

# Family intervention projects: a classic case of policy-based evidence

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# Family Intervention Projects: a classic case of policy-based evidence

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*There is no point pussyfooting ... if we are not prepared to predict and intervene more early ... pre-birth even ... these kids a few years down the line are going to be a menace to society.*

**Prime Minister Tony Blair on the unborn children of lone mothers (31 August 2006)**

*Family intervention projects work. They change lives, they make our communities safer and they crack down on those who're going off the rails. Starting now and right across the next Parliament every one of the 50,000 most chaotic families will be part of a family intervention project – with clear rules, and clear punishments if they don't stick to them.*

**Prime Minister Gordon Brown, Labour Party Conference, 2009**

Family Intervention Projects (FIPs) had become a key element in New Labour's anti-social behaviour strategy. The new coalition government offers a timely opportunity to assess the argument presented by New Labour in support of the extension of the FIP

strategy, announced by Gordon Brown at the Labour conference in 2009, and the claims made that the evidence base supported such a step-change in policy.

The FIP is said to apply 'assertive and non-negotiable interventions' and provide 'intensive support' for 'chaotic families', thereby eliminating anti-social behaviour (ASB) in communities and stabilising family status, reducing homelessness and improving the 'outcomes' for children. These 'interventions' are supplied by councils or by agencies hired by them. Families may be reprogrammed in their own homes, in temporary dispersed tenancies or in controlled core residential units, the ASB sin bins of the media.

The apparent balance of sanctions and 'tough love' support has wide appeal for politicians and the uninformed electorate. Unfortunately, in practice, FIPs fail in multiple ways: by targeting the wrong people for the wrong reasons; by targeting false 'causes of ASB' while failing to tackle the real underlying causes in those targeted; by failing to deliver support in key areas like mental health; by failing to deliver sustained changes in family behaviour or reduced ASB in the community. At root, the FIP remains enforcement-led and sanctions-oriented, where someone must be blamed and punished for bad behaviour. This ethos justifies forcing very vulnerable families with mental health problems into projects under threat of eviction, loss of benefits and removal of children into care.

This paper will re-examine the evidence for FIP delivery by reviewing evaluation reports covering around 60 projects. These reports cover: the 'The evaluation of the Dundee Family Project' (Dillane et al., 2001); the 'six prototype projects' evaluated by Sheffield Hallam University Centre For Social Inclusion (Nixon et al., 2006). The longer-term outcomes associated with families who had worked with Intensive Family Support Projects (Nixon et al., 2008), for the Department for Communities and Local Government and the Family Intervention Projects: An Evaluation of their Design, Set-up and Early Outcomes, (White et al., 2008) for the Department for Children, Families and Schools.

The Dundee Family Project (DFP) began in 1996 and was evaluated by Glasgow University for the period 1999–2000 (Dillane et al, 2001). The DFP became the prototype, flagship model for all later efforts. Government reports over several years claimed that it had achieved an '84% success rate with the most difficult families' Such ambiguous and misleading claims set the pattern for the next ten years. Let us look more closely at the claims on the basis of my detailed re-analysis of the results (Gregg, 2007a).

First, in what sense are the DFP families the 'worst'? The rationale for FIPs is the reprogramming of families who have 'disrupted' their neighbourhoods causing 'untold misery to many'. It is surprising then that of the 56 families receiving 'interventions' only eight had had 'conflicts with neighbours'. We also learn that 'a small number' of these neighbours were recognised as victims in these conflicts. If 'small' is three, then five out of 56, or 9 per cent of the project families, were 'guilty' of causing conflicts. But the primary reasons for FIP referral are given as 'conflict with neighbours, poor upkeep of [council] property and rent arrears'. We must conclude then that up to 91 per cent of the families were referred for rent arrears, poor house upkeep and other minor misdemeanours – hardly the image of ASB fed to the public.

