice issues inevitably have resonance with those in other parts of the UK.

The recent SEED study (Walker *et al*, 2006) compared the experiences of two groups – one comprising young people admitted to secure accommodation and the other consisting of young people receiving ‘alternative’ services. Girls predominated in the secure sample, and were often seen to be putting themselves at risk through drug use, running away and risky sexual behaviour. As well as comprising mainly boys, the alternative sample included more young people aged less than 14 years and more young people for whom offending was a primary concern.

During the three-year research period it quickly became apparent that residential or community-based services seldom offered a ‘direct’ alternative to secure accommodation. One of its key messages is that the decision to admit certain young people to secure accommodation is shaped as much by the service provision context around them as by the needs and behaviour of the young people themselves.

The study calculated average weekly costs for a range of placements types for looked after children and these are shown in Table A3.6. Although these figures mask the wide variation in the ways in which such services are provided to children and young people, they do provide indicative costs of the various types of placement.

**Table A3.6 – Average weekly cost of placements for looked after children**

Type of placement	Cost per week	Cost per year	Source
LA residential unit	£1,400	£72,800	6 local authorities
Residential school	£2,100	£109,200	11 residential schools
Close Support Unit	£2,775	£144,300	4 close support units
Secure care	£3,725	£193,700	5 secure units
Foster care	£250	£13,000	Fostering organisation
Community support	£200	£10,400	Fast Track costings

The researchers estimated pathway costs over a two-year period. Full information on the pattern and duration of placements in the year prior to secure authorisation and the year after were available for 42 of the secure care sample and 18 of the sample receiving alternative provision. The average (i.e. mean) total cost of services over the two years for the 42 young people in the secure care sample was £185,650 per person, compared with an average cost of £117,000 for those receiving their ‘secure’ care in alternative settings. One of the significant costs in relation to the secure sample is the cost of their secure provision.

However, the researchers also found significant differences in the average costs of services for the young people in the two groups during the year

before they were placed in or considered for secure accommodation. The average total cost of services received during this period was just over £61,200 per young person in the secure group compared with just under £40,000 per young person in the alternative provision sample. In the year after placement commenced, the average cost was £124,000 per young person in the secure sample and £77,100 for the alternative provision sample.

Three main routes into secure or alternative care were identified – from children’s homes, from residential school, and from home. Table A3.7 shows the mean and median costs and the range of costs associated with each pathway into secure or alternative care. Although there is a tendency for the alternative provision to be less expensive than secure provision, there is wide variation in cost within the two samples and overlap between them. It should also be noted that the costs for secure accommodation services and residential schools include education costs. The researchers were unable to attribute costs for education provided to those children and young people in other placements. Although education in a secondary school costs approximately £5,000 per pupil per year (based on Scottish Executive data for 2005), few of the children and young people in the sample were in mainstream education without additional educational support. Audit Scotland (2003) found that it cost approximately £7,800 per year to support a pupil with special educational needs. However, there was wide variation – from £3,000 per pupil to £17,500 per pupil - across local authorities.

**Table A3.7 – Pathway costs over two years for children and young people receiving care in secure placements and alternative settings**

Sample n =	Pathway	Mean	Median	Range
60				
Secure (n = 42)	Children’s unit (26)	£182,100	£160,800	£66,800 - £354,400
	Residential school (11)	£216,100	£211,250	£144,100 - £271,700
	Home (5)	£136,600	£127,600	£112,400 - £166,400
	<b>Total (42)</b>	<b>£185,650</b>	<b>£172,000</b>	<b>£66,800 - £354,400</b>
Alternative (n = 18)	Children’s unit (8)	£145,700	£139,550	£58,200 - £217,000
	Residential school (3)	£169,400	£182,000	£121,000 - £205,200
	Home (7)	£61,700	£52,000	£20,800 - £148,200
	<b>Total (18)</b>	<b>£117,000</b>	<b>£119,200</b>	<b>£20,800 - £217,100</b>

Because of the differences in the two study groups, it was not possible for the researchers to compare their outcomes in a meaningful way. However, one of the key distinctions between secure placements and community-based intensive support was that the latter worked closely with parents and other family members, whereas admission to secure accommodation could potentially isolate the young person from their family. Many of the young people came from uncertain or unstable family situations. Moving into secure accommodation locates their problems within themselves, whereas community-based approaches enable family-based problems to be addressed. Furthermore, community-based intensive support could last for several years. However, a notable feature of secure accommodation was

that it facilitated reintroduction to education and other services from which the young people had become disengaged.

The final evaluation of the Early Intervention Case Management Project in Edinburgh (Brodies LLP, 2007) includes a number of potential savings associated with the Project provided by the Council's Children and Families Finance Section. These suggest that the residential care costs for children can vary from £81,432 to £204,516 per annum (2006/07 figures based on charges to other local authorities, including internal costs but excluding external costs such as external management and other external support services).

- Other estimates of the costs of residential care

The Personal Social Services Research Unit (Curtis and Netten, 2006) identifies costs in 2005/06 of £2,285 per resident week for the establishment costs of a local authority community home for children (of which £2,192 is due to salary and other revenue costs), rising to £2,459 per resident week if the costs of other external services (including health, education, social services and youth justice) are included. These result in annual costs of almost £128,000 per child. Similar costs are also presented for community homes for children provided by the non-statutory sector, with establishment costs of £2,330 per resident week, rising to £2,405 per resident week (i.e. about £125,000) if the costs of external services are included.

Local data used in the Shelter Inclusion Project (Jones *et al*, 2006) showed that the average weekly cost of a place in a Children's Home is £2,710 (with a cost of £2,239 for local provision and £3,266 for provision by other Councils) for a Metropolitan Borough Council in north-west England in 2004/05. Therefore the average annual cost of a place in a Children's Home was about £141,000. These values are similar to those provided by two of the Councils involved in the DCLG study of Intensive Family Support Projects (Nixon *et al*, 2006). One Council in northern England estimated local costs of £2,000 - £2,500 per week (i.e. £104,000 - £130,000 per year) (dependent on need and Statement of Purpose), whilst another estimated an annual average cost in its care homes for looked after children of £125,000 - £200,000.

- Summary of costs of residential care (including secure accommodation)

The above studies provide a range of estimates for the weekly and annual costs of residential provision for looked after children. These are summarised in Table A3.8.

**Table A3.8a – Summary of estimates of costs of residential provision for children**

LA residential unit in Scotland	£1,400 per week £72,800 per year	Walker <i>et al</i> , 2006	
Cost of residential care	£ 81,432 - £204,516 per year	LLP Brodies, 2007	City of Edinburgh Council, Children and Families Finance Section, 2006/07 values
Local Authority provision	£2,285 per resident week £118,820 per year	Curtis and Netten, 2005	Establishment costs only
Non-statutory sector provision	£2,330 per resident week £121,160 per year		
Metropolitan Borough Council in north-west England	Average of £2,710 per week (£2,239 for local provision and £3,266 for provision by other Councils) Annual average cost of £141,000	Jones <i>et al</i> , 2006	
2 other Councils in northern England	£2,000 – £2,500 per week £104,000 - £130,000 per year	Nixon <i>et al</i> , 2006	
	£125,000 - £200,000 per year		

**Table A3.8b – Summary of estimates of costs for residential education provision**

LA residential school in Scotland	£2,100 per week £109,000 per year	Walker <i>et al</i> , 2006
Close Support Unit in Scotland	£2,775 per week £193,700 per year	
Secure care in Scotland	£3,725 per week £193,700 per year	
For children who are out-of-school in a Local Authority in north-west England	£2,000 - £3,000 per week £150,000 - £200,000 per year	Nixon <i>et al</i> , 2006
Local Authority Secure Children's Home (10 – 14 year olds and vulnerable 15 year olds)	£185,780 per place	House of Commons Committee of Public Accounts, 2004
A Secure Training Centre (run by private contractors for young people aged up to 17 years)	£164,750 per place	House of Commons Committee of Public Accounts, 2004

Part of the variation is due to the different ways such care can be provided. Furthermore, the costs per child or young person will depend upon their pathway through such provision, especially if the need to be placed in secure accommodation or to receive intensive support in community settings. The average (i.e. mean) total cost of services over the two years for the 42 young people in the secure care sample was £185,650 per person, compared with an average cost of £117,000 for those receiving their 'secure' care in

alternative settings. In the year after placement commenced, the average cost was £124,000 per young person in the secure sample and £77,100 for the alternative provision sample.

