



Ipsos MORI
Social Research Institute

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National evaluation of the Troubled Families Programme 2015 - 2020: family outcomes - family survey: part 1

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April 2017



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Introduction

Introduction

This report contains findings from the baseline survey of families (main carers and young people aged 11-21) in receipt of help from the Troubled Families Programme, conducted by Ipsos MORI on behalf of the Department for Communities and Local Government (DCLG).

Background

The current Troubled Families Programme

The current programme has three main objectives. Firstly for families, to achieve significant and sustained progress with 400,000 families with multiple, high-cost problems. Secondly, for local services: to reduce demand for reactive services by using a whole family approach to transform the way services work with these families; and finally, for the taxpayer: to demonstrate this way of working results in cost savings.

Every family has to have at least two of the following problems to be eligible¹:

- Worklessness and financial exclusion
- Poor school attendance
- Crime and anti-social behaviour
- Children who need help (including Children In Need, children with special educational needs)
- Physical and mental health problems
- Domestic violence

Local authorities agree to work with an agreed total number of families over a five year period from 2015/16. Areas commit to prioritise working with the families with multiple problems who are of most concern and attract the highest reactive costs. Local authorities also commit to engage in ongoing service reform. Each local authority must appoint a keyworker/lead worker for each family who coordinates multi-agency support for the family. The keyworker works towards agreed goals for every family for all of their problems. These goals are shared and jointly owned across local partners, such as the police, schools and health professionals.

The current programme allows a high level of local discretion and national flexibility. Local areas have the flexibility to identify and prioritise families of greatest local concern and cost and to commission services locally to meet families' needs. All local areas have their own local results framework (a Troubled Families Outcomes Plan) which sets out their outcomes and measures.

¹ For full definitions of the six headline problems of the programme, please refer to the Financial Framework for the Expanded Troubled Families Programme:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/409682/Financial_Framework_for_the_Expanded_Troubled_Families_Programme_april_2015.pdf

The troubled families evaluation

The national evaluation of the current Troubled Families Programme aims to explore the level of service transformation driven by the programme as well as establishing the impact of the family intervention approach on families themselves.

Key strands of the evaluation include:

- The Family Survey, on which this report is based, a quantitative longitudinal survey of families in receipt of help from the programme in nineteen local authorities
- The National Impact Study, where individuals in families being worked with by all local authorities are matched to data held by other government departments and outcomes tracked throughout the programme
- Annual staff surveys, online quantitative surveys of delivery staff (Troubled Family Co-ordinators, keyworkers/local practitioners and Troubled Family Employment Advisors (TFEAs))
- Qualitative research involving in-depth interviews with staff delivering the programme and families receiving services

The Family Survey

This report focuses on the findings from the baseline wave of the Family Survey; a key part of the evaluation that aims to demonstrate whether and how the programme impacts the families involved, focusing on families around the time they start receiving troubled families support. To assess the family's circumstances, baseline interviews were conducted with the main carer² and one young person (aged 11-21). The same individuals will be interviewed again in around 24 months' time, enabling analysis of how they may have changed over this period.

The Family Survey aims to capture information on outcomes that cannot be monitored through national administrative data but which are vital in understanding the full impact of the programme, such as domestic violence and wellbeing. The survey also profiles the support families receive in different circumstances, and families' perceptions of the quality and effectiveness of the support.

After the follow-up survey, findings will be compared against a historical dataset of UK families, using the UK Household Longitudinal Survey (UKHLS, or Understanding Society)³, to identify whether and how far families on the programme have improved over and above the changes typically seen in similar families. This work is being conducted by Bryson Purdon Social Research and will be reported separately.

Local authority participation

All local authorities were invited to participate in the survey by DCLG; they were briefed about the survey requirements either by email or at a presentation about the evaluation by the Areas Team. Those who could provide a minimum number of families, were offered an individual report. A total of 19 local authorities volunteered to take part. While these do represent a range of types of local authority areas, a significant proportion is based in the North West. Due to the

² Main carers are defined as the person who spends most time caring for the family (preparing meals, washing clothes, taking children to school etc.).

³ University of Essex. Institute for Social and Economic Research. (2015). Understanding Society: Waves 1-5, 2009-2014. [data collection]. 7th Edition. UK Data Service. SN: 6614 - Wave 5 (Jan '13- Dec '14), Available from: <https://discover.ukdataservice.ac.uk/catalogue/?sn=6614>

burden of participation and concerns about the numbers of families available within the specified timeframes, a number of authorities in this region worked collaboratively to provide the target numbers. On the basis that the profile of families entering the programme is broadly similar across the country and that any change delivered is also consistent, it was felt that this regional emphasis should not lead to a biased estimate of impact.

The questionnaire

The questionnaire was designed with the full involvement of DCLG and through consultation with colleagues in other government departments. A copy of the questionnaire is included in the appendices.

In order to facilitate comparison, as far as possible, questions were taken from the UKHLS. Where questions on issues of specific interest were not covered in the relevant wave of the UKHLS, questions were based on those included in other national surveys. While ultimately the sample of troubled families will be matched with similar families from the UKHLS, for this report the comparisons should be treated with caution, given that different question wordings and categories may have been used; this is highlighted where necessary.

The questionnaire is divided into two parts: a longer section for the main carer in the household and a shorter one for the selected young person. All main carers were also asked some questions about their partners' behaviours; this was made clear in the advance materials. In addition, for the more sensitive topics, both main carers and young people were offered the opportunity to complete these questions themselves. Self-completion can increase the likelihood of providing honest answers, reducing social desirability bias. However, participants could get help with the self-completion section, for example, due to language or literacy requirements. In these instances, the participant was asked a limited number of questions to maintain privacy. Participants also had the option to refuse the self-completion section entirely.

Research ethics

In order to ensure that families gave fully informed consent to take part in the research, several steps were taken to ensure that participants understood the research process entirely.

Local authorities were asked to identify all families who were just starting on the programme in monthly batches. Each month, local authorities provided families eligible for participation in the Family Survey with a pre-notification letter and FAQ leaflet. This outlined in simple language the objectives of the research, what taking part would involve, and that participation was voluntary and would not affect any support services or benefits they receive now or in the future. The pre-notification letter specified a two-week period in which to contact the local authority if the family did not wish to be contacted by Ipsos MORI about this research. Where appropriate this information was provided in person by the family's keyworker or another service provider working with the family. If this was not possible, the letter and FAQ leaflet were posted to the families.

While all families enrolled on the programme were eligible, local authorities were able to exclude those where participation was not considered appropriate, for example, due to family circumstances (e.g. recent bereavement), or where it was considered detrimental to the family intervention. In order to provide a check on the representativeness, local authorities were asked to provide information on the number of eligible families over the study period and the number opting-out or not included. Overall, 15 local authorities responded to this request, although they were not all able to provide accurate information, for example, they listed missing contact details and other inaccurate information or incomplete eligibility checks. However, the information provided indicates that while in some areas the vast majority of

families enrolled on the programme were invited to participate by their local authority, this was by no means consistent, which does have implications for the overall representativeness of the data.

All local authorities entered a data sharing agreement with DCLG, allowing them to share families' details with Ipsos MORI for the purpose of the family survey. These details were then sent to Ipsos MORI through a secure exchange site, who allocated the families to experienced local interviewers.

All interviewers were fully briefed before working on the survey. This included background to the programme and evaluation, the survey design, engagement issues, data linkage and questionnaire practice, as well as interviewer safety and respondent safeguarding.

Prior to contacting families, interviewers attempted to speak to the nominated keyworker to establish any relevant family history, language or literacy requirements and to confirm the details provided. In some instances, keyworkers were able to help by introducing the survey and interviewers to families. At around the same time, interviewers also sent all families an advance letter and another copy of the FAQ leaflet shared by their local authority. The advance letter highlighted that their local authority had provided their contact details, the name of the Ipsos MORI interviewer who would be contacting them shortly about the research, and reiterated that participation was voluntary and confidential. Once interviewers began to contact a family, a minimum of six calls were made at each address at different times and on different days, including evenings and weekends in an attempt to complete an interview.

Key information about the research was reiterated at the start of the interview by Ipsos MORI interviewers. This gave families the opportunity to talk through the information they had received and ask any questions. Informed consent was gained for all participants in the research. Where the young person was aged between 11 and 15, interviewers obtained written consent from the parent/guardian to approach them and also verbal consent from the young person to participate. For young people aged 16-21, interviewers gained verbal consent from the parent/guardian to approach them for interview and verbal consent directly from the young person. All young people were able to refuse to be interviewed even where their parents had provided their consent.

At the end of each interview interviewers explained next steps and sought consent to re-contact families to take part in the second stage of the research. Information was left with families so that they could get in contact if they had any queries or wanted to opt-out of the research.

Fieldwork

Interviews were carried out face-to-face and in-home between 14 October 2015 and 17 July 2016, using Computer Assisted Personal Interviewing (CAPI) and Computer Assisted Self-Interviewing (CASI). Exact fieldwork dates varied by local authority relating to when they were able to compile the family details for their area.

Prior to agreeing to the interview participants were offered an incentive as a 'thank you' for taking part (on completion) in the form of a Love2Shop voucher (£10 main carer and £5 young person). Interviewers were instructed to leave a change of address card and further information leaflet with all households. There were two versions of the latter; for main carers this included information about data linkage and details of sources of support should they have been affected by any of the issues raised by the research; for young people, this only included relevant sources of support. In some local authority areas families also received contact details for local sources of support.

Response rates

In total, 1,145 family interviews were completed with a main carer and 615 with a young person; ranging from 11 to 120 interviews with a main carer by local authority reflecting the provision of sample and the volume of families enrolling on the programme in each over the fieldwork period.

The overall adjusted response rate was 61%, ranging from 92% to 42% by local authority. These adjusted response rates are calculated by removing all unusable sample from the total sample received, including inaccessible addresses, movers, deceased, or no longer on the programme.

Summary of contact and response

Total sample	2,014
Successful interviews (main carers)	1,145
Unadjusted response rate	57%
Ineligible sample (withdrawn by LA, moved, property vacant/not found/demolished)	139
Total eligible sample	1,875
Adjusted response rate	61%
Refusal	292
Unproductive:	
No/some contact	230
Broken appointment	64
Ill/away during fieldwork	15
Language	4
Other	125

Report layout

The following section contains a summary of the key findings, followed by a detailed commentary on each question, organised under the main themes of the current Troubled Families Programme. The appendices contain more detail on statistical reliability.

Interpretation of the data

It should be noted that a sample, not the entire population, of families on the Troubled Families Programme have been interviewed. This means that all of the results are subject to sampling variability, and that not all differences are statistically

significant. It is also worth emphasising that some questions in the survey deal with participants' perceptions rather than objective measures; in particular, these perceptions may not accurately reflect the level of services actually being delivered.

No weighting was applied to the data at the analysis stage, due to the lack of detailed information on the population universe available from local authorities.

The number of respondents answering (the base size) is shown for each question at the bottom of each chart. Note that an asterisk (*) represents a value below 0.5% but above zero. Where responses do not add up to 100%, this may be due to computer rounding or multiple responses.

Throughout the report, national comparison figures, for example from the UK Household Longitudinal Study (UKHLS), commonly known as Understanding Society, are also presented to provide context. However, these comparisons are only indicative due to inherent differences between family and population-based samples: differences may be due to the particular age and gender profile of the main carers interviewed. In addition, many comparisons include different time/reference periods. All national figures are for the UK as a whole, unless otherwise stated.

Summary

Summary

This summary presents the key findings for families who are currently in receipt of troubled families support across the 19 local authorities participating in the Family Survey.

Families on the Troubled Families Programme

The profile of families on the programme is an important factor when deciding on the types of services and support they need. For example, while it is a given that these families contain children, it should also be noted that these households tend to be larger than average (four compared with 2.5 nationally) and young (61% of family members are aged 18 or under)⁴. A high proportion are also lone parents compared with families in the country as a whole (56% compared with 11%).

Most families interviewed (82%) rent their home, with the majority renting from a local authority (43% of all renters), and have experienced some housing mobility with many making multiple moves; for example, families who moved in the last three years have lived in an average of 2.2 different homes.

Employment and financial exclusion

Notwithstanding the fact that those enrolled on the Troubled Families Programme are families with children and, as a result, lower rates of employment may be anticipated than nationally, the unemployment rate is significantly higher than across the UK (29% compared with five per cent)⁵. Similarly, more households do not have any workers than nationally (57% compared with 16%).

These employment patterns appear to be persistent, with many main carers having been out of work for most of their time since leaving education (29%) or never having had a job (10%). 82% have not taken any active steps in the last four weeks, and 62% have not engaged in activities to improve their work readiness (training, qualifications etc.) in the last year. Notably, however, young people aged 15 or over are positive about their future with just two per cent expecting that they will not be in education, employment or training in the next year.

Related to their labour market activity, receipt of benefits and tax credits is both high and higher than nationally, indicating some of the issues faced by families on the programme. For example, reflecting the fact that those working are on low incomes, there is high receipt of Child Tax Credit (78% compared with 10% nationally), income support (31% versus three per cent), a range of disability related allowances, and Carer's Allowance (23% versus one per cent)⁶.

⁴ Office for National Statistics, 2015, Families and Households: 2015, Available from:

<http://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/families/bulletins/familiesandhouseholds/2015-11-05>

⁵ Office for National Statistics, April-June 2016, Available from:

<http://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/bulletins/uklabourmarket/latest>

⁶ Department for Work and Pensions, 2016, Family Resources Survey: financial year 2014/15, Available from:

<https://www.gov.uk/government/collections/family-resources-survey--2>

Compared with national levels, incomes are lower, especially when equivalised for household size, and families are more likely to say they find it harder to manage financially (27% compared to 10% nationally)⁷.

Health and wellbeing

Families on the programme face a wide range of health-related problems, including higher prevalences of a long-standing physical or mental impairment, illness or disability and poor mental health and wellbeing than nationally. They are also more likely to exhibit a series of risky health behaviours, related to smoking, drinking and drugs than the population as a whole. Among young people aged 11-21 years, risky health behaviours are also more common than nationally (though these comparisons are for 10-15 year olds only); more have drunk alcohol, smoke and have tried cannabis than nationally⁸.

Related to the fact that main carers represent a sample of families with children, and also possibly related to the health problems experienced, they are frequent users of health services; 42% have visited a GP more than six times in the last six months and 25% have visited A&E more than twice in the last six months.

There are also clear patterns in terms of the sub-groups on many of these health measures, with main carers who have a long-standing health condition experiencing a greater range of related issues, including poorer mental health, and are more likely to exhibit risky health behaviours, such as smoking and use of prescribed drugs. In addition, those who are not working and white also tend to be more negative about their health and display more risk-taking behaviour.

Education

Qualification levels are low, with a quarter (25%) of main carers and one in five (20%) young people who have left school with no formal qualifications compared with eight per cent nationally⁹.

The majority of young people interviewed are still at school, and 40% of main carers say that concerns have been raised about the attendance of their child. However, most of these young people are positive about their future, saying they expect to still be at school or college or working in five years' time. Fewer than 0.5% say they will be unemployed in five years' time.

Children in need

There is evidence that children living in families on the programme are vulnerable; with one in five (17%) involved with social services. Nationally 4.4% are either a child in need, on a child protection plan or being looked after by the local

⁷ University of Essex. Institute for Social and Economic Research. (2015). Understanding Society: Waves 1-5, 2009-2014. [data collection]. 7th Edition. UK Data Service. SN: 6614 - Wave 5 (Jan '13- Dec '14), Available from: <https://discover.ukdataservice.ac.uk/catalogue/?sn=6614>

⁸ University of Essex. Institute for Social and Economic Research. (2015). Understanding Society: Waves 4-5. [data collection]. 7th Edition. UK Data Service. SN: 6614 - Wave 5 (Jan '13- Dec '14), Available from: <https://discover.ukdataservice.ac.uk/catalogue/?sn=6614>

⁹ Office for National Statistics, Annual Population Survey, Available from: <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/qmis/annualpopulationsurveyapsqmi>

authority¹⁰. In addition, almost half (46%) of households have at least one child with a special educational or other special need, and more than half of these households (56%) would like more advice and support.

As elsewhere, these patterns appear inter-generational, with one in five (19%) main carers having experienced a parent/partner leaving or family break-up both as a child and adult.

Domestic violence and abuse

Families on the programme appear to have experienced significant issues in terms of family relationships and domestic abuse, both when growing up and as an adult. One in five (20%) experienced domestic abuse or violence in their home as a child, increasing to 33% who have experienced this as an adult. In addition, experience of non-sexual abuse by a partner or ex-partner both since turning 16 and in the last six months is higher than nationally.

Crime and anti-social behaviour

A third (31%) of young people have had contact with the police (not as a victim) in the six months prior to interview, higher than the level of contact reported by main carers for the household as a whole (22%). Most commonly this contact involves being reprimanded or asked to move on or having the police called to their home. Young people are less likely to report contact as a victim (five per cent compared with 15% of households).

One in ten (nine per cent) main carers report action being taken by the police against a household member in the last six months because they were accused of committing a crime. A similar proportion (11%) of young people have also had action taken against them, including seven per cent who were cautioned. However, fewer (five per cent of main carers) say that action has been taken against someone in their household as a result of anti-social behaviour in the last six months.