The project demographics show us that most families were very poor, lone mother-led and in poor health. 50 per cent were on anti-depressants; 75 per cent had an alcohol or drug abuse/addiction problem. We will see again and again over the years that most families were referred for mental health problems and social inadequacy, rather than for offending as the public understands it. In most cases, these health problems were not addressed in the projects.

Are the project families perhaps 'the worst' of their ASB peers? Altogether 126 were referred and 56 selected. We learn that the selection process was 'valued' by staff for its 'capacity to indicate a family's motivation to change'. Repeatedly, 'family cooperation' is emphasised as a selection criterion. The less cooperative, most resistant families were eliminated from the start. By the way, by failing to 'engage', these families risked eviction and loss of their

children. Those who cooperated had these sanctions hanging over them.

Second, can the 84 per cent success rate be justified? Evidence for behaviour change was opinion-based. The main sources of information were: semi-structured qualitative interviews, scrutiny and analysis of case records and project reports, self-completion questionnaires, responses to vignettes and a small number of observations. Besides case records, the main sources of information were 'key stakeholders', 13 Project staff and families served by the Project. (Dillane et al., 2001). Note that behaviour outcomes were actually only assessed for 36 per cent of families. Only in a few cases were outcomes assessed by independent observers. Detailed interviews covered only ten out of 70 closed cases, or 14 per cent. Even so, there was a 'very high interview failure rate', and the sample 'under-represented those who found it hard to accept the project'. No formal methods for assessing behaviour were applied and the study had no control group. Limited sampling, incomplete datasets, subjective assessments and badly biased samples are the norm in FIP evaluations, as we will see.

Moreover, the 84 per cent success figure applies only to the small number of families in the 'core residential unit' (or 'sin bin'). If we include all three intervention types, the overall 'success' rate is only 59 per cent. However, if we base success on improved housing issues like rent, housing officers say the rate is 86 per cent. The views of social services staff, based on family behaviour, risk factors and ongoing problems, are markedly different, indicating a success rate of 39 per cent. This result also reflects the evaluators' concerns, who state:

*long term mental health and relationship issues require attention after project work is ended yet social services may not have the resources to attend to this and specialist [medical] services are rarely available.*  
(ibid)

Their recommendations for better data collection and longer-term evaluations to test sustainability were ignored. Instead, the

government cloned the DFP in six new prototype projects and appointed a new evaluation team from the Centre For Social Inclusion at Sheffield Hallam University which became involved for some years (Nixon 2006 and 2008)).

As for the DFP, remarkable claims were made in government press releases about FIP success:

*Intensive Family Support Can Turn Around ASB in 8 out of 10 Families.*

*In 85% of families complaints about ASB had either ceased or reduced ... by the time they left the projects.*

*92% of families were also found to be a reduced risk to their local community.*

**Home Office, 2006**

This briefing focuses on some of the key problems with government claims based on a detailed analysis contained in my background paper *Interim Review of the Government Evaluation Report on Six ASB FIPs* (Gregg, 2007b). First look at sampling. The 85 per cent claim is based on only 15 per cent (39/256) of families in the six projects. Second, the claim only applies to the families who 'fully or partly engaged' with the projects, excluding those who 'disengaged' or left. In fact, only 42 per cent of families fully engaged. Clearly, the evaluation sample is biased. It is also difficult to reconcile this fact with the subjective opinion-based view that 92 per cent of families were 'found to be a reduced risk to their community'. Through careful reading, including footnotes, we find that, at exit, only 22 per cent had no ASB complaints (versus at least 4 per cent on entry) and 33 per cent had reduced complaints. Note that 78 per cent of families (even in the positively biased sample) still exhibited ASB as defined. Nor do we have any idea about the frequency or severity of ASB complaints. However, there are clues about the more serious end of the spectrum. At entry, 68 per cent of families had no contact with the police. At exit, this rose to 76

per cent, a modest 8 per cent drop in police contact. How serious was their ASB if 68 per cent had no police complaints against them to begin with?