*(iv) Estimated total costs of services for children in care with varying support needs*

The costs identified above may, however, underestimate those incurred by some children, as children with multiple difficulties, complex needs and offending behaviour can cost considerably more than the costs presented above. A study by Ward *et al* (2004) (reported by the PSSRU in Curtis and Netten, 2006) looked at the different combinations of additional support that may be needed by children in care. In their sample of 478 children, they found that 27% showed no evidence of additional support needs, 45% displayed one additional need, 26% displayed two, and 2% of children displayed three or more. Several examples are given, showing the costs associated with a particular child in each category over an 87 week period. They are presented below as they illustrate the types of costs that may be incurred and their potential magnitude.

“Child A” is an example of a “low cost” teenage boy in care who is due to move on from his long-standing foster family but who otherwise has no additional support needs. The costs (2005/06 values) to the local authority over the 87-week period were £36,653 (i.e. an average of £421 per week), with an additional cost of £11,328 associated with other services (though it should be noted that the majority of these costs were associated with mainstream schooling and attendance at a Further Education College, which is desirable rather than preventable expenditure, and for physiotherapy for an existing neck injury, which is likely to be specific to this child).

“Child B” represents a “median cost” child with some emotional or behavioural difficulties who is living with foster carers. The costs to the local authority over the 87-week period associated with the foster placement were £33,217 (i.e. an average of £382 per week), with an additional £17,467 falling on other agencies (although a significant proportion of these costs relate to mainstream schooling, considerable amounts are also due to weekly appointments with a clinical psychologist and with a speech therapist and also for time spent with a personal teaching assistant for part of the period).

“Child C” is an example of a “high cost” child with emotional or behavioural difficulties and offending behaviour. The costs associated with this child cover a 74-week period due to his decision to disengage from local authority placements during the study period. Prior to the start of the study period he was placed in secure accommodation on five separate occasions. He had also had placements in various residential homes, schools and foster placements, many of which had broken down. During the 74-week study period he experienced ten different placements, mainly out-of-authority. The total cost to the local authority was £226,620 (i.e. an average of £3,062 per week). He also generated additional costs of £70,560 over the study period (mainly due to £66,731 for Youth Offending Team (YOT) involvement and criminal costs, as he refused to attend school or engage with health services).

The final example is “Child D”, who represents a “very high cost” child in care with disabilities, emotional or behavioural difficulties and offending behaviour. He experienced nine placements during the 87-week study period, mainly in agency residential and foster home located out of the local authority area. The monthly charges for these ranged from £3,302 to £10,504. High levels of social work time were needed to support the placements due to the distances involved. Because he was so difficult to place, increasing amounts of social work time were also required to find placements that would accept him. The costs of changing placements were calculated at over £1,000 per move. The total costs falling on the local authority over the 87-week period were calculated to be £428,667 (i.e. an average of £4,927 per week). Costs incurred by other agencies were estimated to total £12,927 over the period. These arose mainly due to expenditure of over £6,700 on home tuition costs (at £35 per hour) after he was permanently excluded from school.

The above findings are summarised in Table A3.9.

**Table A3.9 – Summary of average weekly costs to local authority of children in care with varying support needs**

Child A: low cost – no evidence of additional support needs	£421
Child B: median cost – child with emotional or behavioural difficulties	£382
Child C: high cost – child with emotional or behavioural difficulties and offending behaviour	£3,062
Child D: very high cost – child with disabilities, emotional or behavioural difficulties plus offending behaviour	£4,927

These figures show not only how much time spent in care generally costs, but also how much extra it can cost when children have multiple difficulties and needs. Thus the potential savings to other agencies responsible for care placements and youth offending resulting from the projects, even in the short-term, could be considerable.

*(v) Costs relating to housing and homelessness*

- Costs of tenancy failure

A research study on the use of possession actions and evictions by social landlords (Pawson *et al*, 2005) shows that although the vast majority of such evictions are triggered by rent arrears, a small proportion is to counter anti-social behaviour. The study found that practice varied widely across social landlords as to when and to what extent they intervened to try to address the problems and to prevent the need for legal action and eviction. The researchers also found that few social landlords recorded or collated extensive data on the costs of possession actions. Such costs include court costs and legal fees, rental losses, relet costs (which may include repairs), security costs for voids, and staff time. The study estimated that the landlord costs to evict a tenant for rent arrears are £2,000 - £3,000, rising to £6,500 - £9,500 when the eviction is due to anti-social behaviour. However, the authors feel that these figures are underestimates and that landlords’ cost-



accounting methods show many weaknesses, with many relevant costs being subsumed under generic budget headings.

These values for the costs of evictions can be compared with estimates of the costs of tenancy failure from other sources. For example, the Audit Commission (1998) calculated that the cost of tenancy failure to a housing authority for vulnerable tenants living in the community was £2,100 per failed tenancy. Shelter (2003) estimated costs of £1,913 for “standard” cases and £3,190 for “complex” cases, while Crisis (2003) estimated the costs as ranging from £1,610 - £4,210.

A Housing Association in the northern of England (Nixon *et al*, 2006) estimated that preventing the eviction of a family saved them an average of £4,115 per household (comprising Court costs/legal fees of £500; rental loss of £390 based on an average void turn around of 39 days and a rent of £65 per week; average relet costs of £2,500 where the tenant is evicted; security costs of £120; and a saving of £605 in staff time through avoiding Court preparation time). The Housing Association pointed out that these figures were only estimates and that they do not take into account the cost savings of complainants not terminating their tenancies as a result of the reduction in anti-social behaviour. Local costs in another Council area were estimated as £5,000 per eviction (including Court costs, rental loss and officer time) and £23,400 for temporary accommodation for a homeless family (based on an average length of stay of 6 months). Although staff working for the Council where the Shelter Inclusion Project was located did not know the local costs associated with terminating a tenancy, they estimated that the average cost per legal case was about £5,000, regardless of whether or not the tenants are evicted (Jones *et al*, 2006).

These figures are summarised in Table A3.10. Although they encompass a wide range and have several methodological weaknesses, taken together, they show that considerable costs of about £5,000 - £9,000 can be avoided for housing departments, housing associations and social landlords by the prevention of tenancy failure. Furthermore, there will be no need to provide temporary homelessness accommodation for the evicted family and other tenants living in the neighbourhood are less likely to terminate their leases if the ASB reduces or ceases, resulting in considerable additional prevented expenditure.

**Table A3.10 – Summary of costs of tenancy failure**

Costs to a housing authority for vulnerable tenants	£2,100		Audit Commission, 1998
Costs to housing authority: 'Standard' cases 'Complex' cases	£1,913 £3,190		Shelter, 2003
Costs to housing authority	£1,610 - £4,210		Crisis, 2003
Landlord costs to evict a tenant Landlord costs to evict a tenant due to ASB	£2,000 - £3,000 £6,500 - £9,000	The authors believe that these figures are likely to be underestimates due to accounting weaknesses	Pawson <i>et al</i> , 2005
Average cost per legal case associated with terminating a tenancy in a Metropolitan Borough Council in north-west England	£5,000		Jones <i>et al</i> , 2006
Costs of eviction incurred by a Housing Association in northern England	£4,115	Includes Court costs, legal fees, rental loss, re-let costs and officer time	Nixon <i>et al</i> , 2006
Estimated Exchequer costs in a Local Authority in northern England	£5,000 for eviction plus £23,400 for temporary accommodation (6 months) for homeless family	The £5,000 includes Court costs, rental loss and officer time	

#### - Benefits of preventing family homelessness

The Office of the Deputy Prime Minister<sup>36</sup> commissioned some research on the Benefits Realisation of the Supporting People Programme (Matrix Research and Consultancy, 2004). It considers eight key Programmes, including homeless families. This model found that the largest potential benefits related to the maintenance of tenancies in permanent accommodation and securing and maintaining permanent tenancies for families in temporary accommodation. These benefits were valued at £45.92 million per annum, compared with total Supporting People expenditure on the Programme of £52 million per annum (for around 7,300 household units receiving temporary accommodation and support). Benefits in terms of reduced use of health services were valued at £33.91 million and crime reduction at £1.73 million (i.e. delivering tangible benefits with a total estimated value of £81.56 million from the Supporting People expenditure on

<sup>36</sup> Subsequently the Department for Communities and Local Government (DCLG)

homeless families). These data show that preventing family homelessness should result in considerable financial benefits to the Exchequer.