Young people tend to report higher levels of involvement in crime and anti-social behaviour than their carers, including at least a third (35%) who report fighting/physical violence in the last month, a quarter (24%) admit to vandalism and one in ten (11%) to stealing.

Service experience

Families have been supported by a range of services over the year before they were enrolled on the Troubled Families Programme, mostly having received help with parenting or a health problem. They are mostly positive about the impact of this help, but in each case a notable minority say it has made little or no difference. Specifically, a quarter (24%) express dissatisfaction with the ease of accessing support generally and two in five (38%) say someone in their family needs extra help or support.

Despite the range of issues faced by these families, main carers do express a degree of optimism; half or more agree with a series of statements about what the future holds for them. For example, 90% say they know how to keep their family on the right track and 86% say they keep going even when things are against them.

¹⁰ Department for Education, 2016, Statistics: looked-after children, Available from: <https://www.gov.uk/government/collections/statistics-looked-after-children>

Troubled families

Troubled families

Notably, half of families enrolled on the programme are lone parents (56%), significantly higher than the national average (11%)¹¹. Households also tend to be larger than average (mean household size of four compared with 2.4 nationally) and younger (61% family members are aged 18 or under)¹².

Most families live in rented accommodation (82%), with the majority renting from the local authority (43% of all renters). They are also likely to have experienced some housing mobility in the last five years, with 41% moving to their current home in the last two years. There is also evidence of a lack of tenure security with many making multiple moves; families who have moved in the last three years have lived in an average of 2.2 different homes.

¹¹ Office for National Statistics, 2015, Families and Households: 2015, Available from:

<http://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/families/bulletins/familiesandhouseholds/2015-11-05>

¹² Office for National Statistics, 2015, Families and Households: 2015, Available from:

<http://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/families/bulletins/familiesandhouseholds/2015-11-05>

Household characteristics

Household composition

The key characteristics of families who participated in the survey are summarised in the chart below. Notably, over half (56%) of all families enrolled on the programme are lone parents with dependent children, with a third (32%) two parent families with dependent children.

Not surprisingly for a family programme, there are higher proportions of families with dependent children than nationally, with a significantly higher proportion of lone parent families than the national average (56% compared with 10% for the UK as a whole¹³). This also impacts on the mean household size, which is significantly higher for families on the programme; four compared with 2.5 for England¹⁴. The majority (61%) of these household members are aged 18 or under, with an average of 2.5 children per household.

Household composition

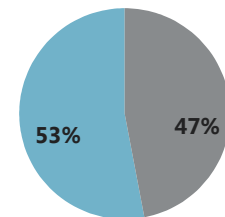
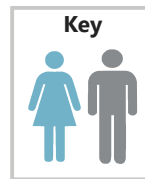
Mean household size = 4 people

(National = 2.5 people)

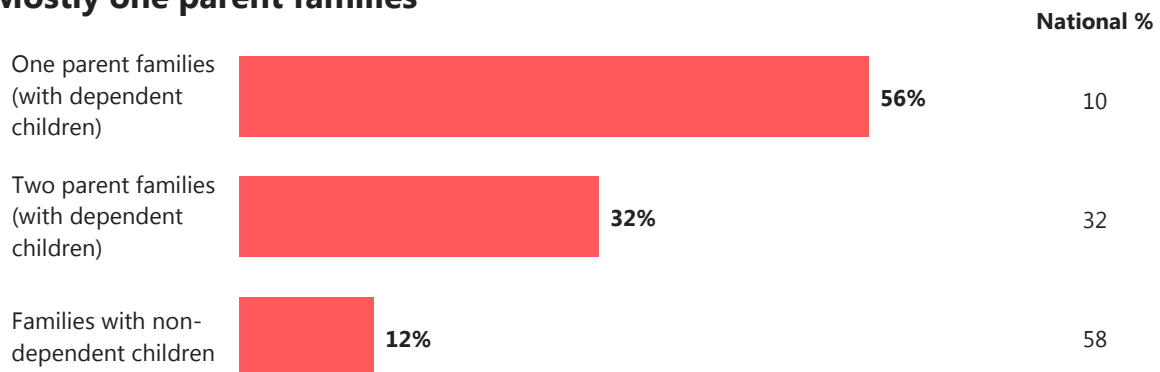


- 13% are aged 0-4 years
- 61% are aged 0-18 years
- 39% are aged 19+ years

Higher proportion of females in households



Mostly one parent families



Base: All main carers (1,145) ; Total number of household members (4,649); Fieldwork dates 14th Oct 2015- 17th Jul 2016. National data from Labour Force Survey, Nov 2016, Understanding Society Wave 5 (Jan '13-Dec '14).

Source: Ipsos MORI

¹³ Office for National Statistics, 2016, Families and Households: 2016, Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/families/bulletins/familiesandhouseholds/2016>

¹⁴ University of Essex. Institute for Social and Economic Research. (2015). Understanding Society: Waves 1-5, 2009-2014. [data collection]. 7th Edition. UK Data Service. SN: 6614 - Wave 5 (Jan '13- Dec '14), Available from: <https://discover.ukdataservice.ac.uk/catalogue/?sn=6614>

Location of other children (not living with main carer)

Among the families interviewed, not all children are currently living in the same household as the main carer, including one in ten (8%) aged 18 or under and one in five (20%) older than this. These proportions are both higher where the main carer interviewed is male (21% and 30% respectively).

The location of these children, who do not live in the same household as the main carer, differs by age. Those aged 18 and under are more likely to be living with their other parent (48%), with one in five each living with another relative or in their own home (19% and 18% respectively). On the other hand, three quarters (75%) of those aged 19 and over live in their own home.

Table 1.1: HR8. Can I just check, where do/es your other child(ren) live now?

	Children aged 18 years or under	Children aged 19 years or over
With other parent	48%	11%
With other relative	19%	7%
In own home	18%	75%
In foster care	5%	-
In local authority care	2%	*
In a hostel	2%	1%
Residential Educational Institution	2%	1%
In social/ supported housing	2%	-
Young Offender Institution	1%	1%
With a friend	1%	1%
With a partner/ partner and their parents	1%	3%
Died	-	1%
At University	-	2%
In prison	-	1%
Don't know/ don't want to say	2%	1%

Base: All main carers with children not currently living with them, aged 18 and under (97), aged 19 and over (228)

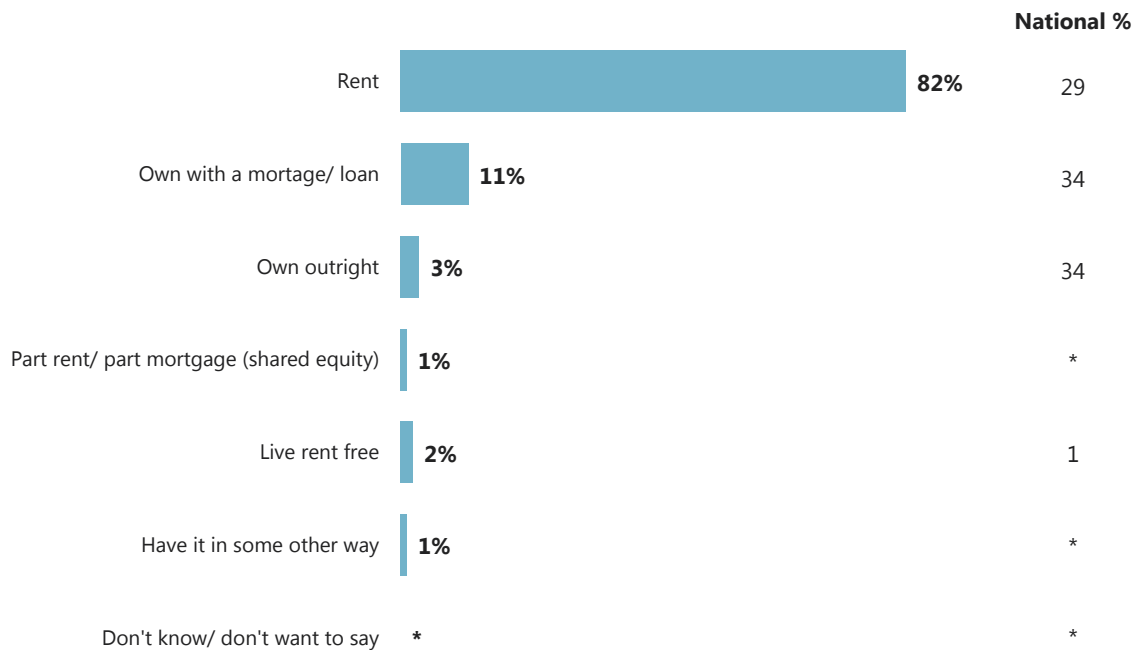
Tenure and tenure security

Home ownership

The majority (82%) of main carers rent their home, mostly from the local authority (43% of all renters). Levels of home ownership are low; one in ten (11%) are buying with a mortgage and three per cent own outright. As shown in the chart below, this is significantly different to tenure patterns nationally where ownership is higher and incidence of renting is lower¹⁵.

Not surprisingly, main carers who work are more likely to own their home with a mortgage or loan than the average for all families interviewed (23% compared with 11% overall) and those living in workless households or with no formal qualifications are more likely to rent (93% and 90% respectively compared with 82%).

TS1. Do you and (your partner) own or rent your home or have another arrangement?



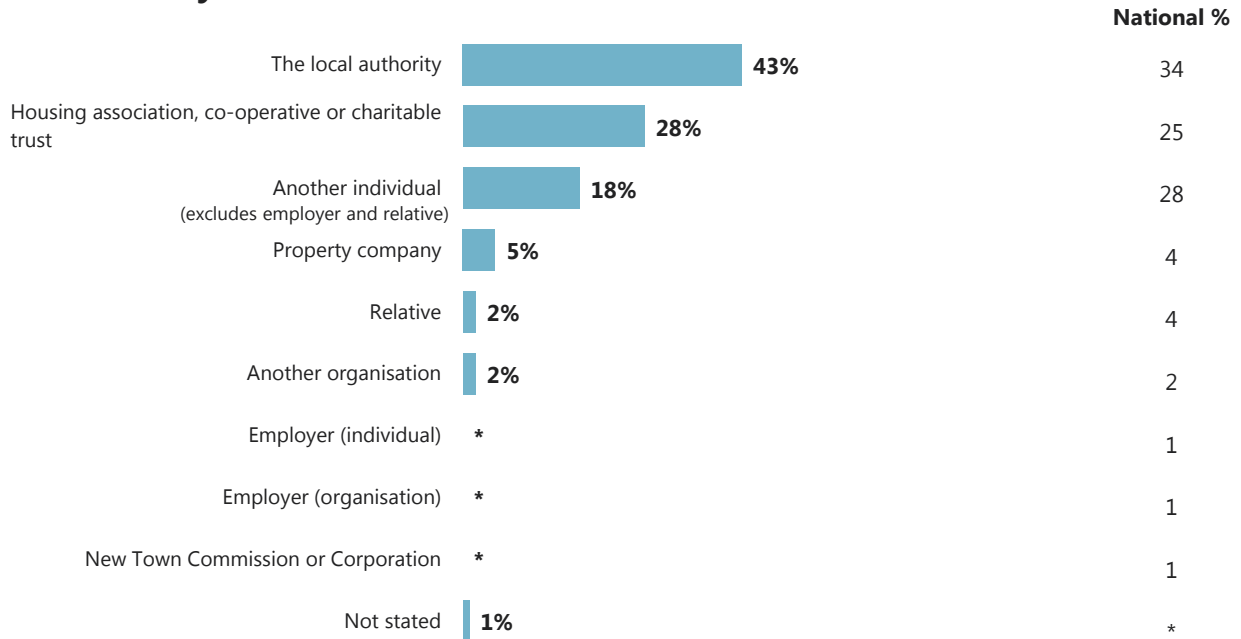
Base: All main carers (1,145) ; Fieldwork dates 14th Oct 2015- 17th Jul 2016. National data from Understanding Society Wave 5 (Jan '13- Dec '14).

Source: Ipsos MORI

¹⁵ University of Essex. Institute for Social and Economic Research. (2015). Understanding Society: Waves 1-5, 2009-2014. [data collection]. 7th Edition. UK Data Service. SN: 6614 - Wave 5 (Jan '13- Dec '14), Available from: <https://discover.ukdataservice.ac.uk/catalogue/?sn=6614>

Of those who rent or live rent-free, seven in ten households (72%) are social renters, including 43% who rent from a local authority and 28% from a housing association, co-operative or charitable trust. One in ten (seven per cent) are private renters (from a property company, employer or another organisation) and one in five (18%) rent from an individual other than their employer.

TS2. Who is your landlord?



Base: Households that rent or live rent free (958) ; Fieldwork dates 14th Oct 2015- 17th Jul 2016. National data from Understanding Society Wave 5 (Jan '13- Dec '14).

Source: Ipsos MORI

Tenure security

Around half (55%) of families interviewed have experienced some housing mobility in the last five years, including two in five (41%) who moved to their current address in the last two years and another one in seven (14%) who moved in the last three or four years. Main carers who are not working are more likely to have moved more recently (45% in the last two years compared with 41% overall).

Again, among those who have moved home within the last three years there is evidence of multiple moves, with most (81%) having moved more than once. In fact, over half (56%) have moved twice and a quarter (25%) three or more times. On average, these families have lived in 2.2 different places over a three-year period, including properties such as flats and hostels and temporary accommodation such as living with friends or family.

Main carers

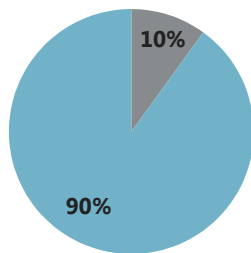
The majority of main carers in the families interviewed are female (90%) and identify as white (87%).

Reflecting the fact that these families are more likely to contain children than nationally, these carers tend to be young, mostly aged between 25-44 years old (70%). They also had their first child at a young age; almost three in five say they were 21 or under, significantly younger than the average age of first time mothers nationally at just over 28 years¹⁶.

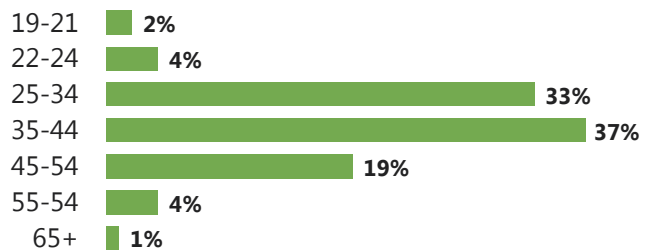
Qualification levels are low and few are working; 25% have a GCSE or equivalent as their highest qualification (25% have no qualifications and 28% have NVQ3+) and 29% are employed full or part-time.

Profile of main carers

Mostly female



Mostly aged 25-44 years old



87% identify as White

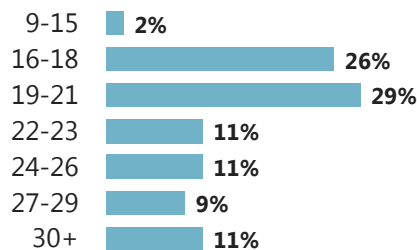


25% hold GCSEs as their highest qualification
(28% have NVQ3+)



29% are in part-time or full-time employment

57% had their first child when they were aged 21 or under



Nationally, the average age of first time mothers is 28.3 years

Base: All main carers (1,145) ; Fieldwork dates 14th Oct 2015- 17th Jul 2016. National data from ONS (2014).

Source: Ipsos MORI

¹⁶ Office for National Statistics, 2014, Births by Parents' Characteristics in England and Wales: 2014, Available from: <http://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/bulletins/birthsbyparentscharacteristicsinenglandandwales/2014>

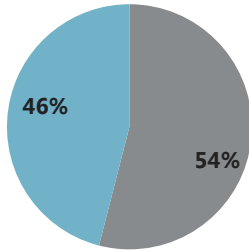
Young people

A young person aged 11-21 was interviewed in 54% of all households. Just over half of these young people are male (54%) and the majority (92%) are aged 16 or under.

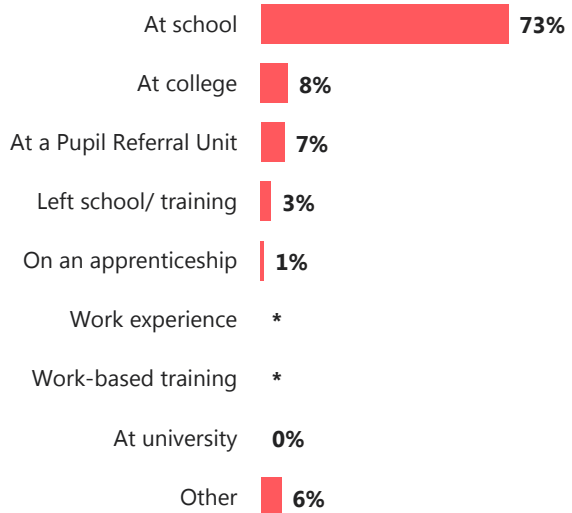
Reflecting their age, most are currently at school (73%), with a further eight per cent at college. Seven per cent are attending a Pupil Referral Unit. Ten per cent of those aged 15 or over have a part or full-time job.

