



Evaluation of the High Impact Households Project

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Executive Summary

- The Rapid Assessment of Evidence (RAE) from other evaluation studies showed that engagement of all stakeholders in the selection of service users is vital to the effective delivery of project outcomes.
- The RAE also identified the importance of an assertive, supportive and persistent approach to service users, and the centrality of the key worker at the centre of complex relationships between multiple partner agencies and complex family networks.
- Dixon's (2010) review of evaluation studies identified eight core characteristics. These are:
 - the recruitment and retention of high quality staff;
 - small caseloads;
 - a dedicated key worker working intensively with the family;
 - adopting a 'whole-family' approach;
 - staying involved with the family for as long as necessary;
 - having the scope to use resources creatively;
 - using sanctions with support; and,
 - effective multi-agency relationships.
- The RAE found that projects are often not supported by objective evidence to demonstrate the scale of behavioural change, or that it is sustained. Evidence is also weak in terms of sustainability once families have exited programmes. It is difficult to measure impact on wider communities.
- Observation of workshop sessions found that partners were often concerned about barriers to effective cooperation and information-sharing between agencies. Co-location of providers was seen as a positive way of overcoming these problems.
- Workshop discussion centred on a lack of coordination in terms of protocols and practices, for example, a single assessment processes to identify potential service users.
- Interviews found a key challenge will be to encourage agencies to respond creatively and flexibly to the diverse and dynamic needs of service users.
- Interviews found that partners recognised value in mapping and analysis of family profiles and needs.
- Interviewees identified a problem that the HIH project had been presented as innovative and distinctive in ways that overlooked previous work by other agencies.
- Participants reported that the workshops risked 'preaching to the converted' and needed to engage more effectively with sectors and agencies that were not represented. In parallel, project staff reported that it had been difficult to engage with partners from third sector and health agencies.
- Interviewees reported that there was confusion about the respective roles of task groups, the steering group and the project board and that these did not always communicate effectively to the broad range of partner agencies and staff.
- Interviews suggested different opinions on the importance of willingness to engage as a selection criterion. They also found that the importance of family/staff relationship and trust and an assertive outreach model combining sanctions and incentives are stressed.

- Interviews found that those involved in the pilot project reported a huge learning experience had proved helpful. The development of a rolling risk assessment emerging from data sharing and the pooling of intelligence and contacts across agencies were highly valued.
- Interviews suggested that the 'High Impact Household' status of service users was helpful in terms of adding impetus for agencies and families alike.
- Measuring outcomes and impact is inherently difficult, particularly in terms of identifying appropriate 'domains of interest'. The need for longitudinal analysis makes this particularly complex.
- This evaluation found that the HIH project had developed in ways consistent with the wider literature relating to similar innovative projects. Challenges noted in the context of this study were broadly familiar from other pieces of work in family intervention programmes. Equally, the strategy and processes apparent in the HIH project – such as assertive engagement via a key worker – reflect key learning points that emerge from other programmes in similar fields.

Introduction

Staff in the Department of Social Sciences at Northumbria University were contracted by the Institute of Local Governance to evaluate the High Impact Household project developed by Durham Police and established in 2011 and 'launched' in 2012. The initial plan had been that the evaluation would explore the impact of the HIH during a pilot phase in which it would be delivered to a sample of ten families from across Durham and Darlington. For good reason, the project has not been piloted in this way during the period of this research and so this evaluation has not proceeded as initially designed. Quantitative research and interviews with staff engaged with pilot families have not been conducted and so what follows below is best considered as a process evaluation. The focus has been on evaluating the development of the HIH project as it has been prepared for an official launch in September 2012. What follows below is based upon analysis of other evaluative studies of programmes similar to HIH and a series of observations and interviews with staff from key agencies engaged in the project.

The report continues with an outline of the methodology used in this review. This is followed by a presentation of findings from the initial Rapid Assessment Evaluation and then material gathered by observations and through interviews with key staff. This has been the primary research of the study. The report ends with a conclusion that summarises key themes.

Methodology

The project team undertook a Rapid Assessment Evaluation (RAE) of the Total Place/Community Budgeting exercise and the policy and research agenda relating to Troubled Families. A broad range of strategies and methods have been used in various forms of RAE that have developed in recent decades (initially in the context of health interventions in humanitarian and development aid) (McNall and Foster-Fishman, 2007). Notwithstanding the diversity of practices and approaches, a number of key themes have been identified and these informed the work of this project. In particular, a mixed-methods approach was adopted such that qualitative and quantitative techniques are used. Furthermore, as with RAE approaches in general, the process adopted was: timely in relation to the wider implementation of the Total Place/Community Budgeting exercise; participatory through the incorporation of partner agencies; team-based; and, iterative, in that data was analysed as it was collected, and preliminary findings shaped later stages of the evaluation. For example, findings from observation of the workshop sessions informed the schedule for the interviews subsequently conducted with personnel from key partner agencies.