However, the authors also cite that there is evidence of many other benefits from working with homeless or potentially homeless families that cannot readily be assigned monetary values. These include an improved quality of life (e.g. due to improved health, greater independence, and decreased vulnerability) and greater family stability from allowing families to stay together and to deal with other issues in their lives such as education, unemployment, mental health problems and behavioural problems. Children's health and educational achievement may improve, with long-term benefits and children may also be less socially isolated and at less risk of bullying if they have stable tenancies and do not have to change schools frequently.

#### - Summary of costs relating to housing and homelessness

The above studies show that there are considerable financial and non-financial benefits associated with preventing tenancy failure and family homelessness. Costs are saved not only for accommodation providers, such as local authorities and housing associations, but also for providers of other services, including those relating to health and crime. The intangible benefits for individuals, families and neighbourhoods are also important.

#### *(vi) Cost consequences relating to anti-social behaviour and crime*

A wide range of estimates have been made of the costs relating to anti-social behaviour and to crime, although it is not always easy to distinguish between the two activities. Furthermore, some studies focus on generic anti-social behaviour, whereas others consider the costs associated with specific types of anti-social behaviour. These are summarised below.

#### - Anti-Social Behaviour

A significant review of the economic and social costs of anti-social behaviour was undertaken by Whitehead *et al* (2003). This study considers the costs falling on a wide range of agencies due to anti-social behaviour, not just on housing authorities. In many cases these costs will in part be determined by local policies on when and how to intervene when problems arise. The practical problems of defining, measuring and interpreting the economic and social costs of anti-social behaviour are also discussed in detail. Material is drawn from many sources (some of which are now rather dated), and covers the costs associated with responding to activities such as noise, rowdy behaviour, nuisance behaviour, abandoned vehicles, intimidation/harassment and criminal damage/vandalism. The authors state that:

*“At the lower end, [unit] costs are of the order of £20 - £50. At the upper end, there are examples of over £1m. For the vast majority of incidents where action is taken however the costs vary between £100 and £10,000. These are very general estimates based on estimates using widely varying approaches. They do not directly reflect costs of non-alleviation such as*

*increased vacancies. Most importantly they exclude any net costs to victims”.*

Their findings for specific types of anti-social behaviour are summarised in Table A3.11.

**Table A3.11 – Costs associated with specific types of anti-social behaviour**

Category of ASB	Nature of Action	Unit Cost Estimates	Source
All Types	‘Lower’ end ASB Vast majority of incidents ‘Upper’ end ASB	£20 - £50 £100 - £10,000 £1 million +	Whitehead <i>et al</i> , 2003 (costs are borne by a variety of agencies)
Noise	Direct costs to environmental services: - including prosecution - including imputed staff time. Cost of Housing Department informal intervention Cost of transfer of tenancy Cost of legal action/possession	£3 - £70 £267 £500 £50 £833 £365 - £3,900	Dignan <i>et al</i> (1996)
Rowdy Behaviour	Treated as per noise		
Nuisance Behaviour: a) Nuisance neighbours  b) Neighbourhood disputes	Cost of legal action to LA Cost of legal action to LA <i>Average</i> Cost of legal action to HA <i>Average</i> Costs of possession action <i>Average</i> Costs of eviction Direct costs: including staff time Cost of possession order Cost of injunction <i>Maximum cost</i>	£10,000 £142 - £305,000 <i>£10,400</i> £500 - £80,000 <i>£4,000</i> £1,000 - £5,000 <i>£3,000</i> £5,000 £50 £245 - £1,000 £1,500 - £5,000 £1,000 £1.2m	SEU (2000) Hunter <i>et al</i> (2000)  Hunter <i>et al</i> (2000) Atkinson <i>et al</i> (2000) Hunter <i>et al</i> (2000) Dignan <i>et al</i> (1996)
Abandoned vehicles	Cost of collection and disposal Cost of disposal	£215 £60 - £100	Reading Borough Council (2003) Jill Dando Institute (2003)
Intimidation/ Harassment	Cost of common assault offence (including social costs)	£500	Brand & Price (2000)
Criminal Damage/ Vandalism	Cost of individual incident (inc social costs) Cost of incident against commercial/ public sector (inc social costs) Average cost per LA dwelling in Bradford Cost per incident assuming 5% incidence	£510 £890 £35 £700	Brand & Price (2000) Brand & Price (2000) SEU (2000)

Source: Whitehead *et al* (2003)

Several other studies have also considered the costs at an aggregate level associated with anti-social behaviour. A day count of anti-social behaviour

undertaken by the Home Office's Anti-Social Behaviour Unit in September 2003 estimated that anti-social behaviour cost agencies in England and Wales at least £13.5 million, which equates to an annual cost of around £3.4 billion. At a more local level, a study evaluating the costs of responding to and preventing anti-social behaviour in Rotherham MBC by Crowther and Formby (2004) estimated that the annual costs were at least £3.3 million and probably closer to £4.0 million. These figures are very similar to the estimate from Leeds Local Authority of annual expenditure of £3 million - £5 million on anti-social behaviour reported by the Social Exclusion Unit (2000). It should be noted that none of these estimates takes full account of the costs to victims (both financial and psychological) of anti-social behaviour. These findings are summarised in Table A3.12.

**Table A3.12 – Aggregate costs associated with generic anti-social behaviour**

	Estimated Cost	Source
Daily cost of ASB to agencies in England and Wales	£13.5 million	Antisocial Behaviour Unit, Home Office, 2003
Annual costs of responding to and preventing ASB by Rotherham MBC	£3.3 - £4.0 million	Crowther and Formby, 2004
Annual expenditure on ASB by Leeds Local Authority	£3 - £5 million	Social Exclusion Unit, 2000

#### - Crime

Anti-social behaviour can lead to criminal behaviour, which has higher associated costs. For example, a report by the Audit Commission (2004) on the reformed youth justice system includes an illustrative case study of a 15-year old male teenager who has had been involved in criminal behaviour. The case study includes some estimated costs associated with his behaviour, including approximately £13,000 associated with police time, Youth Offending Team (YOT) involvement and Court appearances relating to theft and taking a car and approximately £51,500 for a six-month custodial sentence in a secure unit. Local crime and disorder costs (e.g. for a youth committing car crime) in one of the areas in the study of the Intensive Family Support Projects (Nixon *et al*, 2006) were estimated as £36,575 per year (about £95 per day) for provision in prison or Young Offenders Institutes and to have an overall annual cost (i.e. including aspects such as tagging and probation) of at least £50,000.

A more comprehensive approach to identifying the costs associated with criminal activity against individuals and households in England and Wales was adopted in a study of the economic and social costs of crime undertaken for the Home Office in 2000 (Brand and Price, 2000) and subsequently updated to 2003/04 values in 2005 (Dubourg & Hamed, 2005). These studies consider the costs as falling into three categories:

- Costs in anticipation of crime;
- Costs as a consequence of crime;

- Costs in response to crime.

The costs for 2003/04 are reproduced in Table A3.13a. They include both the Exchequer consequences of crime (e.g. the costs associated with the criminal justice system and the NHS) and the costs borne by the individual (e.g. in terms of the physical and emotional impact of the crime) and by society (e.g. in terms of lost output). The disaggregated costs associated with the criminal justice system are shown in Table A3.13b.