Profile of interviewed young people

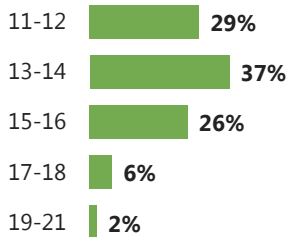
Just over half are male



Mostly at school at the moment



Mostly aged 11-16 years old



10% of young people aged 15 or more are in part-time or full-time employment

Base: All interviewed young people (615); Main carers where a young person has been interviewed (572); Young people aged 15 or more (211) ; Fieldwork dates 14th Oct 2015- 17th Jul 2016.

Source: Ipsos MORI

Employment and financial exclusion

Employment and financial exclusion

Families enrolled on the Troubled Families Programme are more likely to be unemployed and less likely to be working than national figures from the Labour Force Survey¹⁷: while some differences may be expected among a sample of families with children, this results in a high proportion of 'workless households' where no one over the age of 16 is working (57% compared with 16% nationally).

It would also appear that this pattern is persistent; many of the main carers interviewed have spent most of their time since leaving education out of paid work (29%) or never had a job (10%). In addition, the majority have not taken any active steps to find work in the last four weeks (82%) or proved themselves work ready by trying to find a job, completing training or gaining a qualification in the last year (62% have done none of these things).

While the majority of young people interviewed are under 16, those aged 15 or over were asked about their attitudes to work and education and aspirations for the future. While the majority (56%) have not tried to find a job, completed any training or gained a qualification in the last year, they do have a positive outlook with almost all (89%) saying they will be in work or education in the next year. Just two per cent say they will not be in education, employment or training (NEET).

Receipt of benefits and tax credits is higher for families on the programme compared with national data from the Family Resources Survey¹⁸. While some are to be expected among a sample of families, the differences do highlight some of the issues these families are facing, for example, more receive Child Tax Credit, income support and a range of disability related allowances as well as Carer's Allowance.

Incomes are lower than nationally, and, reflecting this, families on the programme say it is harder to manage financially than national figures from Understanding Society¹⁹; 27% say it is difficult to compared with 10% nationally. Despite this, most (80%) feel they have been keeping up with bills and regular debt repayments.

¹⁷ Office for National Statistics, April-June 2016, Available from:

<http://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/bulletins/uklabourmarket/latest>

¹⁸ Department for Work and Pensions, 2016, Family Resources Survey: financial year 2014/15, Available from:

<https://www.gov.uk/government/collections/family-resources-survey--2>

¹⁹ University of Essex. Institute for Social and Economic Research. (2015). Understanding Society: Waves 1-5, 2009-2014. [data collection]. 7th Edition. UK Data Service. SN: 6614 - Wave 5 (Jan '13- Dec '14), Available from: <https://discover.ukdataservice.ac.uk/catalogue/?sn=6614>

Employment

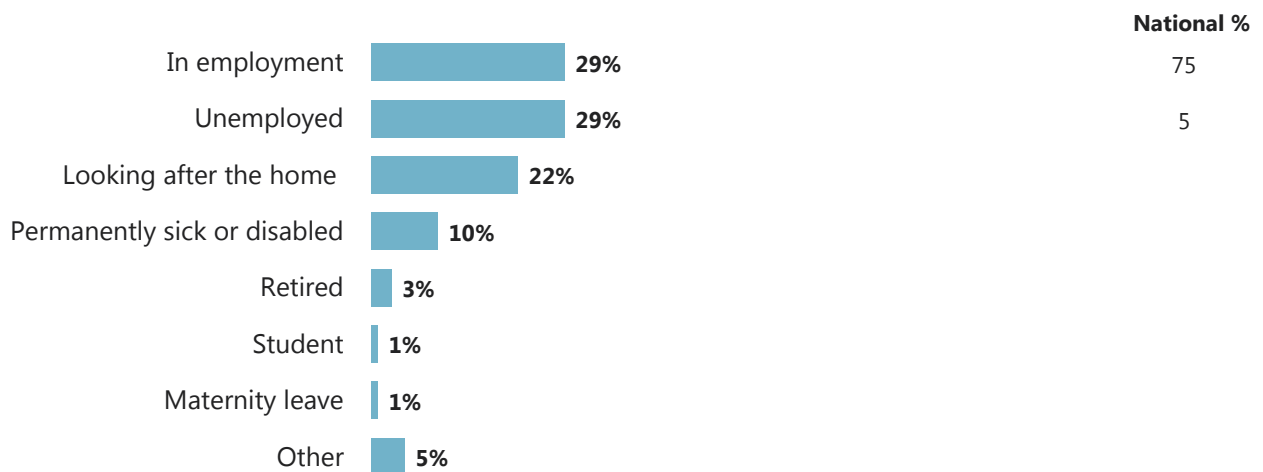
Work status

The Labour Force Survey is a survey of households in the UK, but it does provide some useful context in terms of the employment characteristics of families on the programme, as shown in the chart below. For example, main carers are less likely to be working (29% compared with 75% nationally) and more likely to be unemployed (29% versus five per cent)²⁰.

In addition, families on the programme are also far more likely to live in a workless household than nationally, i.e. they contain no one over the age of 16 years in work (57% compared with 16%)²¹.

In terms of economic activity, two in five (42%) main carers are working or actively looking for work, completing a government training scheme or on maternity leave and half (53%) are economically inactive (i.e. unemployed but not looking for work, retired, long-term sick or disabled, student, looking after home).

ED1. Current working status of main carer



In employment refers to main carers in part-time, full-time and self-employment, as well as those on a Government training scheme.

Unemployed refers to main carers who best describe themselves as 'not working, but actively looking for paid work' or 'not working and not looking for paid work'



Economically active refers to main carers who are actively looking for paid work, in part-time and full-time employment, on a Government training schemes or maternity leave.

Economically inactive refers to main carers who are not actively looking for paid work, doing unpaid work in family business, in retirement, studying, permanently sick or disabled, looking after the home.

Base: All main carers (1,145) ; Fieldwork dates 14th Oct 2015- 17th Jul 2016. National data from Labour Force Survey ('15/'16).

Source: Ipsos MORI

²⁰ Office for National Statistics, April-June 2016, Available from:

<http://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/bulletins/uklabourmarket/latest>

²¹ Office for National Statistics, April-June 2016, Available from:

<http://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/bulletins/uklabourmarket/latest>

Workless household. No-one in household (aged 16 or over) currently working



Base: All main carers (1,145) ; Fieldwork dates 14th Oct 2015- 17th Jul 2016. National data from Labour Force Survey ('15/'16).

Source: Ipsos MORI

Work history

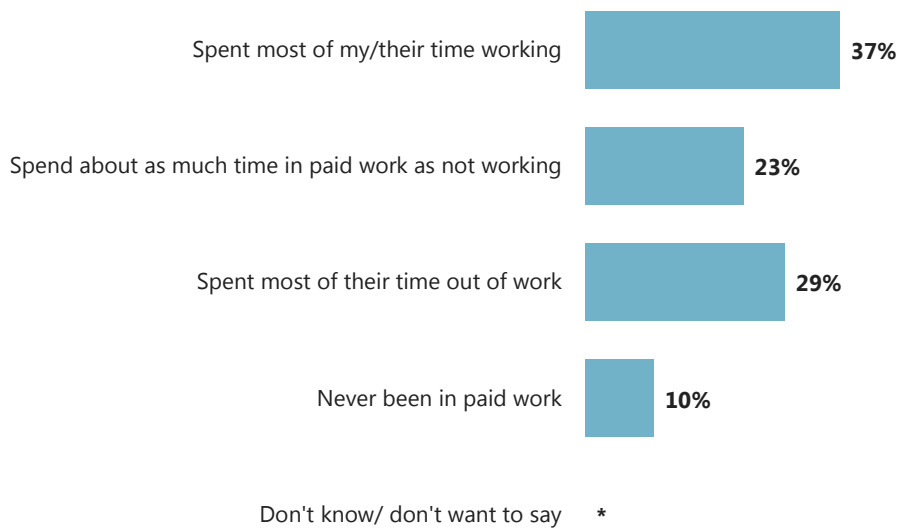
To assess the intergenerational nature of worklessness, main carers were asked if their father or mother was working when they were 14. In the majority of cases both parents were working (69% of fathers and 55% of mothers), but fathers were less likely than mothers to be out of work (nine per cent and 39% respectively).

These findings are in contrast to national figures, where more parents were working when the respondent was 14 (81% of fathers and 60% of mothers nationally)²². However, the proportion not working is more similar (eight per cent fathers and 36% mothers). In addition, more households had an absent parent than nationally (three per cent fathers and one per cent mothers).

Although the majority of main carers have spent some or most of their time in work since leaving education (60%), three in ten (29%) have spent most of their time out of paid work and another one in ten (10%) have never had a paid job.

Main carers with no qualifications and three or more children are more likely to have spent most or all of their time out of paid work (56% and 47% respectively compared with 39% for main carers overall).

ED4. Which of the following best describes the time you have spent since leaving education in relation to work?



Base: All main carers (1,145) ; Fieldwork dates 14th Oct 2015- 17th Jul 2016.

Source: Ipsos MORI

²² University of Essex. Institute for Social and Economic Research. (2015). Understanding Society: Waves 1-5, 2009-2014. [data collection]. 7th Edition. UK Data Service. SN: 6614 - Wave 5 (Jan '13- Dec '14), Available from: <https://discover.ukdataservice.ac.uk/catalogue/?sn=6614>

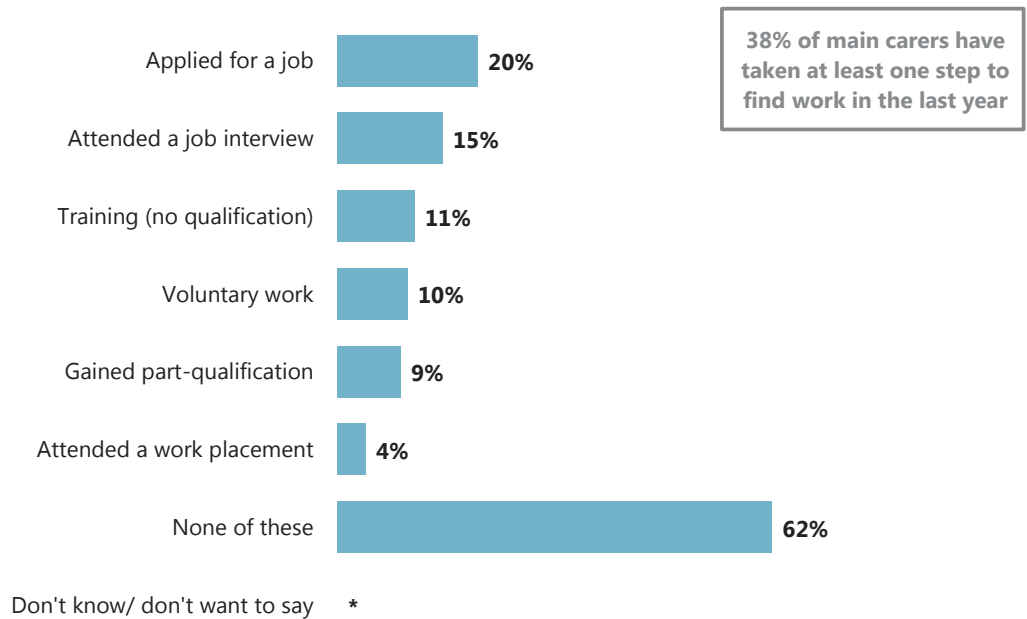
In addition, main carers were asked if anyone in the household was in paid work a year ago; over half (56%) of households were workless at this time. This was significantly higher in households where the main carer had a long-standing illness or disability or no qualifications (63% and 71% respectively).

Work readiness

In the last year, the majority of main carers (62%) have not taken any active steps towards finding a job, training or qualifications. Among the two in five (38%) who have, this is most likely to include applying for a job (20%) or attending a job interview (15%). One in ten have received training (11%), completed some voluntary work (10%), or gained a part-qualification (9%). Just four per cent have completed a work placement.

- Main carers who consider themselves ‘unemployed’ are slightly more likely to have undertaken at least one of these steps to find work (46% versus 38% overall).

ED6. In the last year have you done any of these things? (Multi-coded)

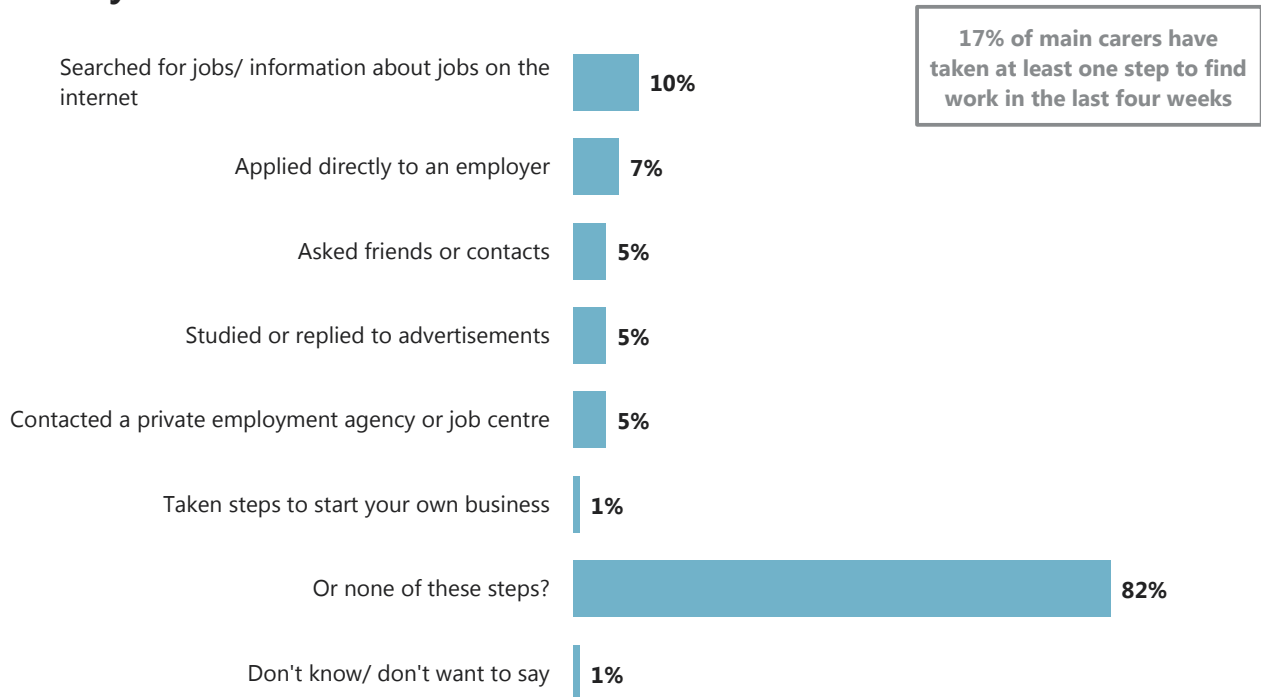


Base: All main carers (1,145) ; Fieldwork dates 14th Oct 2015- 17th Jul 2016.

Source: Ipsos MORI

In the last four weeks, the majority of main carers (82%) have not taken any active steps to find work. Overall, just under one in five (17%) have taken at least one step, including one in ten (10%) who have searched for jobs and information online and seven per cent who have applied directly to an employer. Five per cent each have studied or replied to advertisements, contacted a private employment agency or job centre or asked friends or contacts. Just one per cent have taken steps to start their own business.

ED7. In the past four weeks what active steps have you taken to find work.
Have you ...? (Multi-coded)



Base: All main carers (1,145) ; Fieldwork dates 14th Oct 2015- 17th Jul 2016.

Source: Ipsos MORI

Young people and employment

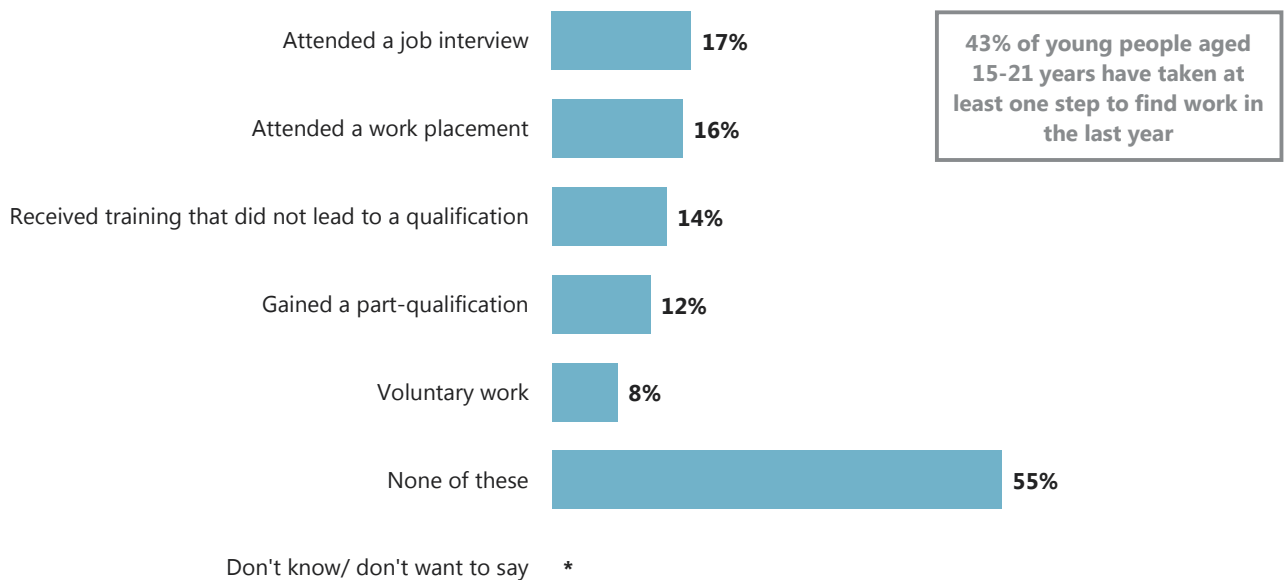
Work status

Most (94%) young people aged 15 to 21 years are not currently working; just four per cent are working part-time and one per cent full-time. Related to their age, the majority are in education; see the later section on *Educational setting – young person* for more detail.