The first aspect of the RAE was a systematic review of the literature. This was done through development of a bibliography comprising research findings in relation to 'troubled families' and the Total Place/Community Budgeting methodology identified by expert advisors (which was helpful in terms of sourcing unpublished policy documents and 'grey literature') as well as a literature search using databases and citation indexes. Keywords were searched to identify relevant studies for inclusion in the review and analysis of key themes that emerged were discussed with partners involved in Total Place/Community Budgeting exercise. The RAE included national policy documents

and research reports as well as local material such as the Think Family Strategy and Family Intervention Programmes developed by Durham County Council (Durham County Council, 2011). The RAE helped develop understanding in relation to the identification and interpretation of risk factors associated with troubled families.

The RAE informed the project team's participation in workshop sessions coordinated by Shared Intelligence. The project team drew upon the work of the scoping phase and the systematic review of the literature to assist in the design, delivery and analysis of the workshops. On this basis – and at other points of the process – the team acted as 'critical friends' to the staff working on the project.

Observation of the workshop sessions was a significant opportunity to understand the local context of the issues that are of concern to partners, and this informed the development of the research interviews subsequently carried out. Twenty four interviews were carried out, via phone and face-to-face, with staff from a range of public sector and third sector organisations across Durham and Darlington. These were recorded, transcribed, coded and analysed to inform the discussion below.

Key findings of the RAE

Selection Criteria

The involvement of key stakeholders in workshops to identify appropriate criteria for the selection of 'troubled families' and responsive interventions has been acknowledged as a crucial factor in a number of reviews (Taylor Haigh, 2011; City of Westminster, 2012). Gregg (2010) found that a common reason why Family Intervention Projects (FIPs) were unsuccessful was due to the failure to identify the most appropriate target families in the first instance. Certainly, a lack of clear criteria or protocol to identify appropriate target families will increase the probabilities that this problem will arise. Gregg (2010) noted that in many evaluation reports, the selection process was 'valued' by staff for its 'capacity to indicate a family's motivation to change'. Repeatedly, 'family cooperation' is emphasised as an important selection criterion. The less cooperative, most resistant families were eliminated at the start, even though they might exhibit other criteria that suggested they should remain included. Families were identified as highly antisocial and criminal using qualitative measures of anti-social behaviour (ASB) and by reporting 'offending' data at the family level. In reality, most families were targeted for exhibiting 'statistical risk factors', rather than offending, or for having rent arrears, or poor council house upkeep. The risk factors employed generally in these processes 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. Whatever appropriate risk factors are identified the process of establishing the criteria needs to incorporate all partner agencies.

Relationship with Clients

A Department of Communities and Local Government (Dixon et al, 2010) evaluation of family interventions identified a number of areas of good practice, many of which are reflected in the design and development of the HIH project. Dixon et al (2010) suggested that successful intensive family interventions take an assertive and persistent yet supportive approach to addressing and challenging the issues facing the whole family. This ensures that they recognise the inter-connectedness between children and adult problems. Following a rigorous assessment, a key worker is assigned to work intensively with each family, building a close and trusting relationship. Key workers are usually family support workers who take on a 'lead professional' role for the family. Their aim is to manage or 'grip' the family's problems; co-ordinate the delivery of services and use a combination of support, rewards and the possibility of sanctions to motivate families to change their behaviour. Persistence and assertiveness with families is critical to their being engaged and following agreed steps. Further, engagement is important to the implementation of an informal Support Plan, setting out support the family will be offered, the actions that members of the family agree to take, and the goals they will work towards. This is reviewed on a regular basis and sanctions, such as the demotion of tenancies, can be used to motivate the family to change.

Dixon's (2010) report reviewed findings from earlier evaluations. The evaluation identified eight core features critical to success: recruitment and retention of high quality staff; small caseloads; having a dedicated key worker working intensively with the family; adopting a 'whole-family' approach; staying involved with the family for as long as necessary; having the scope to use resources creatively; using sanctions with support; and, effective multi-agency relationships. Many of these priorities are further emphasised in a Department of Education (Flint et al, 2010) evaluation of Intensive Intervention Projects (IIP). The relationship between IIP workers, young people and other family members or social peers was found to be the central and most significant factor in achieving positive change. Successful relationships were based upon a persistent, non-judgemental and assertive approach. This relationship and the use (or withholding) of informal rewards and incentives were more important than formal enforcement action or sanctions in affecting change. Reconciling the use of informal rewards with the need to gather robust indicative data is a clearly a challenge. Flint et al (2010) identified a series of criteria for success. Many of the key points they identified reflect Dixon et al's (2010) findings, including the identification of appropriate staff; dedicated key workers; maintaining relationships with families over a sustained period; employing a flexible and creative use of resources and using a combination of sanctions and incentives. Flint et al (2010) found that the perceived independence of projects from the routine practices of statutory agencies was also important to project success.