**Table A3.13a – Estimated average costs of crimes against individuals and households in 2003/04 by crime type and cost category**

Offence Category	Costs Anticipation of Crime (£)		Costs as a Consequence of Crime (£)								Costs in Response to Crime (£)		Average Cost (£) (2003 prices)
	Defensive Expenditure	Insurance Admin	Physical & Emotional Impact on Direct Victims	Value of Property Stolen	Property Damaged / Destroyed	Property Recovered	Victim Services	Lost Output	Health Services	Criminal Justice System			
Violence against the person:	1	1	5,472	-	-	-	9	1,648	1,347	1,928	10,407		
Homicide	145	229	860,380	-	-	-	2,102	451,110	770	144,239	1,458,975		
Wounding:	1	1	4,554	-	-	-	7	1,166	1,348	1,775	8,852		
Serious wounding	1	1	4,554	-	-	-	7	1,166	1,348	14,345	21,422		
Other wounding	1	1	4,554	-	-	-	7	1,166	1,348	978	8,056		
Sexual Offences	3	5	22,754	-	-	-	32	4,430	916	3,298	31,438		
Common assault	0	0	788	-	-	-	6	269	123	255	1,440		
Robbery	0	21	3,048	109	12	-19	16	1,011	483	2,601	7,282		
Burglary in a dwelling	221	177	646	846	187	-22	11	64	-	1,137	3,268		
Theft	59	52	192	281	69	-36	1	10	-	217	844		
Theft – not vehicle	-	33	118	175	17	-13	1	3	-	301	634		
Theft of vehicle	546	370	800	2,367	349	-542	1	47	-	199	4,138		
Theft from vehicle	116	50	266	240	126	-11	1	20	-	50	858		
Attempted vehicle theft	65	21	194	-	154	-	1	11	-	65	510		
Criminal damage	13	36	472	-	212	-	2	6	-	126	866		

Source: Dubourg and Hamed, 2005

**Table A3.13b – Estimated average Criminal Justice System costs of crimes against individuals and households in 2003/04 by crime type and CJS cost category**

Offence Category	Costs in Response to Crime (£)												Average Total CJS Cost (£) (2003 prices)
	Police Activity	Pro-secutio n	Magist- rates' Court	Crown Court	Jury Service	Legal Aid	Non- legal Aid Defenc e	Pro- bation Service	Prison Service	Other CJS Costs	CJS Over- head	Criminal Injuries Compen- sation	
Violence against the person: Homicide Wounding: Serious wounding Other wounding	756	69	19	89	12	148	75	78	411	181	82	10	1,928
	14,910	1,357	362	1,747	233	2,919	1,478	1,396	114,457	3,572	1,612	194	144,239
	740	67	18	87	12	145	73	76	289	177	80	10	1,775
	5,917	539	144	693	93	1,158	586	349	2,731	1,418	640	77	14,345
	412	38	10	48	6	81	41	59	134	99	45	5	978
Sexual Offences	1,524	75	48	157	23	261	144	52	719	150	129	16	3,298
Common assault	119	11	3	14	2	23	12	16	13	28	13	2	255
Robbery	878	54	52	74	14	189	90	80	851	215	102	-	2,601
Burglary in a dwelling	576	14	14	19	4	34	24	68	309	31	44	-	1,137
Theft	134	5	4	3	1	14	5	22	18	2	10	-	217
Theft – not vehicle	191	7	5	4	1	20	7	28	20	3	14	-	301
Theft of vehicle	81	3	2	2	0	9	3	29	63	1	6	-	199
Theft from vehicle	31	1	1	1	0	3	1	6	4	0	2	-	50
Attempted vehicle theft	17	1	0	0	0	2	1	12	29	0	1	-	65
Criminal damage	76	1	3	2	0	6	3	3	6	20	5	-	126

Source: Dubourg and Hamed, 2005



The original study by Brand and Price (2000) indicated that the benefit of preventing the 'average' offence in 2000 was valued at about £2,000. Recent research on the cost of exclusion (Prince's Trust, 2007) used the data for 2003/04 to estimate that the average cost per crime committed by young people aged 10-21 years (weighted by the prevalence of the types of crime among young people) was almost £4,600 in 2004. These values, which include the impact on individuals and society as well as on Exchequer-funded services, show that considerable cost savings are associated with preventing criminal activity. Some of the costs associated with criminal activity by young people are summarised in Table A3.14.

**Table A3.14 – Costs of criminal activity by young people**

Costs associated with a teenager involved in criminal behaviour	£13,000 for police time, Youth Offending Team involvement and Court appearances; £51,000 for 6-month custodial sentence at Young Offender Institution	Audit Commission, 2004
HMP and YOI provision in a Local Authority in north-west England	About £95 per day and £36,575 per year. Overall annual costs of at least £50,000. Overall annual cost includes aspects such as tagging and probation	Nixon <i>et al</i> , 2006
Average cost per crime committed by a young person aged 10 – 21 years	£4,600	Prince's Trust, 2007

*(vii) Cost consequences for education*

Some of the costs associated with education provision have been referred to in the above discussion (e.g. under the costs of looked after children) or are considered as part of the discussion of the long-term cost consequences of anti-social behaviour. Expenditure on school education in Scotland in 2005/06 was £4,138 per pupil in primary education and £5,771 per pupil in secondary education (Scottish Executive, 2007).

The final evaluation of the Early Intervention Case Management Project in Edinburgh (Brodies LLP, 2007) includes a number of potential savings associated with the Project provided by the Council's Children and Families Finance Section. These suggest an annual cost for education support of £8,557 (£165 per week) in 2006/07.

New Philanthropy Capital published a report in June 2007 on the costs of truancy and exclusion from school (Brookes *et al*, 2007), which is considered in more detail as part of the discussion of longer-term cost consequences. The report calculates that it cost £831 (in 2005 prices) to manage a permanent school exclusion. Most excluded children enter a Pupil Referral Unit (PRU), which provides a narrower curriculum in a specialist setting with a higher teacher:pupil ratio. The annual costs of alternative provision for excluded pupils are shown in Table A3.15.

**Table A3.15 – The destination and costs of alternative provision for excluded pupils**

Alternative Education Provision	Cost per annum	% of Excluded Children
Pupil Referral Unit	£14,664	57%
College	£2,623	7%
Special School	£26,225	2%
Other	£5,245	7%
Mainstream school	£4,355	15%
Home/Alternative Education	£24,996	6%
No education	-	6%
Average weighted total	£11,536	100%

Source: Brookes et al, 2007

Based on an average cost (in 2005 prices) of £4,355 for a place in a mainstream school, the report calculates that the average extra cost of educating a permanently excluded pupil is £7,181 per year.

*(viii) Cost consequences for health*

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

Research on the impact on health is scarce, but limited estimates are included in some of the studies considered in the discussion of long-term consequences.

*(ix) Costs of domestic violence*

Members of some of the families involved with intensive projects are likely to have experienced domestic violence, either from a partner (current or former) or from a child (e.g. a teenage son on his mother). For example, domestic violence in some form was a significant issue for almost half of the families working with the intensive family support projects (Nixon *et al*, 2006). A major study of the costs of domestic violence was published in 2004 (Walby, 2004). Based on the Home Office framework for costing crime, it estimates the cost of domestic violence for the state, employers, and the men and women who are subjected to it. The total annual cost of domestic violence to services (criminal justice system, health, social services, housing, and civil legal) amounted to £3.1 billion (plus a loss to the economy of £2.7 billion). The aggregate component costs (costs are not often presented at a unit level) are shown below:

- *Criminal Justice System (CJS)*: Domestic violence costs the CJS about £1 billion per year, which is about one quarter of the CJS budget for violent crime. The largest single component is that of the police. Others include prosecution, courts, probation, prison, and legal aid.
- *Health Care*: The cost to the NHS for physical injuries is around £1.2 billion a year. This includes GPs and hospitals. Although physical injuries account for most of the NHS costs, mental health care is estimated to cost an additional £176 million per year.
- *Social Services*: The annual cost is about £0.25 billion and is overwhelmingly for children rather than adults, especially those caught up in the co-occurrence of domestic violence and child abuse.
- *Housing*: Expenditure on emergency housing includes costs to Housing Authorities and Housing Associations for housing those who are homeless due to domestic violence, housing benefit for such emergency housing, and the costs of refuges. These elements amount to a total of £0.16 billion a year.
- *Civil Legal*: These services cost over £0.3 billion per year, about half of which is borne by legal aid and half by the individual. This includes both specialist legal actions such as injunctions to restrain or expel a violent partner, as well as actions consequent on the disentanglement of marriages and relationships such as divorce and child custody.