Work readiness

In the last year over two in five (43%) young people aged 15 to 21 years have taken steps to find work. This includes one in six who have attended a job interview or work placement (17% and 16% respectively). Slightly fewer have taken part in some training (14%), gained a part-qualification (12%) or done some voluntary work (eight per cent).

YXE4. In the last year, have you done any of these things? (Multi-coded)



Base: All young people interviewed aged 15-21 years (211) ; Fieldwork dates 14th Oct 2015- 17th Jul 2016.

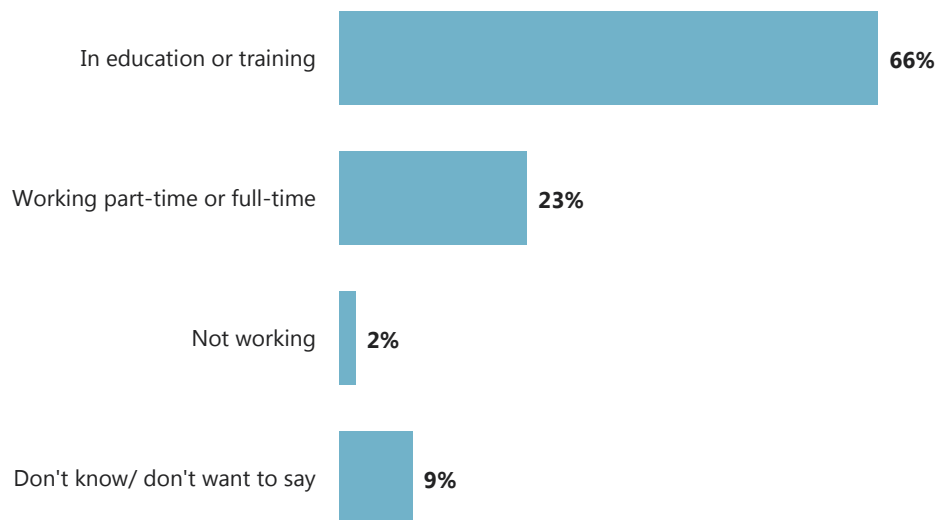
Source: Ipsos MORI

Aspirations

Young people aged 15 to 21 were asked about their aspirations for the future, specifically what they think they will be doing in a year's time. Two thirds (66%) think they will be in education and training and a quarter (23%) think they will be working; 14% part-time and nine per cent full-time. Only two percent say they do not think they will be in education, employment or training (NEET).

- These aspirations are related to age; although base sizes are small, 15-16 year olds are more likely to think they will be in education and those aged 17+ are more likely to think they will be working in the next year.

YXE3. In the next year do you think you will be ...?



Base: All young people interviewed aged 15-21 years (211) ; Fieldwork dates 14th Oct 2015- 17th Jul 2016.

Source: Ipsos MORI

Financial exclusion

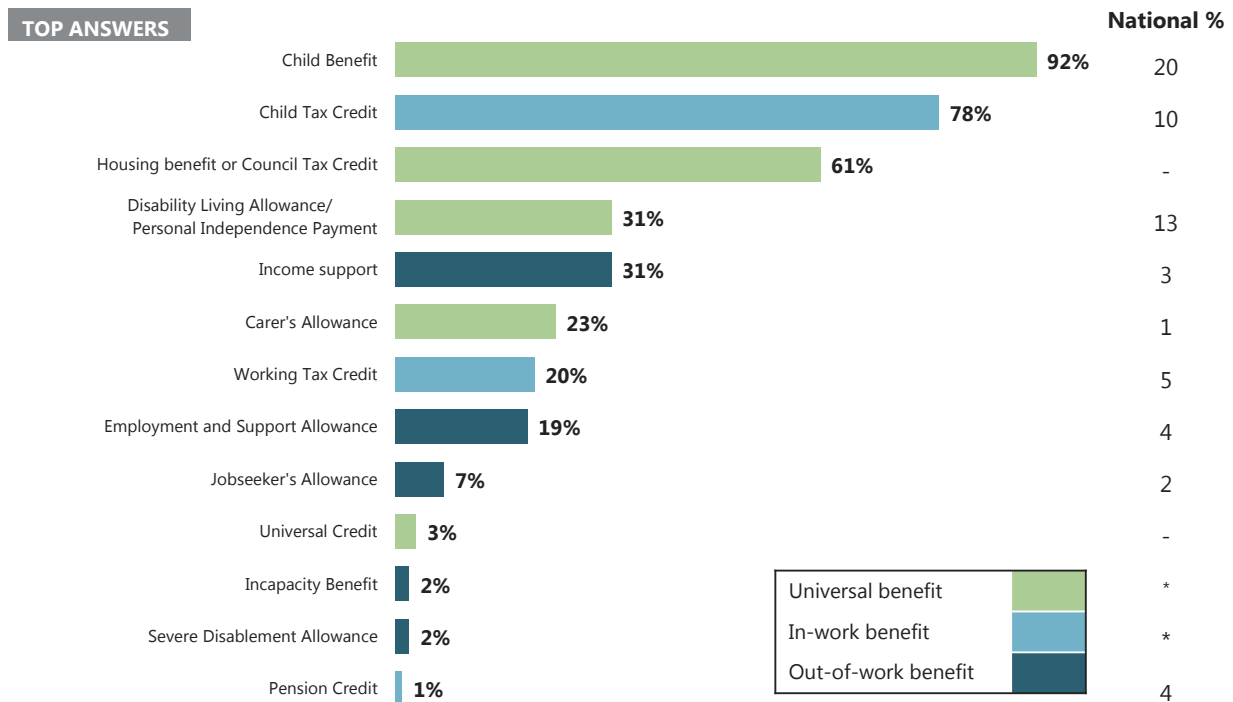
Benefits

Receipt of benefits and tax credits is higher for families on the programme when compared with national data from the Family Resources Survey²³, as shown in the chart below. While there are differences in terms of the populations being measured that should be considered when making comparisons (Family Survey versus national population data), the differences in benefit receipt highlight some of the issues that families on the programme are facing.

- Of note, four in five (78%) qualify for Child Tax Credit compared with 10% nationally. While some difference is to be expected among a sample of families, the scale of the difference is perhaps an indicator of the fact that, where they are working, incomes among these families are low, with thresholds set based on individual family circumstances.
- Highlighting the extent of worklessness, receipt of out-of-work benefits is also high, for example, three in ten households (31%) receive income support compared with just three per cent nationally.
- In addition, as evidence of the health problems these families face, three in ten (31%) households receive Disability Living Allowance/Personal Independence Payment compared with 13% nationally, and one in five (19%) get Employment Support Allowance (ESA) compared with four per cent nationally. Carer's Allowance is received by a quarter (23%) compared with one per cent nationally.

²³ Department for Work and Pensions, 2016, Family Resources Survey: financial year 2014/15, Available from: <https://www.gov.uk/government/collections/family-resources-survey--2>

ED9. Which, if any, of the following benefits or tax credits do you or your household receive at the moment? (Multi-coded)



Base: All main carers (1,145) ; Fieldwork dates 14th Oct 2015- 17th Jul 2016. National data from Family Resources Survey'14/'15.

Source: Ipsos MORI

Household income

Household incomes are relatively low, with around half (53%) who have a total take-home income after tax and other deductions of below £16,640 a year. Fewer than one in ten (seven per cent) have an income of £29,210 or more. As context, using Understanding Society data the national average net household income is £33,197 per year²⁴.

Not surprisingly, incomes are higher among those who are working as well as among those with higher qualifications.

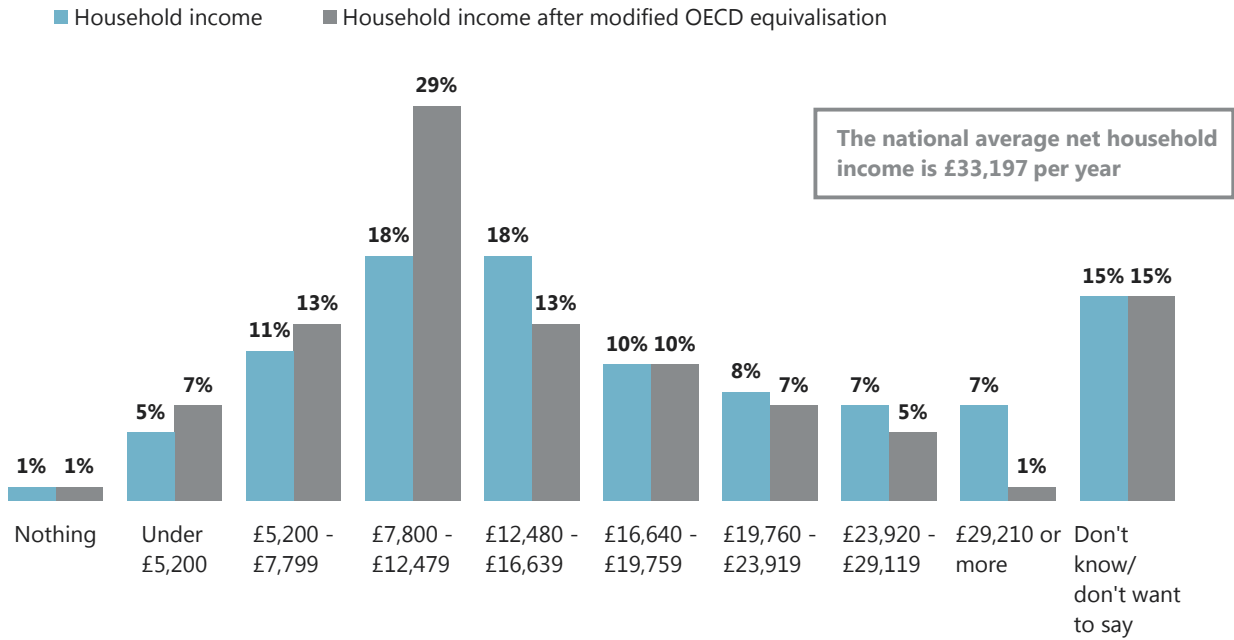
Taking into account the size and composition of each household using the modified OCED equivalisation, 50% have a net household income below £12,500 a year. The national average equivalised disposable household income is £30,900²⁵.

²⁴ University of Essex. Institute for Social and Economic Research. (2015). Understanding Society: Waves 1-5, 2009-2014. [data collection]. 7th Edition. UK Data Service. SN: 6614 - Wave 6 (Jan '14- Dec '15), Available from: <https://discover.ukdataservice.ac.uk/catalogue/?sn=6614>

²⁵ Office for National Statistics, 2015, Equivalised disposable household income, Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/personalandhouseholdfinances/incomeandwealth/bulletins/householddisposableincomeandinequality/financialyearending2015>

ED10. Which of these represents your household’s total take-home income after tax and other deductions? Please think about all sources of income, including from work, benefits, pensions, child maintenance, rent or other sources.

PER YEAR



Base: All main carers (1,145) ; Fieldwork dates 14th Oct 2015- 17th Jul 2016. National data from Understanding Society Wave 6 (Jan'14-Dec'15).

Source: Ipsos MORI

Attitudes to finance

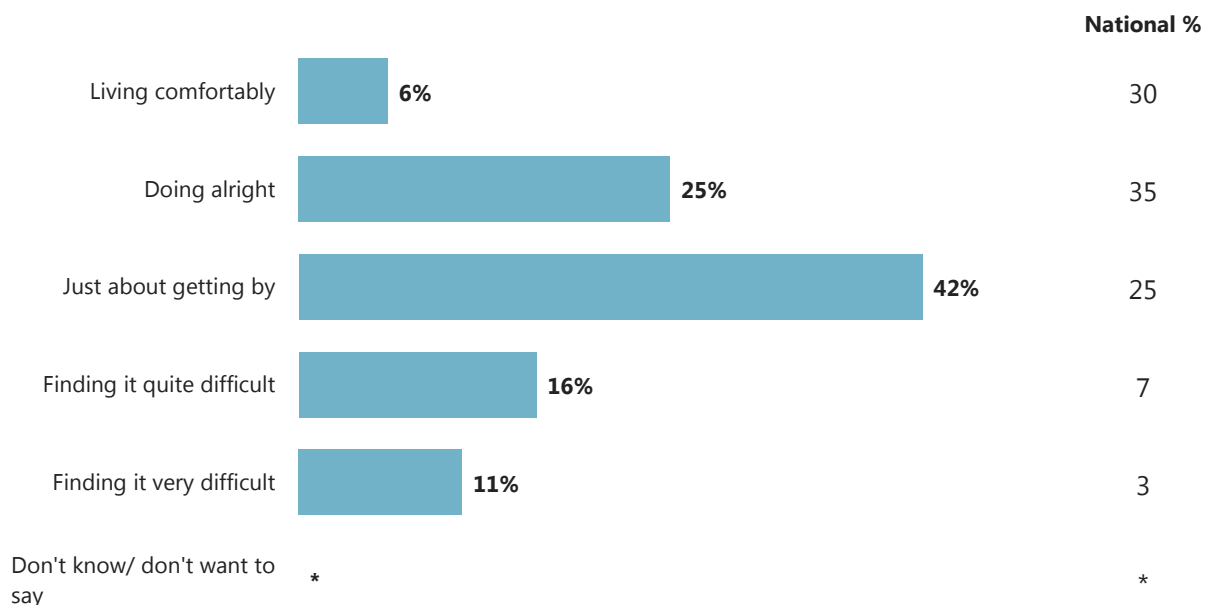
In the last six months, one in five (19%) main carers say they (and their partners) have not been keeping up with bills and any regular debt repayments, though most feel they have (80%). In addition, among those who rent their home a quarter (27%) have fallen behind with their rent repayments at some point in the last six months. This is significantly higher than for all households in England (four per cent)²⁶.

However, fewer families were positive about their ability to manage financially. Two in five (42%) describe themselves as just about getting by and three in ten (27%) are finding it very or quite difficult. Another three in ten (31%) say they are living comfortably or doing alright.

As shown in the chart, families on the programme are finding it harder to manage compared with families nationally²⁷. For example, while three in ten (27%) are finding it difficult, the corresponding figure for the country as a whole is 10%.

This ability to manage financially is related to the main carers' work status and health; those who are not employed are more likely to report difficulties as are those with any long-standing physical or mental impairment, illness or disability (both 31%, compared with 27% for all families). In contrast, those who are employed are more likely to say they are doing alright or living comfortably (40% compared with 31% for all families).

ED13. How well would you say you yourself are managing financially these days. Would you say you are...?



Base: All main carers (1,145) ; Fieldwork dates 14th Oct 2015- 17th Jul 2016. National data from Understanding Society Wave 5 (Jan '13- Dec '14).