Research and Evaluation

The importance of rigorous research and evaluation to underpin interventions was also stressed in the DCLG review. This requires the establishment of protocols to ensure that robust data is gathered and shared between partner agencies. The report suggested that indicators of success need to be

agreed at the instigation of projects and that these be organised into 'domains of interest' that reflect the various needs of different partner agencies. In the context of the projects reviewed in that review domains related to 'family function and risk', 'crime and anti social behaviour (ASB)', 'health', and 'education and employment'. Gregg (2010) argued that evaluations are largely based on qualitative measures, with small sample sizes and are dependent upon subjective evidence from project stakeholders, with no control groups. He stated that there is no objective evidence for the scale of behavioural change claimed in some of the sample evaluations, nor its sustainability. Clearly these limitations further underline the common emphasis on developing rigorous protocols for data collection and evaluation. Flint et al (2010) noted that given the complexity of cases and the diversity of outcomes achieved, stakeholders believed that it was crucially important that evaluations of IIPs should capture progress and 'distance of journeys travelled' for a range of family members, in addition to hard quantitative indicators for individual young people. Whatever indicators are identified, research and evaluation can be developed across three related fields: process, outcomes and economic impact (DCFS, 2010). While it is difficult to develop meaningful measures around the latter two, these are however crucial to assessing the impact of "total place" based approaches that underpin the High Impact Households project. As noted above, this RAE provides strong grounds to argue that the development of indicators of success need to be done in an inclusive manner that incorporates not only statutory agencies but third sector organisations, communities and the families themselves.

Evidence is weak about whether or not positive outcomes for families will be sustained once they have exited the programme. Nixon et al. (2008) undertook a follow up study of families from the NCH projects and found that two thirds had been able to sustain positive change; had not been subject to further complaints about ASB and their homes were not at risk from enforcement action at the time of the research. Gregg (2010), however, contended that the data indicates that only a third of tracked families had reduced ASB outcomes. Dixon et al. (2010) followed up families between nine and 14 months after exiting a FIP and found that a large majority of them had sustained positive outcomes in family functioning and anti-social and criminal behaviour. Two thirds of the families had sustained health outcomes but only one third had sustained education and employment outcomes. They also found a lack of research evidence about the reasons why some families do not engage with intensive Family Intervention Projects or subsequently disengage during the intervention. Moreover, it is difficult for Intensive Family Intervention projects to have, or demonstrate, a wider impact on communities (Jones et al., 2006b). However, Nixon et al. (2008) found that in over nine in ten cases, project workers assessed that the risk to communities had reduced or ceased at the point when families exited the projects. A report on the City of Westminster's Family Recovery Programme projects (Local Government Leadership and City of Westminster, 2010) claimed that they had achieved increased feelings of safety and satisfaction amongst local residents, with just under a half of surveyed neighbours reporting reductions in anti-social behaviour.

Interview and Observation Findings

Selection Criteria and Understanding Families

The HIH pilot project began with three workshops in February 2012. The workshops focused on the achievement of improved outcomes for complex families and the communities in which they live through better-quality collaboration between relevant agencies, deeper engagement with citizens and communities, and a genuine focus on 'place'. The workshops involved staff from a range of statutory and voluntary sector organisations in County Durham and Darlington who were or might be involved with a HIH at some stage. Specifically, the three workshops involved: an initial awareness-raising session with around 40 senior leaders; a service design workshop, which entailed the examination of a number of detailed case studies of HIHs with over 60 frontline staff; and, a validation event, confirming actions and priorities for the future, with over 40 operational managers.

The workshops were regarded by stakeholders as an effective way of launching the pilot project. The discussions around "Operation Balham" (the investigation into the circumstances of the murder of George Akers in 2010) helped generate commitment and buy in to the project, with stakeholders typically asking: 'How did so many people, involved in one family, really not have an impact on [their lives]?' (Probation, strategic¹). While partners highlighted various elements of their organisations' approaches to working with complex families they also reported recognising the limitations of current approaches to partnership working and engagement with families. Stakeholders agreed that often, insufficient information about individuals and their families is shared between and analysed by agencies. Stakeholders emphasised that there are a number of high level information sharing arrangements in place which overcome problems around disclosure at the strategic level. Problems, however, were reported to occur at the practitioner level where it is felt that clear information sharing mandates are yet to have been filtered down through all levels within organisations. Health professionals, in particular, were reported (by other participants) to be reluctant to share information, bound by clinical guidance, and fearful of damaging relationships with service users. Essentially, there was a lack of clarity about whether consent agreements given by families regarding the sharing of personal information with relevant agencies apply to all services. The sharing of information between children and adult services was singled out as a problem area. Stakeholders also reported that there can sometimes be significant delays in information transfer which then reduces their capacity to provide timely and appropriate responses to issues. Stakeholders suggested that it was the responsibility of strategic stakeholders to create an environment in which practitioners feel comfortable with regards sharing information. On a practical level, the co-location of multi-disciplinary teams was also reported to be one solution to overcome difficulties relating to data and information. The establishment of a Central Referral Unit which brings together criminal justice and local authority stakeholders to formulate responses to offending behaviour was

¹ (Probation, strategic) is the reference for this interviewee; indicating the service employing the interviewee and their role – 'strategic' is distinguished from 'operational'.

highlighted as a positive development, along with the multi-disciplinary databases that exist within Youth Offending Teams (YOT), for example.