These costs, which are summarised in Table A3.16, exclude any human and emotional costs. Domestic violence leads to pain and suffering amounting to an estimated additional £17 billion per year, which is not included in the figures. Even if these non-Exchequer-related costs are excluded, a considerable amount of the expenditure of some statutory services arises due to domestic violence, and some of these costs will be avoided due to the work undertaken by intensive support projects.

**Table A3.17 – Costs of domestic violence**

Total cost to services	£3.1 billion per year	Walby, 2004	Services include criminal justice system, health, social services, housing, and civil legal
Loss to the economy	£2.7 billion per year		
Human and emotional costs	£17 billion per year		

*(ix) Costs of addressing conduct disorders in pre-school children*

The following discussion is included for comparative purposes because it provides estimates of the costs of providing a parenting programme to the parents of young children displaying conduct disorder based on a randomised controlled trial. Conduct disorder is a major health and social problem and the most common psychiatric disorder in childhood. The diagnosis is given to children who display persistent severe anti-social behaviour such as tantrums, verbal and physical aggression, lying, stealing, and violations of other

people's rights (Scott, 2007). It is estimated to affect at least 5% of children aged 5 – 15 years in the UK and the USA. For those children with early onset in pre-school years, conduct disorder often persists into adulthood and predicts poor employment prospects, marriage breakdown, and self-harming or anti-social criminal behaviour. A study of the financial costs of social exclusion (Scott *et al*, 2001, see also A3.5 below) showed that the economic implications of severe behavioural problems in childhood are serious and enduring.

Parenting is a key determinant in childhood behaviour and a recent study of a parenting programme for parents of children at risk of developing conduct disorder (Hutchings *et al*, 2007) included analysis of its cost effectiveness (Edwards *et al*, 2007). The findings of this programme are discussed below as it indicates the costs associated with such a programme<sup>37</sup>. These can be compared with the costs associated with delivering intensive family support projects, which provide a much wider range of interventions.

The study comprised a pragmatic randomised controlled trial of a group parenting programme - the Webster-Stratton Incredible Years basic parenting programme - delivered in the community through Sure Start in north and mid Wales. The programme is delivered by two trained leaders in 12 weekly sessions. Parents of 153 children aged three and four years at risk of developing conduct disorders (identified by health visitors) were recruited to the study and randomised to the intervention group or a six-month waiting list control. Full economic data were available for 116 of these families. The main outcome measure was the incremental cost per unit of improvement on the intensity score of the Eyberg child behaviour inventory.

The economic analysis estimated a cost of £73 per one point improvement on the intensity score (95% confidence interval: £42 - £140). It would cost £5,486 to bring the child with the highest intensity score to below the clinical cut-off point and £1,344 to bring the average child in the intervention group within the non-clinical limits on the intensity score. The mean cost per child attending the parenting group was £1,934 for eight children and £1,289 for 12 children. These costs include the initial costs and the costs of materials for training group leaders and are comparable with the costs of most psychological treatments. The programme seemed to be most cost effective in those with the highest risk of developing conduct disorder. The clinical study also found important benefits to the parents' mental health and the behaviour of siblings. The authors concluded that the parenting programme involved modest costs and demonstrated strong clinical effect.

Although this programme is not directly comparable with the intensive family support projects considered in this present study, the costs are nevertheless interesting. Although the intensive family support projects discussed in

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<sup>37</sup> It should be noted that a recent National Institute for Health and Clinical Excellence (NICE) appraisal on parent training programmes for conduct disorders highlighted the dearth of evidence on cost effectiveness (NICE, 2006).

Section A3.3 generally cost about £10,000 - £13,000 per family, the projects work intensively with all family members (and families often including three or more children under the age of 18 years) over a prolonged period of time in situations where poor behaviour and other problems may already be entrenched. By contrast, the parenting programme considered here focuses mainly of preschool age at risk of developing conduct disorder. Such programmes (and, indeed, programmes delivering parenting skills to parents with children of school age) may be a useful element of intensive family support projects. The costs discussed above suggest that intensive family support projects may offer good value for money, given their wider impacts.

(x) *A case study illustrating potential short-term cost consequences*

An illustrative case study cited in the evaluation of intensive family support projects in England (Nixon *et al*, 2006) shows the estimated costs over a year for a vulnerable family with four children that did not work with an Intensive Family Support Project in Table A3.18. It shows that the short-term costs associated with non-participation can be considerable (£334,000 over 12 months for this family), suggesting that the costs associated with delivering an IFSP can be covered by achieving 'successful' outcomes in the short term for a relatively small number of families.

**Table A3.18 – Case study: potential short-term cost consequences for the Exchequer**

<i>Rachel is a single mother with four children – Matt (14), Kaylee (13), Johnny (10) and Emma (6). The children have little or no contact with their father, who left their mother shortly before Emma was born and is currently in prison for drug dealing. They have lived in their present home for several years, but their tenancy is now at risk because of the behaviour of some of the children. Matt is described as being “out of control” and “unmanageable” by Rachel. He has been involved in car theft, house burglaries and shoplifting, is often drunk, noisy and abusive, and on occasions has hit his mother, once breaking her arm. He has been excluded from school because of bullying, but was never a regular attender prior to being excluded. Kaylee is part of a local group of older teenagers who live on the estate. They are often seen smoking and drinking on the streets and vandalising property. She rarely bothers to attend school, despite Rachel’s best efforts, and is often rude and aggressive. Johnny is hyperactive and has recently been diagnosed as dyslexic. He enjoys school and attends regularly, but is not making much progress. Emma is treated as the baby of the family by her siblings, who tend to spoil her. She suffers badly from asthma, which can restrict her physical activity, and she is very overweight. However, she is friendly and confident and is doing very well at school, which she loves. Rachel is morbidly obese and smokes heavily. She left school with no qualifications and has never been employed. She is prone to bouts of depression, when she tends to ignore the children and let them look after themselves. Consequently the children are often hungry and grubby and the house is a complete mess.</i>	
<i>If their current behaviour continues, they will be evicted from their home and the following approximate costs could be incurred during the subsequent 12 months:</i>	
<i>Eviction-related costs</i>	<i>£9,000</i>
<i>Six-month custodial sentence in a secure unit for Matt</i>	<i>£50,000</i>
<i>Six months in a specialist (out of area) Children’s Home for Matt</i>	<i>£85,000</i>
<i>One year in a local Children’s Home for Kaylee (who refuses foster care)</i>	<i>£130,000</i>

One year in local foster care for Johnny (@ about £600/week)	£30,000
One year in local foster care for Emma (@ about £600/week)	£30,000
<b>TOTAL</b>	<b>£334,000</b>
<p><i>It is assumed that the rent for Rachel's place in a women's hostel (or other form of temporary accommodation) costs about the same as the rent on the family's current home and that these are paid for by Housing Benefit.</i></p> <p><i>Involvement with a project could prevent some (or possibly all) of these short-term costs, although some additional costs would be incurred. For example, Rachel needs help to address her weight problems, depression and smoking and improving her parenting and life skills; intensive involvement of a learning mentor or other educational specialist with Kaylee and Johnny. A dietician may be able to reduce Johnny's hyperactivity and improve everyone's diet and weight. The YOT needs to work closely with Matt and may be able to prevent him receiving a custodial sentence. He also needs to learn to control his aggression and his drinking and he should receive some form of education or training, possibly in a specialised unit. If the members of this dysfunctional family can recognise and tackle their problems, this should save considerable amounts of expenditure not only in the short-term but also in the future, as well as improving their overall quality of life and future prospects.</i></p>	

Source: Taken from Nixon et al (2006), Anti-Social Behaviour Intensive Family Support Projects: An evaluation of six pioneering projects, Communities and Local Government (p147)

### A3.5 Longer-term cost savings

The cost consequences considered above relate to some of the potential short-term cost consequences of reducing tenancy-related problems and anti-social behaviour. However, it is also important to recognise that problems experienced during childhood are likely to have much longer-term cost consequences. A number of research studies have addressed these issues, which include:

- The costs of social exclusion;
- The costs of poor educational attainment;
  - School attendance and educational attainment;
  - Truancy and exclusion;
  - Being 'NEET';
  - Literacy difficulties;
  - Youth disadvantage;
- The impact on earnings from employment:
  - Impact on lifetime earnings;
  - Fiscal benefits of increased employment.