Source: Ipsos MORI

²⁶ Department for Communities and Local Government, 2016, English Housing Survey 2013 to 2014: Headline report, Available from: <https://www.gov.uk/government/statistics/english-housing-survey-2013-to-2014-headline-report>

²⁷ University of Essex. Institute for Social and Economic Research. (2015). Understanding Society: Waves 1-5, 2009-2014. [data collection]. 7th Edition. UK Data Service. SN: 6614 - Wave 5 (Jan '13- Dec '14), Available from: <https://discover.ukdataservice.ac.uk/catalogue/?sn=6614>

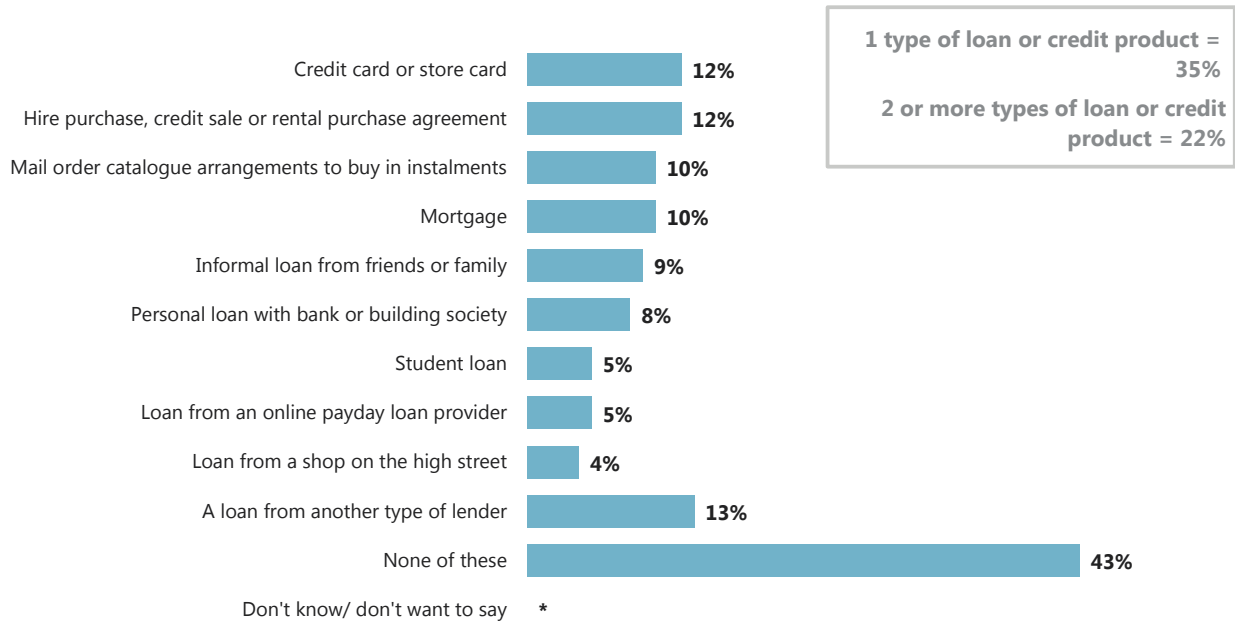
Loans and credit products

Over half (57%) of main carers have at least one loan or credit product, including credit cards, hire purchase, formal bank loans (mortgages and other loans) and informal family loans.

A third (35%) of main carers have one type of loan or credit product either in their own name or jointly, and one in five (22%) have two or more. Most commonly these loans or credit products include a credit or store card and hire purchase agreement (both 12%). One in ten have a mortgage and slightly fewer an informal loan (nine per cent) or personal loan (eight per cent).

Main carers who work are more likely to have two or more types of loan or credit product (32%). Related to this, those with lower qualifications are less likely to have at least two types of loan or credit product (15% of those with no qualifications compared with 22% overall).

ED12. Do you have any of the following loans or credit products, either in your own name or jointly with someone else?



Base: All main carers (1,145) ; Fieldwork dates 14th Oct 2015- 17th Jul 2016.

Source: Ipsos MORI

Health and wellbeing

Health and wellbeing

As may be expected of families with young children, almost all have visited a GP in the last six months. Indeed, they are frequent users, with 52% having visited their GP up to six times, and 50% having also visited A&E over the same time period, including 25% who have gone more than twice.

In terms of managing their health and wellbeing, those on the Troubled Families Programme face a wide range of issues, with a higher incidence of long-standing physical or mental impairment, illness or disability²⁸ and lower self-rating of health and life satisfaction than nationally²⁹.

Similarly in terms of mental wellbeing, main carers are significantly more likely to show signs of probable mental ill health than nationally using the GHQ-12³⁰ (General Health Questionnaire), with particularly pronounced differences in terms of loss of sleep over worry and feeling constantly under strain. Further, wellbeing measured on the short-form of the Warwick-Edinburgh Mental Wellbeing scale (SWEBWMS) also indicates lower levels of mental wellbeing than nationally, with the most notable difference in terms of the ability to feel relaxed³¹. Overall, two in five (41%) have taken prescription drugs for depression, to help them sleep or make them less anxious.

In terms of risky health behaviours, the Alcohol Use Disorders Identification Test (AUDIT) shows that half demonstrate potentially hazardous levels of alcohol consumption and 16% a degree of alcohol dependency³². Half smoke, which is higher than nationally (52% versus 34%), and seven per cent have taken any street drugs.

Among young people aged 11-21 years, risky health behaviours are more common than nationally (though these comparisons are for 10-15 year olds only³³): more have drunk alcohol, smoke and have tried cannabis.

²⁸ Office for National Statistics, 2013, Adult Health in Great Britain, Available from:

<http://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/compendium/opinionsandlifestylesurvey/2015-03-19/adulthealthingreatbritain2013>

²⁹ University of Essex. Institute for Social and Economic Research. (2015). Understanding Society: Waves 1-5, 2009-2014. [data collection]. 7th Edition. UK Data Service. SN: 6614 - Wave 5 (Jan '13- Dec '14), Available from: <https://discover.ukdataservice.ac.uk/catalogue/?sn=6614>

³⁰ The Health and Social Care Information Centre, 2013, Chapter four, General mental and physical health, Available from:

<http://content.digital.nhs.uk/catalogue/PUB13218/HSE2012-Ch4-Gen-health.pdf>

³¹ Department of Health, 2012, Health Survey for England, Available from: <https://www.gov.uk/government/publications/health-survey-for-england-2011>

³² The Alcohol Use Disorders Identification Test (AUDIT), 2001, Guidelines for use in primary care, World Health Organisation, Available from: http://www.talkingalcohol.com/files/pdfs/WHO_audit.pdf

³³ University of Essex. Institute for Social and Economic Research. (2015). Understanding Society: Waves 1-5, 2009-2014 [data collection]. 7th Edition. UK Data Service. SN: 6614 - Wave 5 (Jan '13- Dec '14), Available from: <https://discover.ukdataservice.ac.uk/catalogue/?sn=6614>

Almost two in five main carers do not perceive their families to have a poor diet, and the main barrier cited is the expense of healthy food.

There are also clear patterns in terms of the sub-groups on many of these measures, with main carers who have a long-standing health condition experiencing a greater range of related issues, including poorer mental health, and are more likely to exhibit risky health behaviours, such as smoking and use of prescribed drugs. In addition, those who are not working and white also tend to be more negative about their health and display more risk-taking behaviour.

Main carers are less likely to be happy with their current relationship than nationally³⁴.

Use of health care services

GP and dental registration

Almost all main carers (99%) say everyone in their household is registered with a GP or doctor. Among the one per cent where this is not the case (just 12 households in total), there are 10 households where only some people are registered and two households with no one registered.

Dental registration is also high; 86% say everyone in their household is registered with a dentist. Of all household members covered by the survey, just four per cent are not registered with a dentist.

Reflecting these high levels of registration overall, there are few sub-group differences in terms of either registration with a GP or dentist, although, of note, registration with a dentist is lower in households where the main carer is male (77% compared with 86% overall).

Visits to a GP and A&E

Main carers were asked how many times they had seen their GP or family doctor in the last six months, for an illness or issue they or any of their children may have had, excluding visits to a hospital. As shown in the chart below, almost all (93%) have visited at least once, but there is some spread in terms of the number of visits made; half (52%) have been up to six times, including one in five (19%) who made just one or two visits. However, two in five (42%) had made seven or more visits, including almost a quarter (23%) reporting over 12 consultations. Those not working are significantly more likely to have visited a GP 7-11 times in the last six months than those working (21% and 14% respectively). Just seven per cent report making no visits to the doctor in the last six months.

³⁴ University of Essex. Institute for Social and Economic Research. (2015). Understanding Society: Waves 1-5, 2009-2014. [data collection]. 7th Edition. UK Data Service. SN: 6614 - Wave 5 (Jan '13- Dec '14), Available from: <https://discover.ukdataservice.ac.uk/catalogue/?sn=6614>

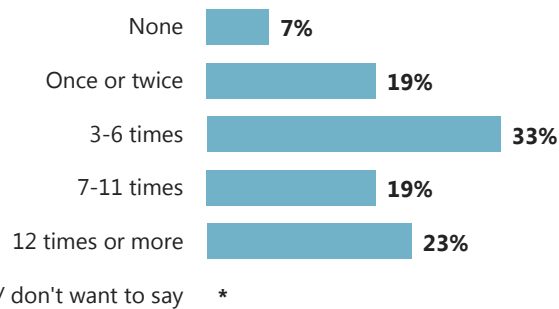
Half (50%) report visiting Accident and Emergency (A&E) for an illness or incident they or any of their children may have had in the last six months. A quarter (25%) have been twice or more, including seven per cent who have been four or more times.

National figures from the Ipsos MORI NHS Tracker³⁵ show that visits to a GP and dentist among families on the programme are high, although it should be noted that this survey uses a different reference period and asks about individual rather than family visits:

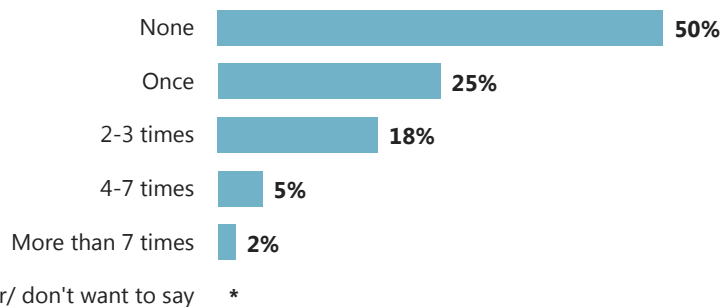
- nationally 78% visited an NHS GP in the 12 months or so leading up to November/December 2014 compared with 98% families on the programme who visited at least once in the last six months; and,
- nationally 25% visited an A&E department in the 12 months or so leading up to November/December 2014 compared with 50% families on the programme who visited at least once in the last six months.

Visits to GP/family doctor and A&E in last six months

HWB3. In the last six months roughly how many times have you been to a GP or family doctor for an illness or issue you or any of your children has had? Please do not include any visits to a hospital.



HWB4. And in the last six months roughly how many times have you been to Accident & Emergency (A&E) for an illness or accident you or any of your children has had?



Base: All main carers (1,145); Fieldwork dates 14th Oct 2015- 17th Jul 2016.

Source: Ipsos MORI

³⁵ Ipsos MORI Public Perceptions of the NHS Tracker, Winter 2014, Available from: <https://www.ipsos-mori.com/researchpublications/publications/1747/Public-Perceptions-of-the-NHS-and-Social-Care-Survey.aspx>

Among the sub-groups, main carers who work tend to have made fewer visits to a GP or family doctor particularly compared with those who do not work; 32% working compared with 46% not working have visited seven or more times. Not surprisingly, those with a long-term illness or disability tend to make more visits; 55% report more than seven in the last six months. The pattern in terms of hospital visits is slightly different, though those with a long-term illness are also more likely to have used A&E for an illness or accident in their family (31% visited two or more times compared with 25% overall). In contrast, families from Black and Minority Ethnic (BME) backgrounds are less likely to have used A&E services (15%).

Health status

Self-rating of health

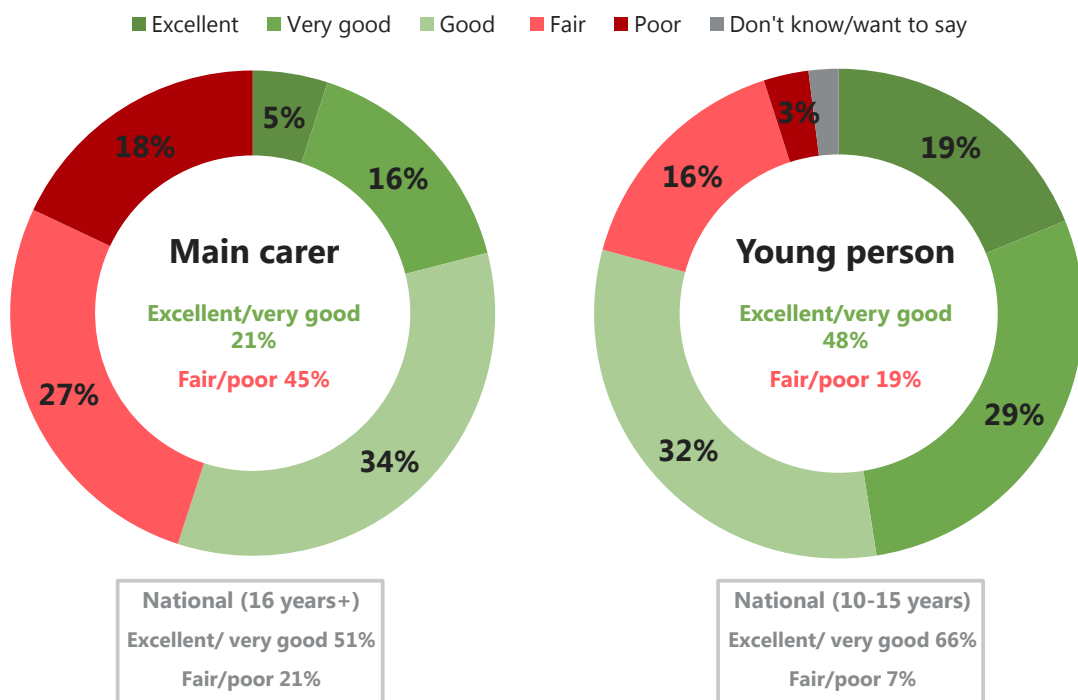
Those living in families on the Troubled Families Programme tend to rate their own health more negatively than the population as a whole, as indicated by data from Understanding Society³⁶:

- Main carers are largely negative about their own health, with more than double the proportion saying it is fair or poor (45%) than excellent or very good (21%). This is almost opposite to the national picture where 21% say fair or poor and 52% say excellent or very good.
 - In line with other patterns among the main sub-groups in terms of health, main carers who work are more positive than average; 29% rate their own health as either excellent or very good compared with 21% overall.
 - In contrast, those with no job as well as those with a long-standing health condition are less positive (16% and six per cent excellent/very good respectively).
 - There also appears to be a relationship with ethnicity; white respondents are less positive about their health than those from other backgrounds (19% compared with 32% non-white saying either excellent or very good).

³⁶ University of Essex. Institute for Social and Economic Research. (2015). Understanding Society: Waves 1-5, 2009-2014. [data collection]. 7th Edition. UK Data Service. SN: 6614 - Wave 5 (Jan '13- Dec '14), Available from: <https://discover.ukdataservice.ac.uk/catalogue/?sn=6614>

- Main carers were also asked to rate their partner’s health. They are more positive than for themselves, with around a third each saying excellent/very good, good or fair/poor. However, this is still far less positive than nationally.
- Young people are also more positive about their own health than their carers tend to be. Almost half (48%) of the young people interviewed rate their own health as excellent or very good with one in five (19%) saying it is fair or poor. While more positive, this remains below ratings of health for 10-15 year olds nationally, where 66% say their health is either excellent or very good, although the narrower age range should be noted³⁷.

SCHWB5/YXH1. In general, would you say your health is



Base: All main carers who accepted self-completion (1,110), all young people who accepted self-completion (614); Fieldwork dates 14 Oct 2015 - 17 Jul 2016. National data from Understanding Society Wave 4 (Jan'12-Dec'13), Wave 5 (Jan'13-Dec'14)

Source: Ipsos MORI

³⁷ University of Essex. Institute for Social and Economic Research. (2015). Understanding Society: Waves 1-5, 2009-2014. [data collection]. 7th Edition. UK Data Service. SN: 6614 - Wave 5 (Jan '13- Dec '14), Available from: <https://discover.ukdataservice.ac.uk/catalogue/?sn=6614>

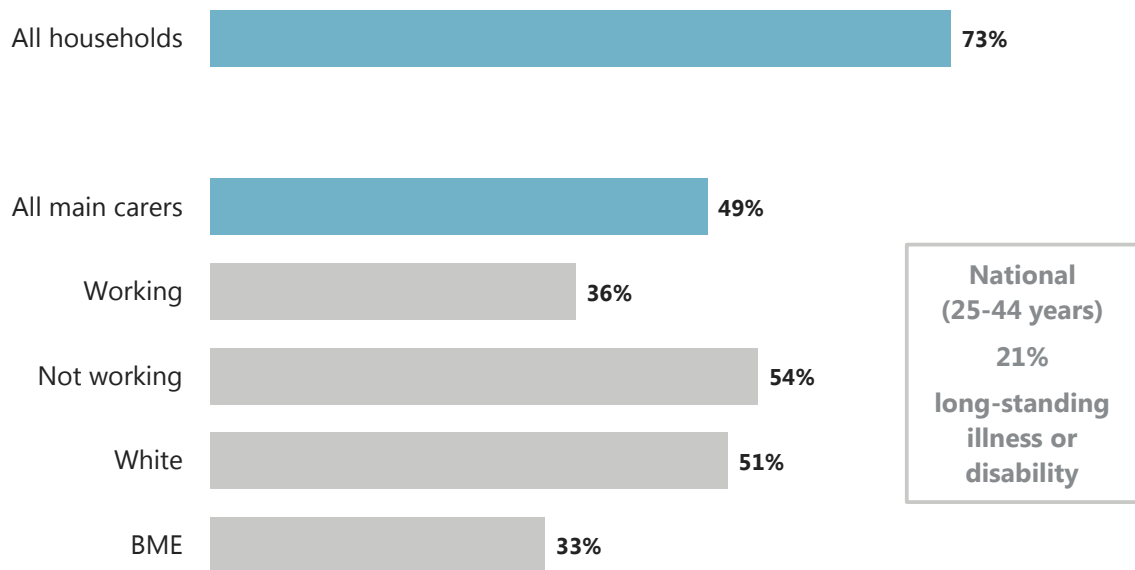
Long standing illness or disability

Incidence of a long-standing physical or mental impairment, illness or disability is higher among main carers on the Troubled Families Programme than nationally³⁸. Half (49%) consider themselves to have a long-standing condition, compared with a third of people aged 16 or over nationally³⁹.