The poor coordination of services was also widely acknowledged; with a typical stakeholder comment being, '...agencies would probably say we've given you help there, there and there, but it hasn't been coordinated properly and it definitely hasn't been effective' (Think Family Board, strategic). Discussing the case of Operation Balham specifically, another stakeholder said, 'these individuals and their families had not gone unnoticed ... in fact they'd had an awful lot of attention from safeguarding agencies ... but we weren't joined up' (Police, strategic). Several agencies reported that they were trying to support individuals with complex needs via a multi-agency approach but experienced significant difficulties 'getting agencies around the table'. Discussing their experiences, one stakeholder said, 'it's a nightmare because we have no procedures or anything like that, so we're just phoning people up saying "we've got this problem, how about we get together to find a solution"...when it works, it works really well but the amount of time and effort that goes into it to try and drag people to four or five meetings is [considerable]' (YOT, strategic). Again, the bringing together of children and adult services was cited as a particular challenge. These problems were, in part, felt to be linked to some agencies being yet to understand the importance of and embrace a 'whole family' approach to their work. Stakeholders stressed, 'these families have been having these issues for generation after generation and that won't be broken by one agency working with a single member of the family' (Family Intervention Project, operational) and further, 'without looking at issues of housing, education or employment, [for example], you're going to be less effective with the family as well' (Think Family Board, strategic).

A lack of coordination was further reported to be linked to the different working protocols and practices of agencies within the two local authority areas involved in the project. Here, one of the project leads stated, 'We don't join up really. Obviously, it's the same police force and health but in terms of the council and social care or children's services then they're still quite separate. It's sometimes like implementing two projects' (Police, strategic). Another reported problem was that the policies and procedures of partner agencies often clash. One stakeholder commented, 'some of the practitioners or managers act like those policies are cast in stone and that they can't be changed....Of course, we can change them because we made them' (Think Family Board, strategic), while another said, 'A lot of things get signed up to strategically, but it's difficult to put them into practice as the partners don't work in the same way so there is a slight disjunction there' (PCSO, operational). In addition, problems were seen to stem from the different assessment processes used by partner agencies. There was extensive discussion during the evaluation process about the use of the Common Assessment Framework (CAF). While agencies reported mixed feelings towards the CAF, it was generally felt that a single assessment process was needed. While some felt that there was little sense in the development of a new assessment framework for the HIH project and the CAF should be used by all agencies, others suggested that agencies should simply be more flexible about methods of assessment provided that relevant data is collected and disseminated. Problems of assessments – and differing perceptions of risk – were also reported to affect what stakeholders referred to as 'false criteria' governing access to services.

In terms of engagement with families, it was reported that some agencies work inflexibly; working in silos, and within the bounds of established processes. As might be anticipated, interviewees tended to make this in observation of other agencies rather than their own. Inflexibility can be ineffective because, as one stakeholder emphasised, 'every family is different' (Police, operational). Indeed, stakeholders suggested that one of the challenges of the project will be 'getting people to think outside the box of their own professions' (Pathfinder, strategic). Resource constraints were further reported to be limiting the ability of agencies to work creatively and engage with individuals who do not meet thresholds for their services. On this subject, several stakeholders reported being unaware of key points of contact within services or indeed, the very existence of some services, meaning that families do not necessarily gain access to appropriate support. This issue has, in part, been exacerbated by public sector spending cuts; simultaneously, resource constraints were reported to have generated competition within services for the ownership of families.

Referring back to a discussion of the project workshops, stakeholders were highly impressed by the family chronologies and association charts which had been produced by the police, which summarised the history of agency interventions with complex households, as well as the issues associated with individual family members. From these, stakeholders were able to clearly identify points at which intervention by agencies or indeed, the greater coordination of services may have minimised the levels of risk experienced by individual family members. While a number of agencies questioned what would make the HIH project different to similar predecessor projects, the mapping documents offered stakeholders insight into the additionality of the HIH project. In particular they recognised the significance of the 'whole family' approach – incorporating historical risk and the wider influences impacting on families – and an enhanced mode of partnership working in relation to challenging families. One stakeholder, recalling agency reactions to the chronologies and charts shared at the workshops commented, 'the process of mapping the spirals of intervention in a single family made people sit back and say "wow I didn't even know that". I thought "I probably did know about my segment of that chart, but I certainly didn't know about the rest of it"' (Police, strategic). Others recalled 'the association chart is a real piece of the toolkit that had an impact on me. I have never seen [the information] represented in that way' (PCSO, operational) and 'the police have done some absolutely fascinating work on telling the stories of those families ... [the] mapping family plans have been really illuminating about how all these agencies failed to have to an impact on the spiral of decline for those families' (Think Family Board, strategic).