To be fair, the Sheffield evaluators were well aware of the above problems:

*It is impossible however to determine the extent to which project outcomes identified ... are a direct result of the project interventions.*

(Nixon et al., 2006)

*It was not always noted whether family behaviour had impacted in any significant way on the community when initially referred and therefore it is impossible to chart changes that had occurred as a result of the project interventions.*

(ibid)

*It was beyond the scope of the evaluation to carry out an independent assessment of the impact of these changes [in behaviour] on the wider communities where the families live.*

(ibid)

Despite the fundamental reservations expressed by the researchers the government still claimed 85 or even 92 per cent success rates, and somehow concluded that FIPs deliver 'excellent value for money'. If around 90 per cent of families were normalised, and stayed normalised, in terms of behaviour, so eliminating long-term support costs, the latter claim would be true. However, there is no objective evidence for this scale of behaviour change, nor for its sustainability.

Concerned about just this issue, the Sheffield team persuaded the government to sponsor a study of 'longer term outcomes' (Department for Communities and Local Government, 2008). Although the tracking period was less than one year and the sample reduced to 21 families who agreed to cooperate (8.2 per cent of all families), the outcome was clear enough, (for more detail see Gregg, 2008a). It should be noted that, again, the tracking

sample was biased: for the bulk family population, 42 per cent were fully engaged with the projects; for the tracking sample, the rate was much higher at 63 per cent. We are dealing with the most cooperative and receptive families in this assessment.

The claim is that, with a more 'nuanced analysis' (one taking into account changes or non-changes in ongoing health problems, etc), the success rate is now 43 per cent. However, looking more carefully, reduced ASB can only be claimed in 31.5 per cent of the tracking families (Gregg, 2008a). Recall that, at project exit, it was claimed that 85 per cent of families showed reduced ASB (Department for Communities and Local Government, 2008). Accepting these figures implies that, in less than one year, unacceptable ASB has returned in 53 per cent of the families. Claimed behaviour change is not sustained – even for a year. Why is this? Well, the DFP suggested that much of the alleged ASB involved social inadequacy and mental health issues. What are the 'six projects' families like?

- 80 per cent of families had mental/physical health problems and learning disabilities.
- 60 per cent were found to be 'victims of ASB' and described as 'easily scapegoated' in disputes by project managers.
- 59 per cent of the adults had clinical depression and anxiety problems.
- 54 per cent of families had one or more children with a mental or physical disability.
- 72 per cent were lone mother families.
- 85 per cent of adults were unemployed.
- 59 per cent of families were in debt.

These are chronic problems not lifestyle choices. Across the FIPs, over ten years, we are dealing not with ‘families from hell’ but with ‘families in hell’ with little hope of escape.

Yet the level of medical support given in the projects is totally inadequate, and parenting classes do not treat mental health problems. Having carefully examined the nature of the families and their ‘crimes’, the Sheffield team parted company with the government to write scathing reports on ASB strategy. The following is extracted from their expert conclusions:

*... the subjects of ASB interventions often have mental health problems, learning disabilities and neurological disorders. This raises crucial questions about the extent to which the use of punitive control mechanisms ... can be justified.*

(Hunter et al., 2007)

*Disabled people with learning difficulties and mental health conditions may be particularly powerless to control behaviour that could cause alarm and distress ... there are grounds for serious concerns about the way ASB interventions are being used against [such] people ...*

(Nixon et al., 2007)

Rather than heeding the messenger the government appointed new evaluators from the National Centre For Social Research to assess the next phase of 53 FIPs which started in 2006/2007. The NCSR team followed the FIP tradition by honestly reporting the limitations of data and information along with clear caveats about results in the body of their report (White et al., 2008).

However, by the time we read executive summaries and government press releases, these caveats have again disappeared and the declared results are carefully selected to paint a moderately positive picture (Department for Children, Schools and Families, 2008). Ironically, the detailed reporting gives the best insight into the limitations of FIPs of all the evaluations and is therefore invaluable to researchers and, it might be hoped, an incoming government.