- As shown in the chart below, those who are not working and white are disproportionately likely to be affected by a long-standing condition (54% and 51% respectively).

Looking at the health of all household members, three quarters (73%) of households contain at least one person with a long-standing physical or mental impairment, illness or disability, defined as something that has troubled them for at least 12 months or that is likely to trouble them for this amount of time.

HWB5/6/7. Do you have any long-standing physical or mental impairment, illness or disability? By 'long-standing' I mean anything that has troubled you over a period of at least 12 months or that is likely to trouble you over a period of at least 12 months.



Base: All main carers (1,145): those working (331), not working (750), white (999), BME (142). Fieldwork dates 14th Oct 2015- 17th Jul 2016. National data (self-reported) from ONS (2013)

Source: Ipsos MORI

³⁸ Office for National Statistics, 2013, Adult Health in Great Britain, Available from:

<http://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/compendium/opinionsandlifestylesurvey/2015-03-19/adulthealthgreatbritain2013>

³⁹ University of Essex. Institute for Social and Economic Research. (2015). Understanding Society: Waves 1-5, 2009-2014. [data collection]. 7th Edition. UK Data Service. SN: 6614 - Wave 5 (Jan '13- Dec '14), Available from: <https://discover.ukdataservice.ac.uk/catalogue/?sn=6614>

Mental health and wellbeing

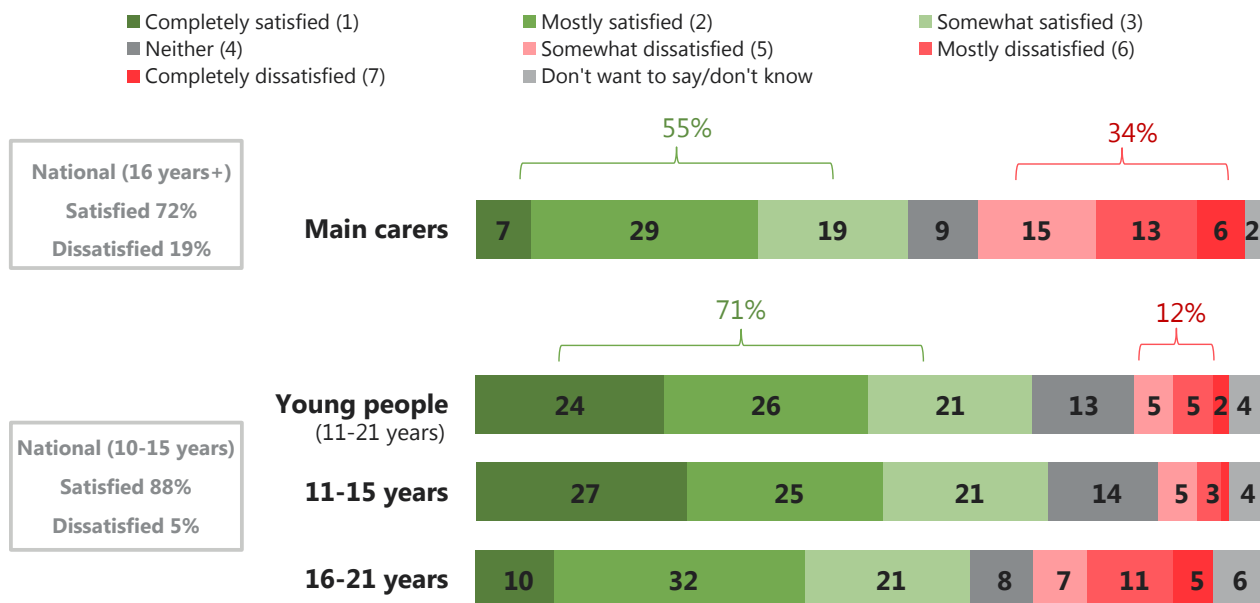
Life satisfaction

While on balance main carers are satisfied with their life overall (56% satisfied and 34% dissatisfied), levels of satisfaction are lower than the adult population (aged 16+) nationally (72% satisfied and 19% dissatisfied)⁴⁰.

There is a clear pattern among the sub-groups, with main carers who work significantly more satisfied with their life overall (62%) and those who are not working or have a long-standing health condition more dissatisfied (36% and 41% respectively).

Young people are more satisfied with their life overall than their carers; overall, seven in ten (71%) young people are satisfied and one in ten (12%) dissatisfied. There does appear to be a direct relationship with age, with 11-15 year olds more satisfied than 16-21 year olds (73% and 63% respectively). However, again, these levels of satisfaction are lower than among young people nationally; 88% of 10-15 year olds say they are satisfied with their life overall.

SCHWB1/YXS1. Please select the number which you feel best describes how dissatisfied or satisfied you are with your life overall?



Base: All main carers who accepted self-completion (1,110), all young people who accepted self-completion (616); 11-16 years (496); 16-21 years (119); Fieldwork dates 14 Oct 2015 - 17 Jul 2016. National data from Understanding Society Wave 5 (Jan '13-Dec '14).

Source: Ipsos MORI

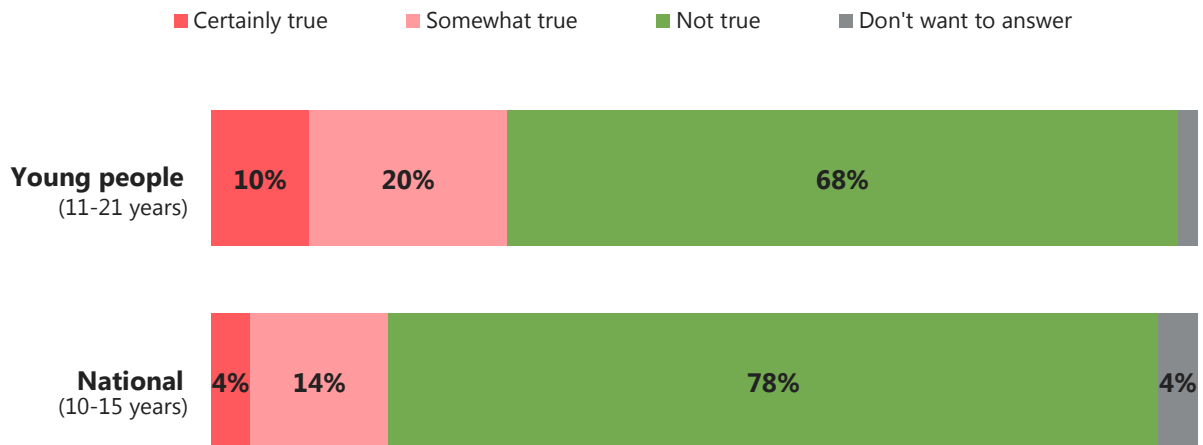
⁴⁰ University of Essex. Institute for Social and Economic Research. (2015). Understanding Society: Waves 1-5, 2009-2014. [data collection]. 7th Edition. UK Data Service. SN: 6614 - Wave 5 (Jan '13- Dec '14), Available from: <https://discover.ukdataservice.ac.uk/catalogue/?sn=6614>

Bullying

Young people are also more likely to agree with the statement that *'other children or young people pick on me or bully me'* than nationally (30% say certainly or somewhat true compared with 18% nationally)⁴¹.

YXS2. Please select the answer that most closely matches how you feel. Please give your answer on the basis of how things have been for you over the last six months.

“Other children or young people pick on me or bully me”



Base: All young people who accepted self-completion (614) ; Fieldwork dates 14th Oct 2015- 17th Jul 2016. National data from Understanding Society Wave 5 (Jan'13-Dec'14).

Source: Ipsos MORI

⁴¹ Note that this comparison is taken from Understanding Society where the young person questionnaire is asked of those aged 10-15. University of Essex. Institute for Social and Economic Research. (2015). Understanding Society: Waves 1-5, 2009-2014. [data collection]. 7th Edition. UK Data Service. SN: 6614 - Wave 5 (Jan '13- Dec '14), Available from: <https://discover.ukdataservice.ac.uk/catalogue/?sn=6614>

General Health Questionnaire (GHQ-12)

The General Health Questionnaire (GHQ)⁴² is a widely-used self-administered screening device for assessing the mental wellbeing of the general population in a non-clinical setting. It is a self-administered questionnaire that assesses the respondent's current state and asks if that differs from his or her usual state. As a result, it is deemed sensitive to short-term disorders but is not recommended for diagnosis of specific psychiatric problems.

The 12-item version used in this study is considered to have comparable psychometric properties to the longer (60-item and 28-item) versions, and consists of six positively and six negatively phrased questions. Each item is rated on a four-point scale indicating whether each item is 'not at all' present, present 'no more than usual', present 'rather more than usual' or present 'much more than usual'. To allow comparison with population norms derived from the Health Survey for England, the standard GHQ coding method has been applied; a score of zero for the first two responses and one for the latter two, producing a maximum score of 12 for any individual.

While there is no formal threshold for identifying probable mental ill health, the Health Survey for England groups participants' scores according to three categories:

- 0: no evidence of probable mental ill health
- 1-3: less than optimal mental health
- 4 or more: indicating probable psychological disturbance or mental ill health

Following this scoring, over half of main carers (53% male and 55% female) record a score of 4+ indicating probable mental ill health. This is far higher than nationally where data indicates that 12% of men and 18% of women score four or more⁴³. It is worth noting that, even accounting for age, GHQ-12 scores of 4+ are far higher than nationally, which peak among men aged 35-44 and women aged 45-54 (15% and 20% respectively)⁴⁴.

In addition, just over a third (36%) of main carers record a score of 1-3 pointing to less than optimal mental health.

Those with a long-standing illness or health condition are more likely than average to record a state of probable mental ill health i.e. a score of 4+ (69% compared with 55% overall) along with those living in workless households (58%).

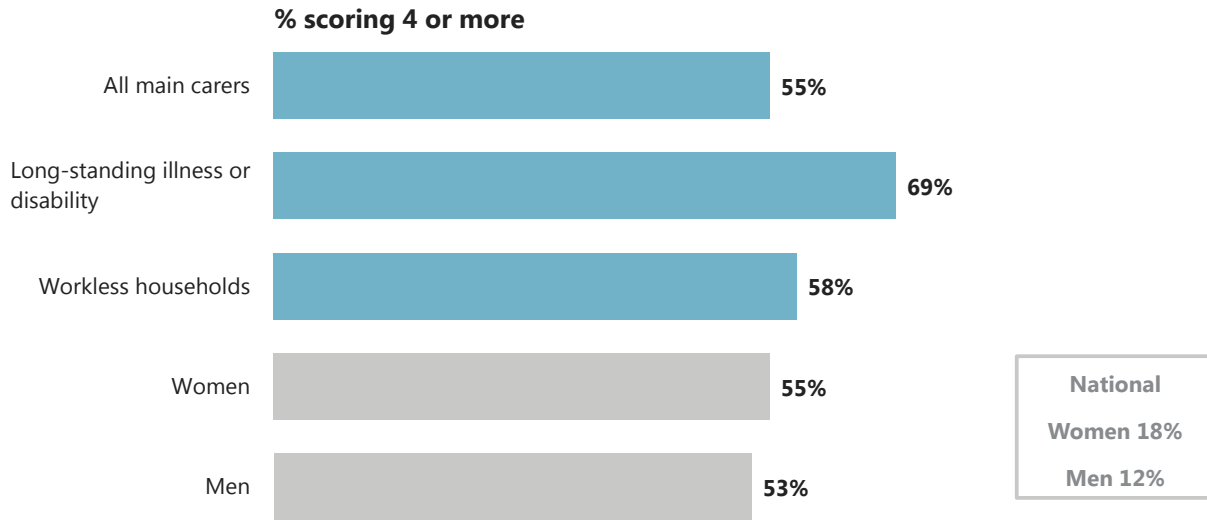
⁴² The Health and Social Care Information Centre, 2013, Chapter four, General mental and physical health, Available from: <http://content.digital.nhs.uk/catalogue/PUB13218/HSE2012-Ch4-Gen-health.pdf>

⁴³ The Health and Social Care Information Centre, 2013, Chapter four, General mental and physical health, Available from: <http://content.digital.nhs.uk/catalogue/PUB13218/HSE2012-Ch4-Gen-health.pdf>

⁴⁴ The Health and Social Care Information Centre, 2013, Chapter four, General mental and physical health, Available from: <http://content.digital.nhs.uk/catalogue/PUB13218/HSE2012-Ch4-Gen-health.pdf>

GHQ-12 Scores

Scores on the General Health Questionnaire (GHQ-12) range from 0 to 12. Generally, a score of 4 or more is indicative of probable mental ill health

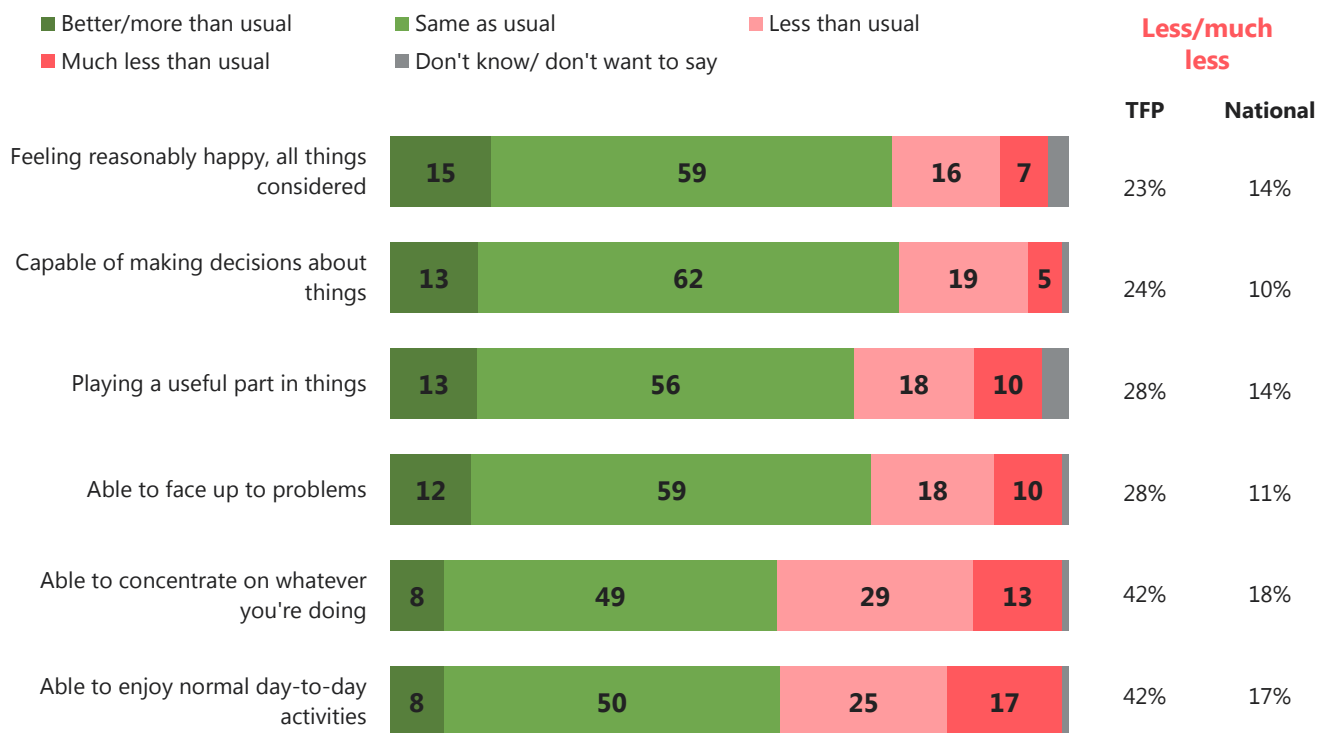


Base: All main carers who completed all GHQ-12 statements (1,006); those with a long-standing illness or disability (477), workless households (566), women (908), men (98). Fieldwork dates 14 Oct 2015 - 17 Jul 2016. National data from Health Survey for England (2012).

Source: Ipsos MORI

In addition, the following charts look at the distribution of scores across each of the 12 items; the first chart lists the positively phrased questions and the second those negatively phrased. Notably, when compared with national figures, main carers are significantly more likely to record a negative current state on each item⁴⁵. This difference is particularly pronounced in terms of loss of sleep over worry (52% rather/much more than usual compared with 19% nationally) or feeling constantly under strain (55% versus 24%).