The chronologies further drew attention to the level of resources being allocated to complex households, despite in some cases having little lasting impact. Indeed, in addition to the recognised limitations of services, commitment to the project was further fuelled by acknowledgement of the need for the 'smarter' use of depleting resources; here, one stakeholder said: '[we] have identified this as a strategic priority, driven by resource cuts...we need to do something differently that doesn't involve additional resources because basically we don't have any and they're getting smaller and smaller' (Safer Communities, strategic).

Nonetheless, two key concerns were expressed following the workshops. The first related to the perception that the project was being presented as innovative and distinctive in ways that overlooked work done in the past by other agencies. Several interviewees reported that they were already working in a co-ordinated, multi-agency way, while adopting a 'whole family' approach to tackling the issues of complex households. Many have already shared databases in place and operated effective multi-agency case management working arrangements (i.e. MAPPA and MARAC). Typical comments here included: 'It's very much what we do anyway, we're an integrated team anyway ... social workers, mental health workers, probation workers ... it's just about linking with the external elements a lot closer, in my opinion' (Addictions Service, operational), 'we already work on a multi-agency basis for problem families and we've taken the lead on trying to pull people together and we've been doing this for years' (YOT, strategic) and 'we do more or less everything that the HIH project is aiming to do but only for youths' (YOT, operational). While the HIH approach will be new to some agencies, the success of the project will, in part, depend upon the commitment of all partner agencies. It is important that agencies feel that good practice ways of working within their organisations are recognised and built upon – rather than reinvented – by the HIH process.

The second concern was that the workshops were, as one stakeholder put it, 'preaching to the converted'. It was felt that the workshops should have been targeted at 'those who don't have the knowledge, inclination or see it as their job' to working holistically with service users, as 'they are the ones that need to be told the importance of working in this way' (Family Intervention Team, strategic). In particular, stakeholders commented that the project would benefit from the greater involvement of the voluntary and community sector (VCS), who were felt to typically have excellent relationships with communities – being perceived as 'less threatening' to families; these relationships could be used to facilitate the development of trusting relationships between agencies and HIHs. There was also a sense that there was limited involvement of the health sector in the project, despite 'health' reported to be 'an obvious gap' in the case studies shared at the workshops.

In general, stakeholders expressed long term commitment to the project and awareness of potential benefits for individuals, families, communities, organisations and in terms of institutional resources. Overall, they hoped that the HIH would provide a means of formalising multi-agency partnership already working in relation to complex households – improving the coordination of interventions, holding agencies to account for attending meetings and delivering agreed actions – while encouraging the more flexible and creative use of resources. They recognised that this would result in improved outcomes for families. Going forward, stakeholders indicated that they would like to see the following developments emerge from the pilot phase:

- Clear selection criteria which distinguishes HHs from other types of families
- A single assessment process for HIHs
- A single nomination process
- A clear information sharing mandate
- The development of clear processes and more innovative practices for working with HIHs
- The identification and subsequent involvement of all relevant services in the project

- Steps taken to address the current lack of knowledge about services relevant to HIHs, including key points of contact.

Pilot Development Phase

Following the workshops, the attention of stakeholders was directed towards the development of effective protocols and working practices for the project. As noted earlier, evidence indicates that establishing effective protocols and practices at the outset of this type of project is critical to success. A project steering group, a project board and a number of task groups were quickly established, each with a specific remit. During the research interviews, project leads stressed the importance of the working groups in facilitating a 'cooperative process', based on 'joint decision-making', following initial tensions with agencies about the extent to which the project was recognising and building upon good practice already in operation. There was suggestion, however, that the management structure could have been streamlined. Here, one stakeholder said, 'I sit on the steering group and the operational group and it's the same people sitting round the table...you could very easily bring them together, without effecting the project' (Safer Communities, strategic); this was typical of several stakeholders views. In fact, stakeholders reported that the pilot would have worked more efficiently if some of the working groups were merged, explaining that at times, the focus of one group would have been dependent upon the completion of tasks by other groups, leaving them with little to discuss. One stakeholder said 'the second meeting was cancelled because we had nothing to talk about...because the two subgroups were still getting on. That wasn't a good start' (YOT, strategic).