So what are the claims this time? Based on the first 90 families (of around 1,080) to complete intervention, we learn:

- 61 per cent of families with four or more types of ASB at project start-up reduced their levels of ASB to 7 per cent when they left.
- The proportion of families facing one or more 'enforcement actions' fell from 45 to 23 per cent.
- The proportion with 'no risk factors' increased from 1 to 20 per cent.
- The proportion of five to 15 year olds with 'educational problems' declined from 37 to 21 per cent.

**White et al., 2008**

Beverley Hughes, The Minister for Children and Families declared:

*These early results can't be ignored. The reduced levels of ASB ... are substantial.*  
(DCFS, 2008)

But are the results reliable? The data samples as usual are very small: they cover 8.3 per cent of families in the 53 projects. In fact, only 18 families across nine projects were interviewed, that is 1.7 per cent (Gregg, 2008b). The evaluators tell us up front:

*These results cannot be used to assess quantitative impact as the IS (Information System) did not contain a control group.*

and

*The purposive nature of the sample design as well as the small sample size however means that study cannot provide any statistical data relating to the prevalence of these approaches, views and experiences.*  
(White et al., 2008)

That seems clear enough, but there is more. The exit criterion that defines the end of intervention is:

*ASB had stopped or reduced to an acceptable level.*  
(ibid)

So the 90 families are simply the first to meet this 'success' criterion (although, remarkably, 35 per cent were still exhibiting one or more 'types' of ASB). We do not know from this tautological result when, if ever, the remaining 91.7 per cent of families will meet the criterion. These 90 families were simply the easiest to work on. We know this because in the bulk population, 80 per cent of families had some initial enforcement action against them, but for the 90 families this was only 51 per cent. The 90 family sample is clearly not representative of the bulk population (Gregg, 2008b).

It is also essential to realise that the measure of ASB used is qualitative, that is, the number of **types of ASB**. To talk of families 'reducing their levels of ASB' is grossly misleading. There is no quantitative information about the severity or frequency of ASB in the families. The evaluators note:

*Typically the information collected in FIPs consisted of a description of the problems a family caused **which could not be quantified** ... no reliable results are available on the issue ... because in the majority of cases information on complaints was not recorded numerically.*  
(ibid) [emphasis added]

However, the database provides some clues on ASB severity:

- Although 62 per cent of families were referred for rowdy behaviour, only 1 per cent had a fixed penalty notice for disorder.
- Although 54 per cent supposedly had committed noise offences, only 1 per cent had a penalty notice for noise and less than 1 per cent had a noise abatement order.

- Although 59 per cent were involved in environmental damage (litter, etc), only 1 per cent had a penalty notice for environmental crime.

(ibid)

It is interesting that, at referral, only around 2.6 per cent of individuals had an ASBO and around 8.3 per cent of children had an Anti-Social Behaviour Contract (ABC). These facts about ASB incidence are obscured by data reporting at the family level despite the fact that it is individuals who commit 'offences'. While 98 per cent of families had 'reports of ASB', only 44 per cent of individuals had such reports. Similarly, while 2 per cent of families had no ASB, 56 per cent of individuals, the majority, had no ASB. While 42 per cent of families were reported for 'harassment', only 9 per cent of individuals were involved. The FIP 'blame the family model' badly distorts the apparent level of 'criminality' in the families. Rates are 'sexed up' by three to five times.

Having looked at all these critical caveats, does the claim for a reduction in families having four or more types of ASB from 61 to 7 per cent reflect the overall picture? Well, at the level of individuals who actually commit offences, 56 per cent had no ASB at referral, while 86 per cent had no ASB at evaluation. ASB has therefore ceased (at least for several months) in 30 per cent of individuals. But we must remember that this is for the most responsive families in the 'first out' 90 family sample.