There are considerable overlaps between many of these studies. Their cost-related aspects are described below.

### *(i) The costs of social exclusion*

Members of families engaging in ASB are likely to experience social exclusion. A study by Scott *et al* (2001) of the financial cost of social exclusion published in the British Medical Journal (BMJ) compared the cumulative costs of public services used through to adulthood by individuals with conduct problems and conduct during childhood. The study followed 142 children from an Inner London Borough from the ages of 10 to 28 years. They were divided into three groups – ‘no problems’, ‘conduct problems’, and ‘conduct disorder’ (i.e. a persistent and pervasive pattern of ASB in childhood or adolescence, where typical behaviours include disobedience, tantrums, fighting, destructiveness, lying and stealing)<sup>38</sup>. Conduct disorder behaviour is strongly associated with social and educational disadvantage. The study, which is referred to and used in several subsequent pieces of research, found that crime incurred the greatest costs, followed by extra educational provision, foster and residential care, and state benefits. Health care costs were comparatively small.

By the age of 28, the mean individual total costs for each group were £70,019 for the ‘conduct disorder’ group, £24,324 for the ‘conduct problem’ group and £7,423 for the ‘no problem’ group<sup>39</sup>. Thus the costs for individuals with conduct disorder were ten times higher than for those with no problems. The study concluded that:

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

### *(ii) The Costs of poor educational attainment*

- Links between school attendance and educational attainment

Research reported by the National Audit Office in a report on improving school attendance (National Audit Office, 2005) includes the following data from a survey of 30,000 16-year olds in England:

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

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<sup>38</sup> These classifications are similar to those used by Ward *et al* (2004) where ‘Child A’ could be seen as an example of a child with no or few problems, ‘Child B’ as a child with mild conduct problems, ‘Child C’ as a child with significant conduct problems or conduct disorder, and ‘Child D’ as a child with serious conduct disorder.

<sup>39</sup> It should be noted that the costs incurred each year have been discounted to reflect their present value. The further into the future that a cost arises, the lower its present value. For example, a cost of £100 in a year’s time at a 5% discount rate has a present value of £95.24. This falls to a present value of £61.39 if the £100 is incurred in ten years’ time.

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

These findings illustrate clearly the importance of reducing truancy levels to improve educational attainment. Although these data relate to England rather than Scotland, there is nevertheless likely to be a similar correlation between school truancy and poor educational attainment in Scotland.

#### - Costs of Truancy and Exclusion

New Philanthropy Capital published a report in June 2007 on the costs of truancy and exclusion from school (Brookes *et al*, 2007). It considers the social costs and the returns from effective ways of tackling social problems and draws upon partial data and a series of indirect proxies “to piece together a picture of the lifetime costs associated with exclusions and truanting”.<sup>40</sup>

It includes the costs:

- To the education system;
- Of lower earnings;
- To the health service;
- Of higher crime;
- To social services.

All calculations use 2005 prices and all future costs are discounted at 3% per annum.

The report estimates (conservatively, it states) that the average excluded child costs £63,851 to society (in present value terms). This includes costs to the child in future lost earnings resulting from poor qualifications and also costs to society in terms of crime, health and social services, as shown in Table A3.19. More than three-quarter of the costs fall on society. Each year, there are over 10,000 new exclusions from school, producing a total cost of £650 million per annum.

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<sup>40</sup> New Philanthropy Capital focuses on calculating the cost of a social problem and the returns to charitable interventions to address this problem (i.e. the social return on investment). The report also looks at the costs associated with the work undertaken by two charities to address the causes of behaviour that leads to exclusions and truanting to show the financial benefits associated with investing in these (and similar) programmes.



**Table A3.19 – The costs (present values) of a permanent school exclusion (2005 prices)**

Education	£20,110
Lost earnings	£21,175
Health	£1,019
Crime	£15,527
Social services	£6,021
Cost to individual *	£14,187
Cost to society	£49,664
<b>Total cost of an exclusion</b>	<b>£63,851</b>

\* lower than the gross lost earnings gap of £21,175 due to income tax and NI contributions of £6,988

The cost for the education system is based on the assumptions that the average age of exclusion is 12½ years and that the average additional cost of educating a permanently excluded pupil is £7,181 per year (i.e. £11,536 - £4,355, see Table A3.19). The aggregate cost to the education system of an exclusion comprises administrative costs (£676 discounted value, as this will occur 8 years in the future in 2013) plus alternative education costs (£19,434 over 3½ years from exclusion). These total £20,110.

The authors cite research showing that excluded children are:

- Three times more likely than their peers to leave school with no qualifications;
- Half as likely to get a degree;
- 37% more likely to be unemployed.

The combined effect of lower qualifications leading to lower pay and higher unemployment means that there is a predicted gap in earnings for permanently excluded pupils of £21,175 over a lifetime. This comprises a cost of £14,187 to the individual and a burden to taxpayer of £6,988 (i.e. the present value of lost tax and NI receipts associated with the gap in earnings) – i.e. expected loss of income to the taxpayer every time a child is permanently excluded from school.

The most common cause of school exclusion is persistent disruptive behaviour. The costs for the NHS due to school exclusion are calculated from the study in the BMJ of the costs of social exclusion (Scott et al, 2001) described above. Relative to the group with no problems, those with conduct problems and disorders each incurred an average additional cost of £1,019 in health costs. This includes hospital inpatient and outpatient costs, psychiatric costs and costs arising from abortions or miscarriages. Due to a lack of data from other studies, it was not possible to estimate any additional costs falling on the NHS after the age of 28 (the upper age limit in the BMJ study).

The lifetime cost of crime committed by excluded child is estimated to be £15,527, based on data from the BMJ study between the ages of 10 and 28

and on data linked to standard rates of recidivism and the age profile of the prison population after the age of 30.

The additional costs to social services comprise two elements which total £6,021. The cost of social services' involvement with excluded children is based on previous research and calculated to be £1,169 per year in 2005 prices, or £3,1665 over the assumed average of 3½ years between exclusion and reaching 16 years of age. The BMJ study provides data on the costs of residential and foster care for children with conduct disorders and problems, and these data give a total (discounted) cost of £2,856 between the ages of 10 and 16 years.

A similar approach is used to show that the average cost of a persistent truant is £44,468, as shown in Table A3.20. This figure splits roughly fifty-fifty between costs to the individual and costs borne by the rest of society. An estimated 198,000 children in the UK are persistent truants, missing at least five weeks of school per year through unauthorised absences. They represent 2% of the total school population of the UK.

**Table A3.20 – The costs (present values) of a persistent truant (2005 prices)**

Education	£1,200
Lost earnings	£33,694
Health	£832
Crime	£6,776
Social services	£1,967
Cost to individual*	£22,562
Cost to society	£21,906
<b>Total cost of a persistent truant</b>	<b>£44,468</b>

\* lower than the gross lost earnings gap of £33,694 due to income tax and NI contributions of £11,113

In terms of the costs borne by the education system, work by the National Audit Office in England on improving school attendance estimated that educational welfare services in England cost £108 million in 2002/03. This gives a cost per truant of £706 per person per annum in 2005 prices. Based on the assumption that the costs to the education welfare system are only felt over two years, when the child is 11 and 12, gives a total cost of truancy of £1,200 to the education system in 2005 prices.