During the development phase, those involved in the task groups worked towards the production of a 'process guidance document', outlining the definition of a HIH, the nomination process for HIHs, processes for working with HIHs (including agency roles and responsibilities) and the de-escalation process for HIHs. It was clear throughout the evaluation period, however, that the focus and progress of preparatory work was not being communicated to project partners. As such, there were high levels of confusion among those not involved in the task groups during this time. When asked, for example, about their understanding of the definition of a HIH, agency responses included: 'I don't know and that's a bit concerning' (Family Intervention Team, strategic/operational) and 'I think this is one of the problems ... we haven't sat down and really defined what that difference really is. That's one of my frustrations with the whole project. I think there is confusion in peoples' mind about that' (Probation, strategic). There was also confusion about how many families had been identified and the number being worked with during the pilot. One stakeholder said, for example, 'nobody's ever come to the Trust and said 'can you identify who your top 10 problem families are'' (Probation, strategic).

It should be noted, however, that equally, project leads also encountered difficulties engaging practitioners in the project. Despite widespread strategic commitment to the project, it appeared that information about the project had not been disseminated by strategic managers to staff within

their organisations. One project lead said: ‘Sometimes I go to the frontline and say “this is what’s happening and this is how it can help you” and sometimes they say that they’ve never heard of it. So we’re dependent upon the senior managers selling it, but it’s not happening’ (Police, strategic).

Family Engagement

There was considerable debate among stakeholders about whether family engagement should be a selection criterion for inclusion in the HIH project. Most agreed that family co-operation would be essential to the achievement of successful outcomes, saying, for example, ‘what is hugely important is the ability and desire to change; nobody can force somebody to change if they don’t want to. There’s only so much enforcement that you could use to try to motivate people to want to change’ (Police, operational) and ‘I don’t think it would be as life-changing if there not fully part of the process, because really we’re giving them the tools to turn their life around’ (Police, strategic). But, whether family co-operation should be part of the selection criteria is a complex issue; some of the most critical families in need of support may not be the families most willing to engage, but will have a higher level of risk/need than engaged families.

The interviews found that there is a wealth of expertise about effective approaches to engagement with complex households among the project partners – often reflecting best practice as identified in the literature – and this should be harnessed by project leads. Stakeholders emphasised that the successful engagement of families is principally engendered by the development of trusting relationships between lead practitioners and families. One stakeholder said, ‘I think it’s just down to the personal qualities of the key workers and whether they can build that relationship. They’re all good at what they do, and have to have certain personalities to get the families to work with them’ (Family Intervention Project, operational), while another said, ‘Lots of initiatives have been worked through in the past and that’s been a key breaking point – where they’ve built up a relationships with a single person and then for whatever reason they’ve been moved along onto somebody else’ (Children, Families and Learning, strategic). Stakeholders reported that relationships are best developed through a ‘lead practitioner’ model. A further technique used by one stakeholder to build relationships with families is to check that the family are in receipt of the correct amount of benefits, which establishes an incentive for the family to engage. Another suggested technique was building upon trustful relationships that families already have with agencies by accompanying a professional already working with the family. A similar approach reported to be effective is emphasising the potential benefits and rewards of changing their lifestyles to families, with stakeholders stating, for example, ‘It’s raising aspirations, so if I change then what can I get out of it’ (Police, operational) and ‘it’s about emphasising the things that they can do if they do change’ (Addictions Services, operational). Working with families in a participatory way – i.e. involving them in defining their own success criteria, the development of action plans and progress reviews – was also reported to be important. Here, one stakeholder said: ‘I’m a big believer in solution focussed work, so “what is it that family wants?” It might be something simple, but it might be something completed unrelated to any of the issues that the authorities and agencies are concerned about’ (Children, Families and

Learning, strategic). Stakeholders reported that HIH are likely to have had years of intervention by services and will be used to having 'things done to them', rather than things done 'with them' and that sometimes, 'professional and service users outcomes are so far away, it creates conflict cos we're not on the same page ... there has to be negotiation' (Family Intervention Team, strategic).

Finally, the assertive outreach model, upon which Integrated Offender Management, for instance, is based, was also flagged as a best practice approach to supporting individuals to access services. Linked to this, stakeholders emphasised the importance of long term engagement with HIHs and not having a restrictive timeframe within which change should occur. A typical comment here was, 'I think that the project has to have in-built flexibility. I don't think you can say "six months then you're out of there", because that might not work' (YOT, operational). Linked to this, they stressed the need for a staged exit. One stakeholder said, 'I think that happens far too often at the moment ... when things turn around ok they're dropped from a great height' (Think Family Board, strategic). Stakeholders suggested an assessed period or review every 6 or 12 months perhaps, which then informs the role of different agencies with the household.