What about the claim for reduced 'enforcement actions' from 45 to 23 per cent of families? Taking court-related legal actions, we note:

*there appeared to be very little change in the level of court orders and juvenile specific orders [by project end].*

(ibid)

Indeed, juvenile orders fell from 13 to 11 per cent and court orders from 8 to 7 per cent. Notice that the level of orders among individuals is low anyway. The vast majority of adults and children are not on orders. What about housing enforcement issues? Forty per cent had received a warning visit from officers at referral, versus

7 per cent at evaluation, but this may simply reflect a change in jurisdiction to the projects in some cases. Indeed, 86 per cent of families were in secured or assured tenancies at referral versus 82 per cent at evaluation, a slight decline in housing security. We also note on housing issues that 47 per cent received 'support to improve property' and 38 per cent received 'financial management support'. As in the DFP, family housing-defined ASB appears to relate to property upkeep and rent arrears. In fact, the earlier Sheffield evaluators made the following comment on the social 'normality' of the families:

*Contrary to popular belief, the evidence suggests that rather than constituting a distinct minority distinguishable from the 'law abiding majority' **families tended to conform to the norms and values of the communities in which they lived.***

(Nixon et al., 2008)

What distinguishes them across all the evaluations is a high level of mental and physical disorders and extreme poverty.

The presentation of the NCSR results on family 'risk factors' (mental health, poverty, disability) is also telling. What the claimed result above actually means is that 99 per cent of families had such risk factors at FIP entry and 80 per cent still had risk factors at exit. The evaluators conclude:

*We now have evidence from FIP staff of what happens to families at the point they leave the project, although it is less clear whether these positive outcomes will be sustained in the longer term.*

(White et al., 2008)

This is not surprising given that only 11 per cent received professional psychiatric treatment or counselling. Remarkably, given that 79 per cent of children at referral had 'discipline issues' and 69 per cent of families were lone parent-led, only 35 per cent received the government-hyped, cure-all of 'parenting classes'. Of these, only 18 per cent received classes from outside professional agencies. So much for 'intensive support'.

The final headline claim of school improvement is also telling. The fall in 'educational problems' from 37 to 21 per cent of five to 15 year olds must be welcomed. But note in relation to the severity of these 'problems' that only 6 per cent of children in the 90 family sample were excluded. We do know that a remarkable 47 per cent of the children had ADHD or autistic spectrum disorders. We also know nationally that two out of three of children excluded from mainstream schools in 2005/2006 had a learning disability and one in two of the 78,600 children suspended had special needs ((Leslie and Skidmore, 2007). The majority of school problems in project families relate to children diagnosed with ADHD, autistic spectrum disorders or with mental health problems.

So what did the project staff actually do for these children? Did they rely on parenting classes to encourage parents to discipline the children? Did they punish the children?

We are told that 57 per cent of families had staff 'supporting children into education' and 67 per cent had FIP-arranged additional 'support' from schools. It is made clear that staff acted as 'positive advocates for children and parents', explaining their medical and social problems to the schools. Perhaps they also stopped disability-related bullying? Remember in the DFP that 70 per cent of the children had suffered bullying at school. The children (with chronic, underlying mental health problems) did not change ... the schools did. Nor is this surprising. A recent University of Bath study (Skidmore et al, 2007) concluded:

*... most teachers are unequipped to deal with special needs.*

As in other FIP phases, the high frequency and persistence of untreated mental needs does not support the assumption that the claimed improvements in family behaviour and status are sustainable. These families were again assessed less than one year after project exit. The evaluators say:

*It is less clear whether these outcomes will be sustained in the longer term ... more work is needed ... across all 53 projects these longer term outcomes need to be assessed quantitatively.*

and specifically on underlying health problems they say:

*The evidence from family interviews suggests that families had not received much help with health issues ... there was little change ... many [mental] health problems typically require a long period to be resolved... [there were problems also] due to difficulties FIPs had in 'levering in' health services...*

(White et al., 2008)

Enforcement rather than support still dominates the FIP model, with around 80 per cent of referrals coming from enforcement-led council agencies and only 3 per cent from health professionals. Only 8 per cent of referrals come from the police despite the alleged 'high criminality' of the families.