GHQ-12 The next few questions are about how you have been feeling recently

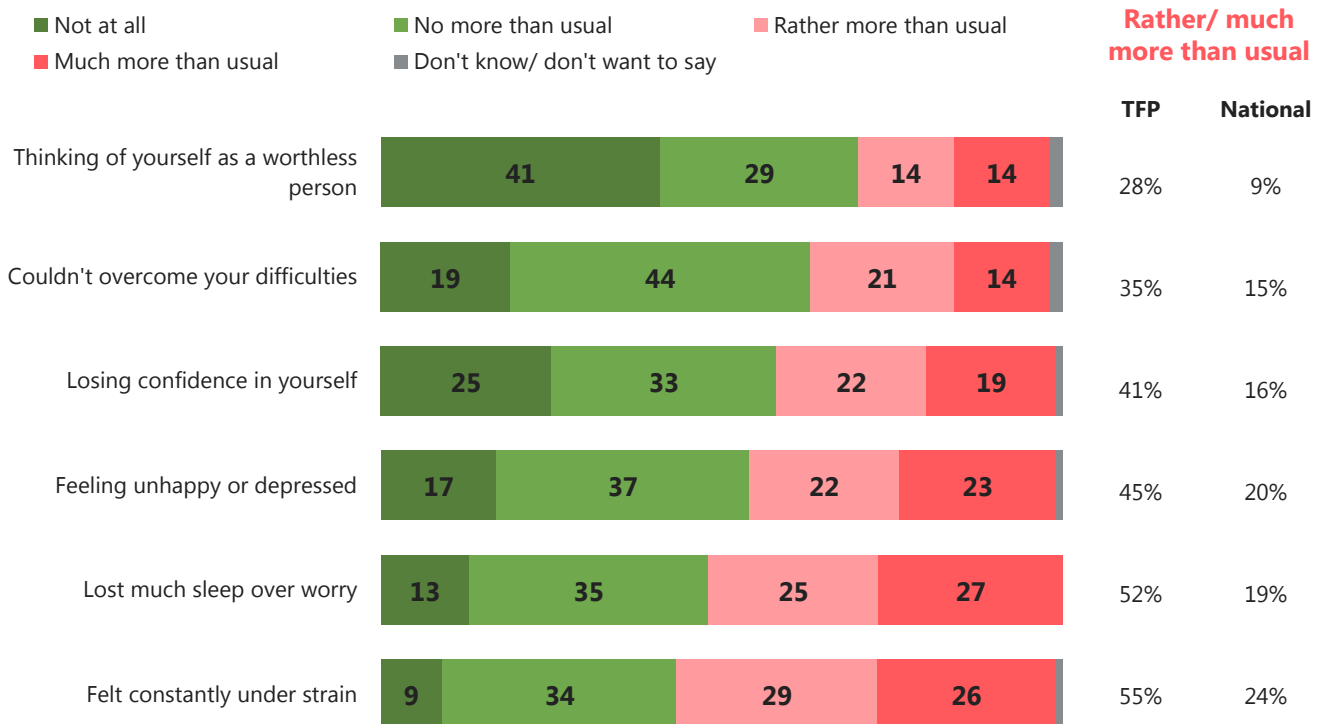


Base: All main carers who accepted self-completion (1,110) ; Fieldwork dates 14th Oct 2015- 17th Jul 2016. National data from Understanding Society Wave 5 (Jan'13-Dec'14).

Source: Ipsos MORI

⁴⁵ University of Essex. Institute for Social and Economic Research. (2015). Understanding Society: Waves 1-5, 2009-2014. [data collection]. 7th Edition. UK Data Service. SN: 6614 - Wave 5 (Jan '13- Dec '14), Available from: <https://discover.ukdataservice.ac.uk/catalogue/?sn=6614>

GHQ-12 The next few questions are about how you have been feeling recently



Base: All main carers who accepted self-completion (1,110) ; Fieldwork dates 14th Oct 2015- 17th Jul 2016.
National data from Understanding Society Wave 5 (Jan'13-Dec'14).

Source: Ipsos MORI

Prescription drugs

In the last six months two in five (41%) main carers have taken drugs prescribed by a doctor or nurse for depression, to help them sleep or to make them less anxious.

Again, reflecting the general pattern among sub-groups in terms of health, use of prescription drugs is higher among main carers who are not working (45%), have a long-standing condition (62%) or are white (44%).

DRU1. In the last six months have you taken any drugs, prescribed for you by a doctor or nurse, for depression or to help you sleep, or make you less anxious?



Base: All main carers who accepted self-completion (1,110) ; Fieldwork dates 14th Oct 2015- 17th Jul 2016.

Source: Ipsos MORI

Mental wellbeing

The Warwick-Edinburgh Mental Wellbeing scale (WEBWMS) was developed to enable the monitoring of mental wellbeing in the general population and has been widely used in the evaluation of projects, programmes and policies which aim to improve mental wellbeing. It is a model of mental wellbeing that involves both feeling good and functioning well.

SWEMWBS is a shortened version, comprising a seven rather than 14-item scale. The seven items selected relate more to functioning than to feeling and offer a slightly different perspective on mental wellbeing, but the two scales are highly correlated. It is easy to complete and considered to capture concepts of wellbeing in a familiar way⁴⁶.

Scores for SWEMWBS are obtained by summing the score for each item on a scale of 1-5 ('none of the time' through to 'all of the time'). This gives a range of scores between 7 and 49 for each individual, with higher scores indicating greater levels of wellbeing. For SWEMWBS each score must be transformed using a conversion table⁴⁷.

Among main carers the mean score for SWEMWBS is 20.6, which is lower than the corresponding national figure (23.6)⁴⁸ indicating that levels of wellbeing are lower than for England as a whole. Among the sub-groups, those with a long-standing health problem have lower levels of wellbeing than main carers on average (19.2).

Looking at these elements individually and compared with national figures, main carers are less likely to feel confident across all seven aspects, as shown in the chart below. This is particularly notable in terms of their ability to feel relaxed, with a difference of 33 percentage points (51% main carers and 84% nationally).

Main carers feel most confident about being able to make up their own mind; almost nine in ten (89%) say they have been able to do this at least some of the time in the past two weeks. Four in five feel they have been thinking clearly or dealing with problems well (81% and 80% respectively), and three quarters have felt useful or close to others at least some of the time (75% and 74% respectively). Levels of optimism for the future are slightly lower (67%) and main carers are least likely to say they have felt relaxed at least some of the time in the past two weeks (51%).

⁴⁶ Warwick Edinburgh Mental Wellbeing Scale (WEMWBS), 2015, User guide – Version 2, Available from:

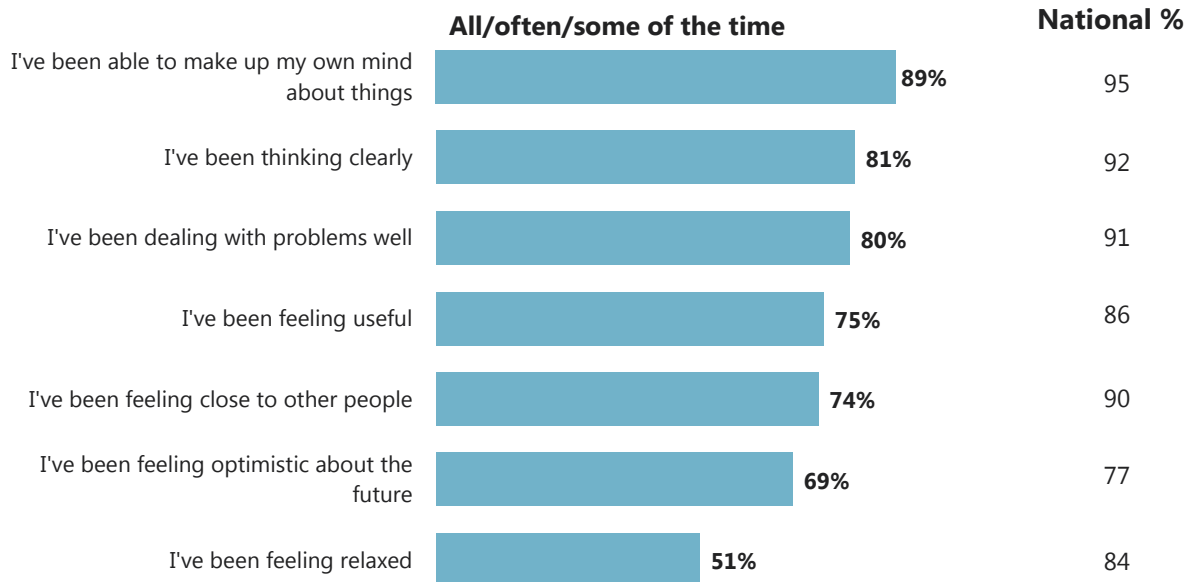
http://www2.warwick.ac.uk/fac/med/research/platform/wemwbs/researchers/userguide/wemwbs_user_guide_jp_02.02.16.pdf

⁴⁷ Warwick Medical School, 2015, Guidance on scoring, Available from:

<http://www2.warwick.ac.uk/fac/med/research/platform/wemwbs/researchers/guidance/>

⁴⁸ Department of Health, 2012, Health Survey for England, Available from: <https://www.gov.uk/government/publications/health-survey-for-england-2011>

SWEMWBS. Please say how often, if at all, you have felt each of the following in the past 2 weeks.



Overall SWEMWBS Score			
Main carers	20.6	England	23.6

Base: All main carers who answered all SWEMWBS statements (1,066); Fieldwork dates 14 Oct 2015 - 17 Jul 2016. National data from Health Survey for England (2011)

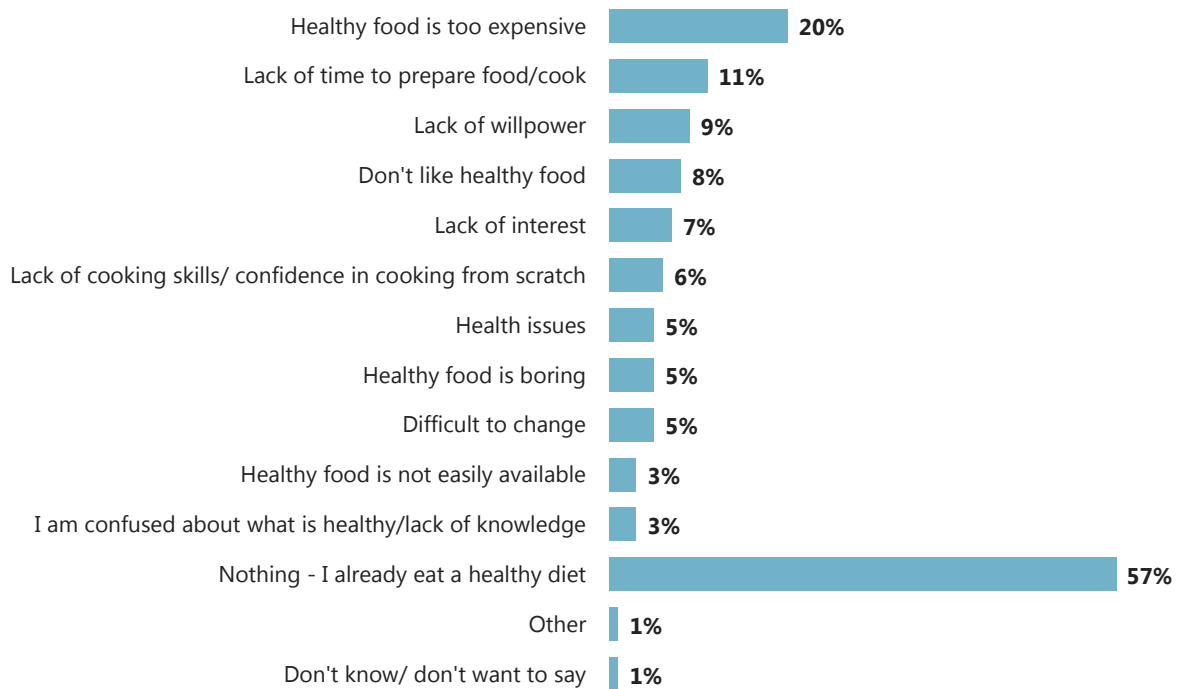
Source: Ipsos MORI

Healthy eating

In general, main carers do not perceive their families to have a poor diet. Over half of main carers (57%) say nothing stops their family from eating healthily and feel happy with their diet. However, the main barrier to eating more healthily is the cost; 20% say healthy food is too expensive. One in ten say they don't have the time to prepare or cook food or that they lack willpower when it comes to eating healthily (11% and nine per cent respectively). Fewer than one in ten select a range of other reasons including not liking healthy food or finding it boring, a general lack of interest in eating healthily or have no confidence in their cooking skills.

Of note, main carers with a long-standing illness along with those who identify as white are more likely to point to at least one barrier to eating healthily.

HWB11. This card contains a list of things that might stop people from eating healthily. Which, if any, apply to your family?



Base: All main carers (1,145) ; Fieldwork dates 14th Oct 2015- 17th Jul 2016.

Source: Ipsos MORI

Alcohol

Main carers were asked a range of questions about alcohol consumption that feed into the Alcohol Use Disorders Identification Test (AUDIT) scale⁴⁹. It was developed by the World Health Organization as a simple screening tool which is sensitive to early detection of risky and high risk drinking, but is also commonly used as an outcome measure. It comprises questions on alcohol consumption, drinking behaviour and dependence and the consequences or problems related to drinking. Respondents were also shown an image outlining the quantities comprising one standard drink or unit of alcohol to assist their answers: half a pint of regular beer, lager or cider, one small glass of wine or sherry and a single measure of spirits or aperitifs.

AUDIT can be asked in a number of forms, AUDIT C (consumption), AUDIT PC (drinking behaviour and dependency) and the full scale (consequences or problems related to drinking). Each question is scored from 0 to 4 (never to daily). For this study, AUDIT C and PC can be calculated with higher scores indicating that drinking is affecting the individual's health and safety. AUDIT C is scored on a scale of 0-12, with a score of 4+ indicating potentially hazardous drinking. AUDIT PC is scored on a scale of 0-20, with a score of 5+ indicating increasing or higher risk drinking and dependency.

Among main carers, 52% score four or higher on the AUDIT C indicating potentially hazardous levels of consumption; this is significantly higher among those who are working than non-workers (57% and 49% respectively). In terms of AUDIT PC, 16% of main carers score 5+ indicating a degree of alcohol dependency; this is higher among those with a long-standing illness (19%). Unfortunately, a suitable national comparison is not available for AUDIT or the individual questions that comprise it.

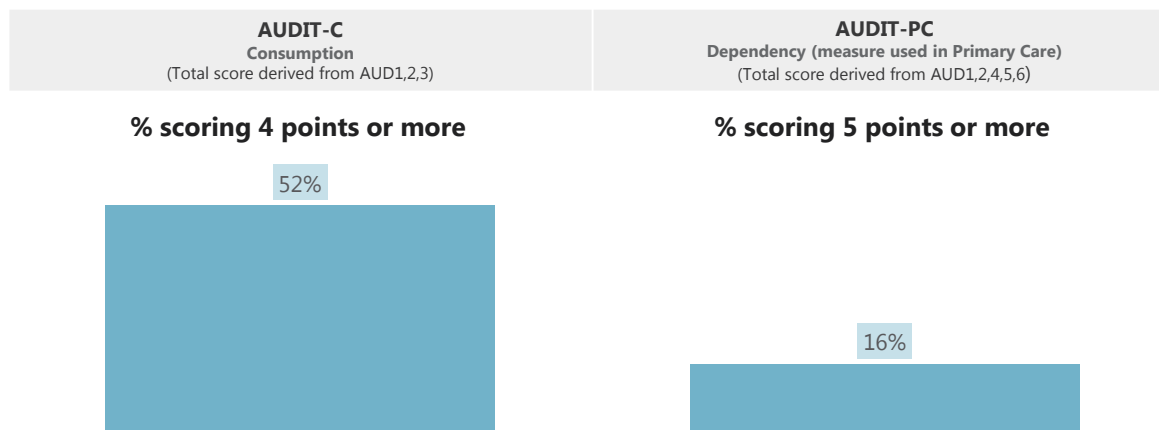
⁴⁹ The Alcohol Use Disorders Identification Test (AUDIT), 2001, Guidelines for use in primary care, World Health Organisation, Available from: http://www.talkingalcohol.com/files/pdfs/WHO_audit.pdf

AUDIT scores

Generally a higher score indicates that drinking is affecting an individual's health and safety

AUDIT-C scores of 4+ indicate potentially hazardous levels of consumption

AUDIT-PC scores of 5+ indicate a degree of alcohol dependency



Questions include: How often do you have a drink containing alcohol (AUD1), how many units of alcohol do you drink on a typical day when you are drinking (AUD2), how often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year (AUD 3), how often during the last year have you found that you were not able to stop drinking once you had started (AUD4), how often during the last year have you failed to do what was normally expected from you because of your drinking (AUD5), and has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down (AUD6).

Base: All main carers who completed all statements in AUDIT-C (676), AUDIT-PC (664) ; Fieldwork dates 14 Oct 2015 - 17 Jul 2016

Source: Ipsos MORI

Looking in more details at findings from the individual questions that comprise the AUDIT scale:

- Almost two in five (37%) main carers say they never drink alcohol; higher among those who are not working and from non-white backgrounds (44% and 69% respectively).
- Of those who do drink alcohol, three quarters (75%) drink up to four drinks a day on a typical day drinking, including 44% who have just one or two drinks.
- Again, among drinkers, one in six (16%) have drunk more than a specified number of units on a single occasion (six for women and eight for men) at least weekly in the last six months. Men are much more likely to have drunk this amount at least weekly (27% versus 15% women).
- Reported levels of drinking for partners are similar, with one in six (14%) having drunk more than six or eight units on a single occasion at least weekly in the last six months.
- One in ten (10%) drinkers say that in the last six months there has been at least one occasion when they were not able to stop drinking alcohol once they had started. This includes two per cent who say that this happens at least once a week or more frequently.