In addition to discussing various positive or incentive-based approaches to fostering the engagement of families, stakeholders agreed that an appropriate balance must be struck between the use of incentives and sanctions. For example, respondents stated: 'it's key that the families be motivated, but if they're not motivated and they buck, then there's still a lot that can be done', 'the carrot without the stick is ineffectual' (Think Family Board, strategic) and 'for me, incentives do not work ... if they won't engage, there needs to be some form of sanction' (YOT, operational). Speaking from experience, a number of agencies with the capacity to sanction families for lack of engagement reported that the 'stick' approach can be a powerful motivator for change for some families and further, they suggested the voluntary nature of some services may leave children in unsafe environments. One stakeholder warned, 'at times, we consider the consent of the parents much higher than the welfare of the children. I thought, "that lets them down"' (Police, operational). The threat or use of sanctions did in some cases raise ethical concerns for partners. They highlighted that the HIH project is voluntary. Yet, such families are significantly more likely to be subject to sanctions as a result of engagement; for example, custody of children or loss of tenancy. Stakeholders stressed, therefore, the importance of transparency when working with families; making families aware of both the potential benefits and risks of engagement at the outset. A key issue discussed was the possibility that what constitutes 'success' for the pilot families will differ to that of the agencies, with a key scenario the removal of children from their parents. In relation to the pilot family, one stakeholder said: 'I think the two girls will be [removed] and I really do think that that will be better for them' (Police, operational).

Relationship with Clients

Following the processes of identifying and working with the first pilot family, stakeholders identified a number of lessons. The first was the realisation that clear protocols and working practices with

high impact families were not sufficiently in place, which created problems between project leads and partner agencies. The second issue quickly learned was that working with HIHs is highly resource intensive. As one stakeholder explained, 'we wanted to have as many families as we could until we realised exactly how time consuming it is and how labour intensive it is' (Police, strategic). Accordingly, project leads took the decision to prioritise working with partners to establish effective working practices and focusing on supporting one HIH during the pilot phase. In the following months, stakeholders reported considerable learning in terms of partnership working and the type of interventions that are effective with complex households. One stakeholder said, 'taking on the pilot family in the way that we did, without having the processes in place ... there was a huge benefit in doing it that way ... it's helped inform the process development [and] we've had hands on experience of what some of these problem families are like and the challenges that they're going to present us with' (Police, strategic). Another commented, 'on the ground it's been nowhere near as smooth as it sounds. In fact, it's been really quite problematic and rather challenging. But, out of that challenge comes new ways of working and I think that's really healthy. I don't think we should see that as a negative' (Think Family Board, strategic).

Stakeholders who were directly involved in working with the pilot family spoke positively about the management of the process by the police who – reflecting best practice – acted as the lead agency for the pilot family. The family chronologies and association charts produced by the police analyst was reported, in particular, to be critical to providing partners with a detailed and holistic understanding of the risks associated with each family member. One stakeholder said: 'We've all got to know an awful lot more about the family...the police analysis and that has been a very big plus in terms of additionality. We didn't have access to the quality of information in terms of criminal records and historical intelligence ...' (Police, operational). Agencies involved in working with the pilot family reported to be clear about reporting requirements and indeed, provided regular updates about their engagement with the family to ensure the production of an accurate rolling risk assessment. This daily, two-way flow of information was highly praised by stakeholders. Reflecting on the process, one stakeholder said, 'the constant updating of that process allows us to make dynamic risk assessments which we can look at on a daily basis ... I think everybody knows who they're supposed to report to. [Name] collects all of the information for us, and then updates the synopsis. We do emails and phone calls every day, and meetings as well' (Police, operational). This is a particularly important point. A number of agencies suggested that the legacy of the project will be the development of more effective working relationships between agencies. Stakeholders reported that a positive outcome of the HIH project is that 'everyone now knows each other around the table' and furthermore, agencies are contacting each other directly via telephone, for example, rather than submitting referrals to another. Here, one stakeholder said, 'I think the work that's really paying off in the pilot is the exchange of information. It's not about referrals, it's not reactive...they're having those types of conversation actively over a secure email set up or picking up the phone and speaking to each other more regularly' (Police, strategic). Indeed, as reported earlier, lack of personal relationships, particularly in light of funding cuts and organisational restructuring had resulted in the loss of personal contacts between agencies. The rolling risk assessment of the family also helped reduce the possibility of agencies receiving contradictory messages from families. There were

reports, however, that some agencies were more forthcoming in the provision of updates than others.

In terms of working with the pilot family, stakeholders spoke positively about the quality of the relationships that had been developed between agencies and individual family members and the level of progress achieved with the family – even though levels of engagement by different family members had varied over the period. In line with best practice, the family were involved in developing their own personal success criteria and action plans. As one stakeholder emphasised, ‘It’s not necessarily about what we as professionals think, and I think that’s really important learning’ (YOT, strategic). Stakeholders felt it important that each member of the family had their own success chart as each of their needs would be different. Including the family in this process was also important to ensure that the goals which were set were realistic and that the family was motivated to achieve them. The whole family – both children and adults – also attend the multi-agency case management meetings which took place, which services reported to be highly innovative and brought a new level of transparency to the process. One stakeholder said, for example, ‘if you talk about pathfinder services, for example, the parents would certainly be part of that process but I don’t think anyone’s ever been in a situation where the children have been part of the discussions’ (Police, strategic). Discussions suggested that the approach to working with the pilot family was assertive, yet supportive. For example: one stakeholder recalled that when the children of the pilot family failed to return home on an evening, police community support officers helped the mother to locate and bring the children home, rather than sanctioning her. Incentives were also used effectively to encourage family members to work towards their intended outcomes. This proved particularly effective with the boys in the family who were taken to boxing and weight management classes in exchange for attending school. At the same time, however, the family pets at one point were temporarily removed from the home due to neglect and living in unsanitary conditions, indicating that stakeholders were prepared to use sanctions – such as parenting orders – if necessary.