The impact of truancy on qualifications, and therefore on earnings, is higher than for excluded children. This is because the majority of those who are excluded receive alternative provision and therefore are better educated than those who are absent from school and disengaged with education. For example:

- 60% of persistent truants fail to get any A-C grade GCSEs;
- One in four gets no qualifications at all;
- Earnings are on average 13% lower for truants.

The combined effect of lower qualifications leading to lower pay and higher unemployment results in a predicted gap in earnings of £33,694 over a lifetime. As with exclusions, some of the lost earnings are income tax payments and NI contributions lost to the taxpayer. These come to £11,113. Adding in higher unemployment benefits totalling £518 means that a total of approximately £11,631 in 2005 prices is lost to the taxpayer.

The estimated extra lifetime cost to the NHS of a truant is estimated to be £832 in 2005 prices, based on data from the BMJ study (Scott *et al*, 2001). As this study only considers extra costs up to the age of 28 the estimate is very conservative. For example, persistent truants are more likely to smoke, drink, take drugs and be sexually active than their non-truanting peers. A recent study on pupil drug misuse in Edinburgh (McAra, 2004) found that 23% of the surveyed truants reported weekly alcohol consumption compared with 7% of non-truants in the same study. Twenty% of truants smoked, compared with 3% of non-truants. These behaviours carry long-term health risks, but as data to quantify the extra risk for truanting children was not available, the associated costs to the NHS could not be included.

Truants are both more likely to commit crime and to become the victims of crime. Sixty-five% of teenagers who truant once a week or more self-report committing offences, compared with 30% of their peers (Stevens and Gladstone, 2000). Based on the BMJ study (Scott *et al*, 2001) and taking the costs of the group with conduct problems as a proxy for truants, this study estimates that the lifetime extra cost of crime committed by a truanting child is £6,776.

To estimate the additional cost to social services, the group with conduct problems in the BMJ study (Scott *et al*, 2001) is used as a proxy for truants. Brookes *et al* (2007) estimate that an extra £1,967 is spent on residential and foster care for truants between the ages of 10 and 16.

#### - The costs of being 'NEET'

A study by Godfrey *et al* (2002) provides some preliminary estimates of the costs associated with young people being 'not in education, employment or training' (NEET) when aged 16 – 18 years. It estimated the additional costs that would be incurred by a defined group of 157,000 young people who were NEET at the end of 1999 compared with the hypothetical situation that these young people had the same current and future experience as the rest of their contemporaries. Costs were interpreted broadly to include costs to individuals, their families and the rest of society. The study attempted to provide estimates across the lifespan of the defined group and considered current, medium- and long-term costs. Implications for public finance costs, including changes to benefit payments and taxes, were also investigated. The study authors found that it was not possible to quantify all costs and were only able to provide estimates for educational underachievement, unemployment, inactivity, crime, substance abuse, and health. Health and crime costs were generally found to be relatively low compared with the costs of educational underachievement, underemployment and unemployment. Two specific case studies based on a hypothetical male and female teenager illustrate how costs can accumulate to

about £300,000<sup>41</sup> over a person's lifetime. Many children engaging in ASB have poor records of educational attendance and attainment, and this is likely to increase their probability of being NEET in their late teens.

- The long-term costs of literacy difficulties

The KPMG Foundation<sup>42</sup> commissioned a study of the long-term consequences of literacy difficulties for individuals and for society (KPMG Foundation, 2006). Around 6% – 7% of 11 year olds in England leave primary school with very poor literacy skills equivalent to those of the average seven or eight year old. Slightly less than one-in-ten (9.2%) of all boys leave primary school at this level of reading.

Reviewed research showed that children with early literacy difficulties often experience negative lifetime experiences. For example, literacy difficulties are linked to costly special educational needs provision, to truancy, exclusion from school, reduced employment opportunities, increased health risks and a greatly increased risk of involvement with the criminal justice system. The study attaches costs to these risks and summed them over the life course to the age of 37 (the last point at which reliable survey data were available). The resulting costs to the public purse to age 37<sup>43</sup> arising from failure to learn to read in the early years at primary school are estimated at between £44,797 and £53,098 (present values) for each individual. These estimates are conservative and do not include savings that could not readily be quantified, such as the economic effects of reduced spending power, social housing costs, the costs of generally poorer health, the costs of substance abuse over the age of 18, and the costs of intergenerational effects on literacy skills.

The estimation and full quantification of social costs depends on four critical pieces of data:

- Population numbers;
- Prevalence rates (i.e. what % of the population have this problem or incur this cost);

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<sup>41</sup> This is the undiscounted value, and equates to about £84,000 when discounted at 6%. This means that a sum of £84,000 would be needed now to deliver £300,000 over the person's lifetime, if invested with a return of 6% per annum. Thus £84,000 is the Present Value of this required income stream.

<sup>42</sup> The KPMG foundation is a charitable trust that funds education and social projects for disadvantaged children and young people.

<sup>43</sup> The study makes considerable use of the NCDS (National Child Development Study) and BCS70 (British Cohort Study) surveys, which focus on children born in a single week in 1958 and 1970. As data from these survey populations are only available up to the age of 37, this has been used as the cut-off point for the costings.

- Typical frequency and/or duration of problem (i.e. number of episodes and over what period of time);
- Unit cost information (actual or proxy) for each specific type of social cost.

Unit cost information is taken from other published cost-benefit studies and from national sources for health and social care services, criminal justice and benefit receipts. Other costs have been calculated from first principles using agencies' data. All costs are quoted at 2006 prices and a discount rate of 3.5% has been assumed for all present value calculations.

As with other similar studies, this study focuses on five different types of costs for children who have not learned to read by the age of 7:

- Education costs;
- Employment costs;
- Being 'NEET';
- Health costs;
- Costs of crime.

These costs are summarised in Table A3.21. Two total amounts are presented, primarily to capture different assumptions about crime-related costs (although the lower bound value also excludes the costs of maintaining statements of special education needs in secondary school). Costs of housing benefit and social housing are excluded due to a lack of data on the housing status of adults with low literacy skills.

**Table A3.21 – Estimated cost consequences associated with unaddressed literacy difficulties**

	Annual or One-off Amount	
	Low	High
<b>Education costs:</b>		
Special needs support – literacy and behaviour (whole of KS2)	£2,187	£2,187
Special needs support – literacy and behaviour (whole of KS 3 & 4)	£3,526	£3,526
	-	£1,821
Costs of maintaining SEN statement – secondary education	£10,555	£10,555
Permanent exclusions	-	£255
Educational psychologist time (3 hours @ £85 per hour)	£1,675	£1,675
Truancy (12 or more half days of unauthorised absence in first term of 2005/06 school year)		
<b>Employment costs:</b>		
Tax and NI revenue (male)	£30,248	£30,248
Tax and NI revenue (female)	£17,014	£17,014
Cost of unemployment benefits (male only)	£6,896	£6,896
<b>Costs of being NEET:</b>		
Social costs (male)	£5,802	£5,802
Social costs (female)	£10,072	£10,072
<b>Health-related costs:</b>		
Depression (male and female)	£177	£177
Obesity (male and female)	£446	£446
<b>Crime-related costs:</b>		
Prison costs (male)	-	Variable
Crime (male)	£53,319	-
<b>Present value of total cost per person to age 37 without intervention</b>	<b>£44,797</b>	<b>£53,098</b>

The cost of a permanent exclusion has been estimated to be £10,555. This comprises a cost of £1,000 per exclusion in administrative costs and an annual cost of £12,555 for a place in a Pupil Referral Unit less an assumed £3,000 for the age-weighted pupil unit that would otherwise have been spent on the pupil.

The direct cost associated with an episode of truancy (which is defined differently from the New Capital Foundation study) has been estimated as £1,675. This is based on costs for 2003 of £1,500 for one prosecution, plus 2 hours of Education Welfare Officer time (at £15 per hour) uplifted to 2006 values. This will be a conservative estimate, as multiple episodes of truancy are probable. However, the authors could not find any data on numbers of truancy episodes resulting in prosecution.