So we return to our starting point. After a decade, the recommendations of three teams of evaluators to develop an adequate FIP data and evidence base are still ignored. The New Labour government had ten years to carry out the repeatedly recommended, comprehensive longitudinal studies of the 'successful' families leaving the projects to establish 'sustainability' of the claimed reductions in ASB, improvements in family status and community benefits. It did not do this because, even with the limitations of successive evaluations, they demonstrate the failure of FIPs.

## In summary

The Family Intervention Projects have been presented by the government as the solution to antisocial, 'chaotic families' who 'bring misery' to their communities. The FIPs supposedly cure the presumed cause, poor parenting, with a mixture of threats, parenting classes and 'intensive support'.

The first theme of this paper is the miss-targeting and misrepresentation of these families. In reality the FIPs target socially inadequate families, around 80 per cent of whom have significant mental and physical health problems and learning disabilities. We have seen that every effort is made to paint the

families as highly antisocial and criminal by using qualitative measures of ASB and by reporting 'offending' data at the family level. In reality most families were targeted for exhibiting 'statistical risk factors', not for offending, or for having rent arrears and poor council house upkeep. The risk factors include : being a poor lone mother, living in bad social housing, having mental health problems, having a child with schooling problems, learning disabilities or an SEN (Special educational needs) statement.

With such high levels of mental health problems we would expect to see matching levels of medical support in the projects. In reality only 11 per cent received professional psychiatric treatment or counselling. With around 80 per cent of families exhibiting 'poor parenting' it is equally surprising that only 35 per cent attended parenting classes and that only half of these were delivered by professional agencies.

The second theme of this paper highlighted the discontinuities between the headline government claims for FIP success, the strong caveats and reservations of the three FIP evaluation teams over a decade and the marked weaknesses in evaluation methodology and database quality. We have seen that conclusions about 'success' in ASB reduction are based on qualitative measures and on very small family samples which the evaluators concede are biased. There are no control groups and much of the 'evidence' is subjective and sourced from project 'stakeholders'. The question of sustainability of the claimed improvements in behaviour after project completion is critical since support clearly evaporates in practice. Three evaluation teams, over a decade, have called in vain for improved data collection and for long term studies of family outcomes. However the evidence from the Sheffield Hallam studies (Nixon, et al., 2006 and 2008) implies that within a year the proportion of families exhibiting 'no or reduced ASB' fell from 85 per cent to approximately 33 per cent. This is hardly surprising since, as all the evaluators concede, long standing, underlying mental health problems and disabilities 'require a long period to be resolved'. Not only this but these admittedly 'easily scapegoated' families are returned to communities where there is little tolerance for those who are mentally impaired. Nationally Mencap, Mind and

Capability surveys have shown that 80-90 per cent of such people have been bullied and abused in their neighbourhoods (Alcock, (ed) 2009; Mencap, 2007; Capability Scotland 2004; Mind 2009) .

The FIP was an interesting social engineering experiment which had the potential to help poor, very vulnerable families who failed to fit in to their communities. Instead the FIPs were marketed as a way of punishing 'families from hell'. Desperately needed professional medical support has not been provided in most cases, often because of cost considerations. These families have been demonised to no good end and the FIPs have not delivered sustained reductions in ASB in the wider community. The author contends that the FIP demonstrates the nightmare place to which populist political rhetoric and 'policy based evidence' can deliver us.

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The *Evidence based policy series* aims to offer critical and innovative perspectives on the scope, purpose and context of criminological research funded and published by the UK government.

Through the publication of the series the Centre for Crime and Justice Studies hopes to further constructive debate on how such research is managed in the public interest.

[www.crimeandjustice.org.uk](http://www.crimeandjustice.org.uk)