Stakeholders reported that the status which the ‘HIH’ label brought to the process of working with challenging families had significant added value. The prominence of being a HIH was reported to be a key a means of encouraging agencies to commit to the family and a means to hold agencies to account for fulfilling agreed actions. Here, stakeholder comments included: ‘the HIH gave it great status for the family and really raised the priority of the family. So it wouldn’t just be a few people banging their heads against a brick wall ... everybody owned that family and – more importantly – the family came on board’ (YOT, strategic) and ‘It’s a good vehicle for pulling people in ... other agencies and services’ (Children, Families and Learning, strategic). Another said, ‘the HIHs methodology has been a way of trying to hold people to account so that we can make sure that everybody delivers what they promise to deliver ... I think partners publicly sharing and owning that family can overcome some of the false thresholds that we’ve got. If you don’t met that threshold and you don’t come to those two appointments then you’re off the list; it’s a way of coordinating resources’ (YOT, strategic).

Research and Evaluation

As outlined in the RAE, projects can be evaluated in terms of process, outcomes and impact. While processes can be easily documented, measuring the outcomes and impact of projects such as HIH is inherently difficult. The difficulty lies in developing appropriate indicators of success for each 'domain of interest' i.e. individual and families, organisations and resources and communities. The accurate measurement of outcomes and impacts also requires a longitudinal approach to evaluation. Achieving outcomes such as getting families into employment or reducing their offending behaviour will take significant periods of time. The complexity of working with multifaceted families must also be understood when identifying whether the project has been successful. Similar to work with any vulnerable group, families may fall out of engagement or may require several periods of intervention before sustainable changes are made and long term impacts can be identified. Stakeholders recognised the longitudinal nature of this type of project.

Similarly, the positive impacts of the project on organisations and resources may not come to fruition until several generations post-intervention with a family. At early stages, therefore, cost-benefit analyses of the project are unlikely to reflect positively as the resource input from services into HIHs will be significant in the short term. Evidencing the impact of the project on communities will also be difficult; here, issues of scale, attribution and backlash from perceptions should be considered. Indeed, a number of these points have been further validated through the HIH pilot project.

Conclusion

The RAE identified key challenges that surround intensive intervention programmes similar to the High Impact Households project. The need to engage the full range of partner agencies in the process of selecting service users emerges strongly from other evaluation studies. Another significant aspect of identifying criteria for the identification of service users relates to the question of client motivation and engagement. While many projects include client motivation as an important selection criterion, others have found that motivation is difficult to measure and may be relatively volatile. A service user who is highly motivated at the outset might become disengaged. Equally, other research (for example into desistance from crime) finds that service users who begin with relative low levels of motivation might become more committed as they come to be engaged in programmes. Attitudes can follow behaviour in that context. The challenges facing the HIH project are consistent with the wider findings of the RAE, however, in crucial respects, the HIH project faces specific problems that exacerbate common difficulties found in the evaluation literature across related policy areas. In particular, the HIH project engages a complex range of family members from broad kinship networks and so the extent of motivation is difficult to capture across many individual service users. The nature of the HIH service users is such that even identifying the 'household' members subject to inclusion in the programme are difficult to conceptualise and categorise.

The HIH project has been developed in ways that build upon key strategies that emerge from the RAE. Interviews with key participants and observation of workshop sessions showed that partners have come to be strongly involved in identifying processes to select service users. Strategies to focus interventions through key workers who can develop effective engagement with families through strong communication and positive relationships are widely identified as an important aspect of the HIH project. Staff are encouraged to adopt an assertive outreach model whereby HIH service users are offered a range of incentives and sanctions to ensure that they continue to engage.

The evaluation suggests that the HIH project has developed in ways broadly consistent with good practice emerging from evaluation studies of other programmes that adopt similar approaches to related policy aims. This body of evidence suggests that robust data collection and evaluation is needed as the HIH project becomes operational and engages with a larger caseload of families. Respondents to this review found that the role of the HIH team, particularly the data analysts, in providing evidence and analysis of the challenges that HIH pose to local communities and agencies was greatly valued by staff in other organisations. Giving staff clearer insight into the relationships and complex problems associated with HIH was seen as an important pre-requisite for effective interventions. By extension, ensuring that appropriate indicators are identified, that data is gathered and analysed, and information disseminated about the impact of interventions is important to maintaining success of the HIH project.

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