The costs of being NEET are drawn from the study by Godfrey *et al* (2002) discussed above, which provides estimates of the social costs incurred by this group as a result of underemployment, poor health, substance abuse, teenage pregnancy and involvement in the criminal justice system. These have been applied to the percentage of the very low literacy group that would have been NEETs from 16-18, having first taken out costs already covered elsewhere in the current study so as to avoid double counting (i.e. Job Seekers Allowance), costs of crime and (for males only) the costs of being teenage mothers. These produce annual costs of £5,802 (male) and £10,072

(female) at 2006 prices. Costs are higher for females because of the high rate of teenage pregnancies in the NEET group.

Health costs only cover depression and obesity, as the study authors were unable to quantify costs associated with generally poor health. Costs of substance abuse (including alcohol) are included in the costs of being NEET aged 16-18. Costs of smoking are not included at any age since the tax benefits accruing to the Exchequer were assumed to cancel out the costs to the health service associated with smoking.

Two data sources have been used as the bases of the estimated costs of crime that result from early failure to learn to read. The authors used the study of social exclusion by Scott et al (2001) to estimate a cost of crime by males of £46,550 spread over ages 11 to 27, which includes costs of court appearances, probation, youth justice and imprisonment. Data from HM Prison Service give mean prisoner costs of £35,862 (under 18) and £25,880 (adult: 19-37). The resultant estimated cost impacts depend crucially upon the assumptions made about the percentages of the prison population who would not be in prison had they had better literacy skills.

Therefore employment-related costs form the largest category of potential savings due to improving literacy levels, with costs to the education system and the costs of crime providing the next largest categories.

#### - The costs of youth disadvantage

The Centre for Economic Performance at the London School of Economics has recently undertaken some research for the Prince's Trust on the aggregate costs associated with youth disadvantage in the UK (Prince's Trust 2007). This work focuses on three main aspects:

- Youth unemployment;
- Youth crime;
- Educational underachievement.

It draws on data from a wide range of sources and explores the inter-relationships between the above aspects and their impact on social exclusion. It also considers some of the costs for individuals and for the economy (including the UK's productivity and international competitiveness) associated with young people being 'not in education, training or employment' (i.e. being 'NEET'). For example, there is a significant cost to the individual in terms of reducing their lifetime chances and opportunities (e.g. youth unemployment has been estimated as imposing a wage scar on individuals of between 8% and 15% over time). Youth unemployment and inactivity are estimated to cost the Exchequer about £20 million per week in Job Seeker's Allowance and to result in a productivity loss to the UK economy of over £70 million per week. The estimated cost of youth crime in Great Britain is in excess of £1 billion per year. Furthermore, underachievement at school (with its resultant impact on skill levels and the workforce) is also partly responsible for the relatively poor

performance of the UK economy and the productivity gap between the UK and its competitors. The UK has between 10% - 25% lower output per hour than France, Germany and the US, much of which can be attributed to poorer levels of skills (and a shortfall of capital investment). Being NEET also has knock-on consequences on health status (including on mental health/depression), which in turn imposes long-term costs on individuals and society.

The following quotes are taken from the report. They illustrate the importance and cost-effectiveness (for individuals, neighbourhoods and society) of initiatives such as the IFSPs that reduce anti-social behaviour and youth offending and promote educational achievement:

*“The cost of educational underachievement in the labour market in terms of unemployment and wage penalties is significant. And underachievement at school appears to increase the probability of turning to crime and negatively affects the health and emotional well-being of the individuals concerned”.*

*“[This research] reveals that interventions helping young people get into work, stay on in education or avoid crime represent excellent value for money given the measurable costs of social exclusion”.*

### *(iii) Impact on earnings from employment*

#### *- Impact on lifetime earnings*

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

#### *- Fiscal benefits of increased employment*

A recent report for the Department for Work and Pensions (DWP) (Freud, 2007) has considered ways of reducing dependency and increasing opportunities in the context of exploring options for the future of welfare to work. Part of this research explores the fiscal benefits of increased employment. For example, it estimates that:

- The gross annual savings to the DWP of moving an average recipient of Incapacity Benefit into work is £5,900, with the wider exchequer gains (offsetting direct and indirect taxes paid with additional tax credits) raising this figure to £9,000 per year;



- The equivalent figures for a recipient of Job Seeker's Allowance are £4,100 and £8,100, respectively.
- The DWP's gross savings on lone parents are £4,400 (with no further Exchequer savings because of the weight of extra childcare elements of the tax credit system balancing other tax revenues).

The report also recognises that those on benefits often do not work for many years. For example, once a person has been on incapacity benefits for a year, they are on average on benefit for eight years. If the full annual Exchequer saving of getting a person on incapacity benefits into work is around £9,000, a genuine transformation into long-term work for such an individual is currently worth around £62,000 per person to the State<sup>44</sup>. Although Projects providing intensive support to families with anti-social behaviour and at-risk tenancies do not have increasing employment as a stated objective, these figures provide a good indication of some of the potential longer-term cost consequences for the Exchequer of periods of unemployment. Improving family members' education, skills and training (e.g. through or as a consequence of the project's intervention) will reduce the likelihood of unemployment and therefore of such costs being incurred by the Exchequer.

The importance of acquiring education and qualifications is also recognised within the DWP research. Data are presented from the UK's Labour Force Survey showing that about half of working age adults with no qualifications are not in employment. The DWP report also emphasises some of the benefits for health and well-being associated with work, based on other research undertaken for DWP (Waddell and Burton 2006<sup>45</sup>).

### **A3.6 Conclusions**

All of the above publications show that preventing failed tenancies, reducing anti-social behaviour and encouraging children to attend school can have significant financial benefits in terms of "saving" (i.e. preventing) costs that might otherwise have been incurred. Although the focus has mainly been on the tangible cost consequences for Exchequer-funded services, considerable benefits will also be enjoyed by individuals, families, local neighbourhoods and communities, and society. Many of the benefits associated with intensive family support projects will be enjoyed by adults as well as by children and young people. Some of the benefits are expected to extend over a person's lifetime (and, indeed, may also extend to future generations). Table A3.22, which is taken from the report by Nixon *et al* (2007) looking at the longer-term outcomes associated with some of the families who had worked with the

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<sup>44</sup> This figure is the Net Present Value of eight years' worth of total Exchequer savings from an incapacity benefits recipient, discounted at HM Treasury's recommended Social Time Preference Rate of 3.5%.

<sup>45</sup> Gordon Waddell and A Kim Burton. *Is Work Good for your Health and Well-being?* A review for the Department for Work and Pensions, The Stationery Office, September 2006

intensive family support projects considered in their earlier study, summarises the main cost consequences associated with such projects.

**Table A3.22 – Summary of main cost consequences associated with IFSPs**

TO THE EXCHEQUER			
Current Short-term Costs/Resource Savings		Potential Short-term Costs Prevented	Potential Longer-term Costs Prevented
Possible Increase	Possible Decrease		
Education NHS Social Services	Housing Police Criminal Justice	Legal and other costs associated with eviction Foster/residential care (including secure provision) Criminal Justice (e.g. Young Offenders Institute)	Benefit payments Police and Criminal Justice NHS Plus: Additional revenue via taxes on wages and family expenditure and NI contributions
TO INDIVIDUALS AND FAMILIES			
Short-term and Longer-term Benefits			
Improved family functioning and cohesion – less risk of family breakdown Improved financial management skills (including receiving all benefits to which entitled) Improved access to support and other services (e.g. for treating existing problems relating to health and education) Improved education and training, leading to acquisition of qualifications and skills which enhanced employment opportunities and life chances Improved lifetime earning potential Less reliance on benefits (and criminal activity) as source of income Better health (including mental health) Inter-generational benefits			
TO NEIGHBOURHOODS, COMMUNITIES AND SOCIETY			
Reduced ASB, crime and fear of crime Reduced neighbour disputes and tensions Lower stress levels (leading to better health and improved productivity at work) Neighbourhoods do not become run-down (reducing crime and numbers of voids and knock-on impacts for police and housing providers) Improved social capital within communities Potential to contribute to improved workforce productivity and international competitiveness			

Source: Nixon *et al*, 2007

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