- Fewer (6%) say that in the last six months there has been at least one occasion when they were not able to do what was expected of them because of alcohol. Again, it includes two per cent who say this has happened at least once a week or more frequently.
- Overall, six per cent of those who drink alcohol say that a relative, friend, doctor or health worker has been worried about their drinking or suggested that they cut down, including two per cent who have been given this advice in the last three months. Again, men are more likely to have been given this advice (14%).

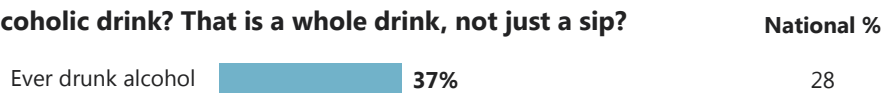
Young people and alcohol

Young people were also asked about their drinking habits. Almost two in five (37%) say they have ever had a whole alcoholic drink. This is higher than nationally (28%), though it should be noted that this figure is for 10-15 year olds only⁵⁰.

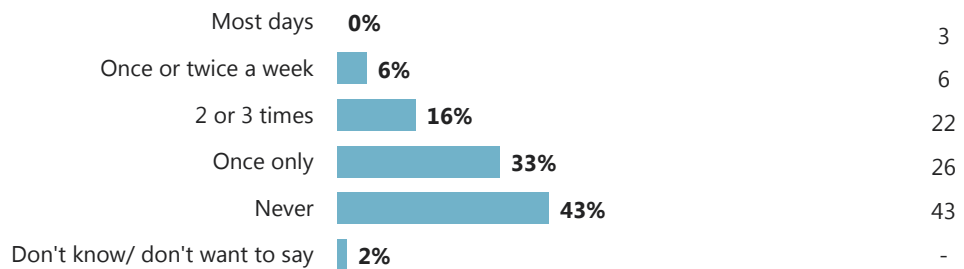
Those young people who have tried an alcoholic drink were also asked how many times they had consumed alcohol in the last four weeks and how often they had been drunk, for example, staggering, not being able to speak properly, throwing up or not remembering things.

- Frequent drinking is not common: two in five (43%) who have tried alcohol have not drunk in the last four weeks and another third (33%) have only drunk once in that time.
- However, 18% have been intoxicated at some point in the last four weeks, mostly once or twice (12%). As shown in the chart below, this is higher than nationally.

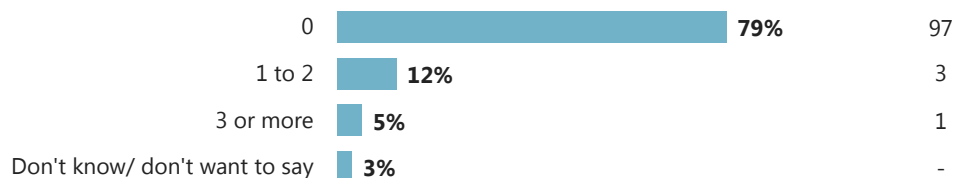
YXA1. Have you ever had an alcoholic drink? That is a whole drink, not just a sip?



YXA2. How many times in the last four weeks have you had an alcoholic drink?



YXA3. How many occasions during the last 4 weeks (if any) have you been intoxicated or drunk from drinking alcohol, for example staggered when walking, not being able to speak properly, throwing up or not remembering what happened?



Base: All young people who self-completed (561) and has alcohol (208); Fieldwork dates 14 Oct 2015 - 17 Jul 2016. National data from Understanding Society Wave 4 (Jan '12-Dec '13), Wave 5 (Jan '13-Dec '14)

Source: Ipsos MORI

⁵⁰ University of Essex. Institute for Social and Economic Research. (2015). Understanding Society: Waves 1-5, 2009-2014. [data collection]. 7th Edition. UK Data Service. SN: 6614 - Wave 5 (Jan '13- Dec '14), Available from: <https://discover.ukdataservice.ac.uk/catalogue/?sn=6614>

Smoking

Half (52%) of all main carers smoke (excluding e-cigarettes). This is higher than nationally where one in five (19%) report that they smoke⁵¹.

Following other patterns in terms of health among main carers, incidence of smoking is higher among certain groups, including those:

- who are not working and have no qualifications (57% and 63% respectively)
- with a long-standing illness; and,
- who identify as white (55% and 56% respectively).

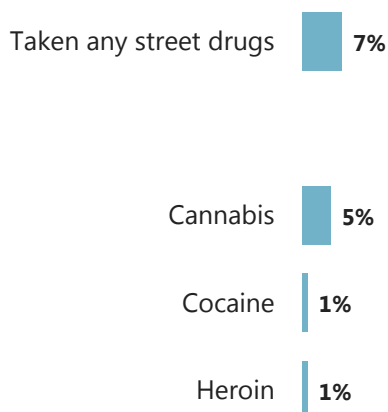
Fewer young people smoke (15%). Again, this is higher than nationally (eight per cent), but note these comparison figures are for 11-15 year olds only.

⁵¹ <http://content.digital.nhs.uk/catalogue/PUB17526>

Street drugs

Main carers were asked about use of street drugs, i.e. those not prescribed by a doctor or pharmacist; seven per cent say they have used at least one from a given list in the last six months. In terms of specifics, five per cent have used cannabis, with one per cent or fewer using any of the other drugs listed.

DRU2. In the last six months which of the following street drugs, that is drugs not given to you by a doctor or pharmacist, if any, have you taken?



Base: All main carers who accepted self-completion (1,110) ; Fieldwork dates 14th Oct 2015- 17th Jul 2016.

Source: Ipsos MORI

Young people were also asked about their drug use habits. One in seven (14%) say they have ever tried cannabis, one per cent have sniffed glue or another solvent and two per cent each have tried another illegal drug or taken a legal high. Notably, the proportion of young people interviewed who have tried cannabis is significantly higher than nationally (14% compared with two per cent for the UK as a whole)⁵².

Those young people who have ever tried drugs were asked about their usage in the last 12 months. Again, cannabis is used most frequently (74%), with fewer than one in ten having tried the other types of drugs asked about.

Intergenerational health issues

One third (32%) of main carers say there were long-term health issues or drug or alcohol problems happening in their family when they were growing up. This includes one in six (16%) who experienced issues with alcohol and seven per cent with drugs. One in ten had to deal with the death of a parent or lived with a parent with a long-term illness (11% and nine per cent respectively).

⁵² University of Essex. Institute for Social and Economic Research. (2015). Understanding Society: Waves 1-5, 2009-2014. [data collection]. 7th Edition. UK Data Service. SN: 6614 - Wave 5 (Jan '13- Dec '14), Available from: <https://discover.ukdataservice.ac.uk/catalogue/?sn=6614>

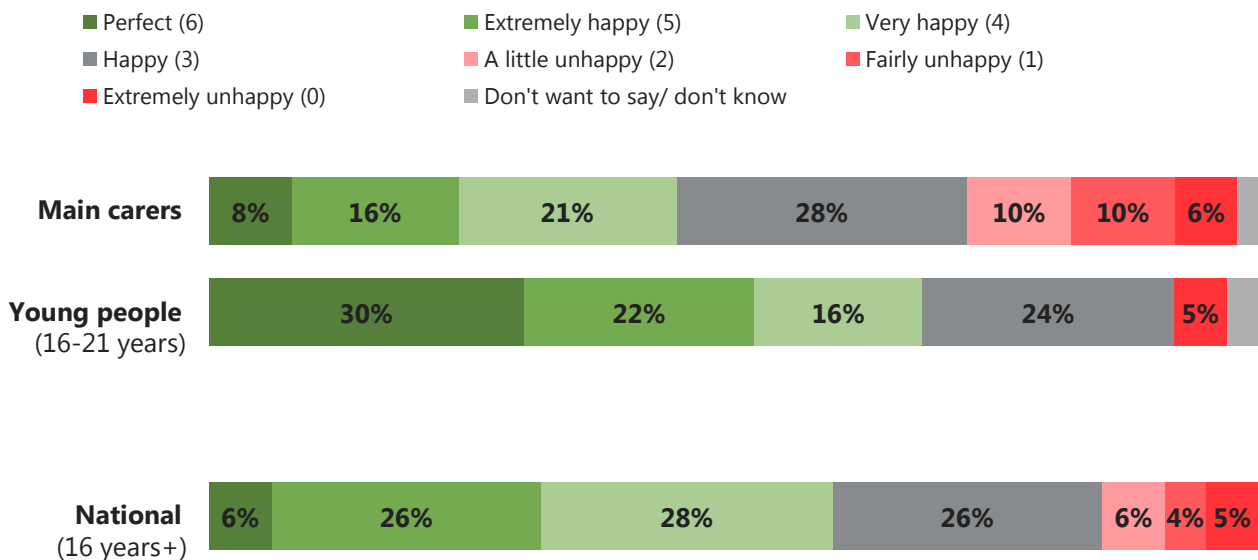
Family relationships

Happiness of relationship

While more main carers are happy in their relationship than unhappy (73% happy versus 26% unhappy), levels of happiness are lower than nationally (86% happy and 15% unhappy⁵³), as shown in the chart below. Women are more likely to state that they are extremely happy in their relationship, along with those who are working.

Young people aged 16-21 years and in a relationship are far happier than their parents, almost all (92%) are happy and just six per cent are unhappy. Further, a much higher proportion view their relationship as 'perfect' (30%) compared with national figures (6%).

FR1/ YXDAS1. On a scale of 0 to 6 where 0 is extremely unhappy, 3 is happy (representing the degree of happiness of most relationships), and 6 is perfect. Which best describes the degree of happiness, all things considered, of your relationship?



Base: Main carers who accepted self-completion and has partner in household (401); all young people aged 16 or more who accepted self-completion and are in a relationship (37); Fieldwork dates 14th Oct 2015- 17th Jul 2016. National data from Understanding Society Wave 5 (Jan '13- Dec '14)

Source: Ipsos MORI

⁵³ University of Essex. Institute for Social and Economic Research. (2015). Understanding Society: Waves 1-5, 2009-2014. [data collection]. 7th Edition. UK Data Service. SN: 6614 - Wave 5 (Jan '13- Dec '14), Available from: <https://discover.ukdataservice.ac.uk/catalogue/?sn=6614>

Education

Education

Levels of qualifications are low. For example, a quarter of main carers and one in five young people who have left school have no formal qualifications, compared with eight per cent of 16-64 year olds nationally⁵⁴.

Reflecting their age, the majority of young people (80%) are at school or a Pupil Referral Unit. Two in five (40%) main carers say concerns have been raised about the attendance of this young person.

However, most young people who are currently at school or college are positive about their future; they think that in five years' time they will still be either at school, college or working, and fewer than 0.5% say they will be unemployed.

⁵⁴ Office for National Statistics, Annual Population Survey 2015, Available from:

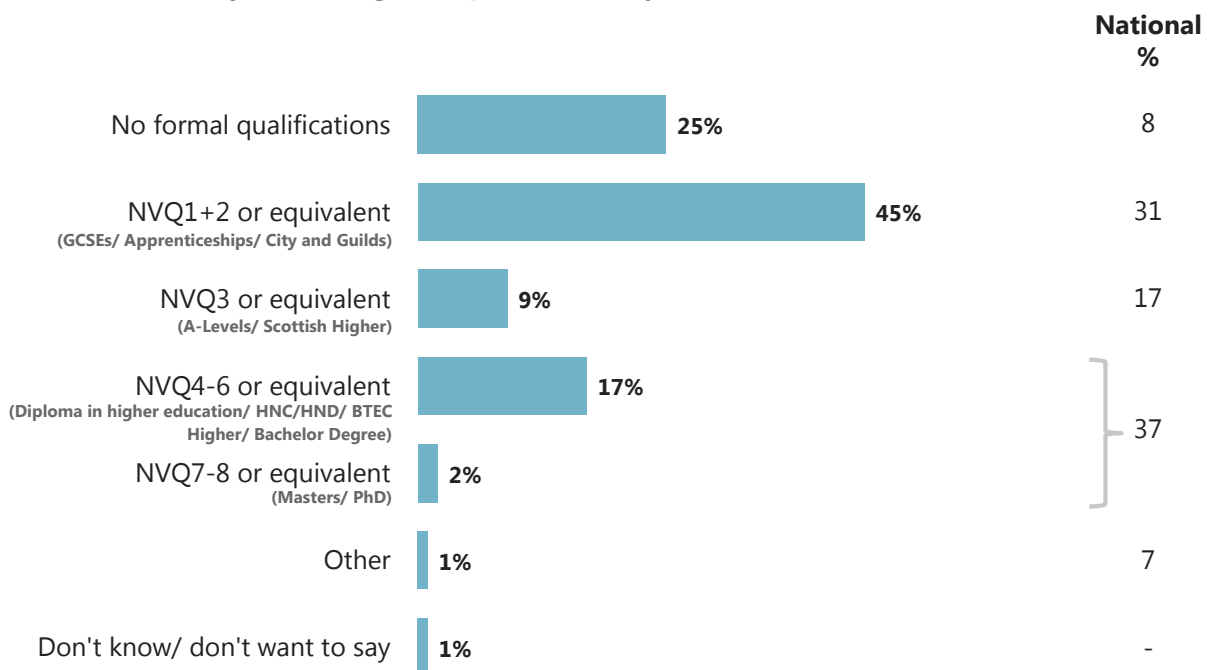
<https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/qmis/annualpopulationsurveyapsqmi>

Educational attainment

Main carer

Main carers are more likely to have no qualifications than nationally: 25% compared with eight per cent respectively⁵⁵. They are also likely to have lower level qualifications. Over two in five (45%) have an NVQ 1-2 or equivalent (e.g. GCSEs, Apprenticeships, City and Guilds), compared with one in three (31%) nationally. One in ten (nine per cent) hold an NVQ3 (e.g. A-levels, Scottish Highers) and another one in five (19%) an NVQ4+ (e.g. diploma in higher education, HNC, HND, BTEC Higher, Bachelor Degree or Masters/PhD).

ED8. Which, if any, is the highest qualification you have?



Base: All main carers (1145) ; Fieldwork dates 14th Oct 2015- 17th Jul 2016. National data from ONS annual population survey (2015), aged 16-64

Source: Ipsos MORI

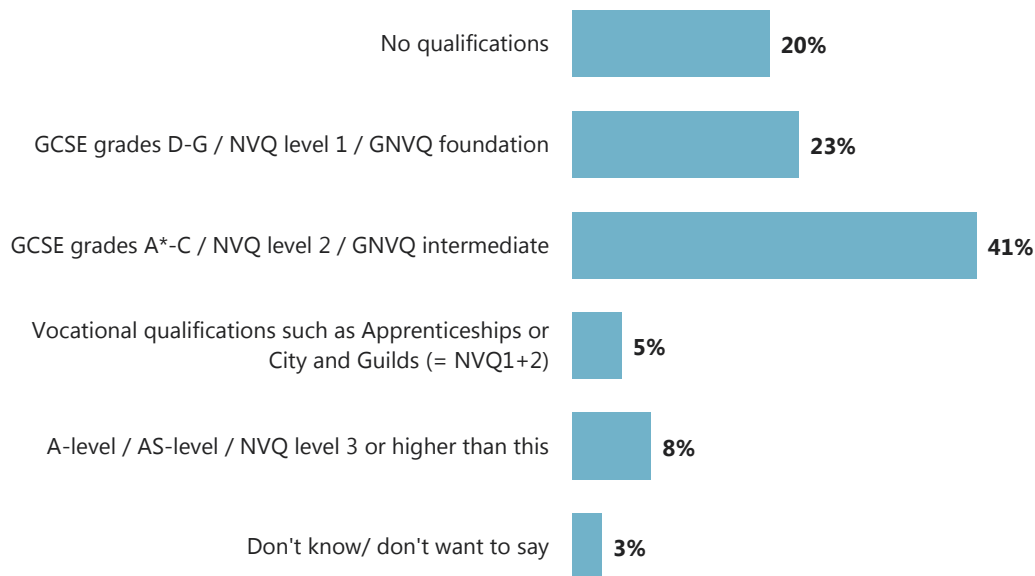
⁵⁵ Office for National Statistics, Annual Population Survey 2015, Available from:

<https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/qmis/annualpopulationsurveyapsqmi>

Young person

One in five (20%) young people who have left school have no qualifications. Seven in ten (69%) have an NVQ1-2 (i.e. a GCSE at any grade, NVQ1-2 or GNVQ foundation or intermediate) and eight per cent higher than this.

YXQ1. As you may know, lots of people don't have qualifications, but I'd like to check whether you have any. Please can you look at this card and tell me which, if any, is the highest qualification you have?



Base: All young people interviewed that are not in school or PRU (74) ; Fieldwork dates 14th Oct 2015-17th Jul 2016.

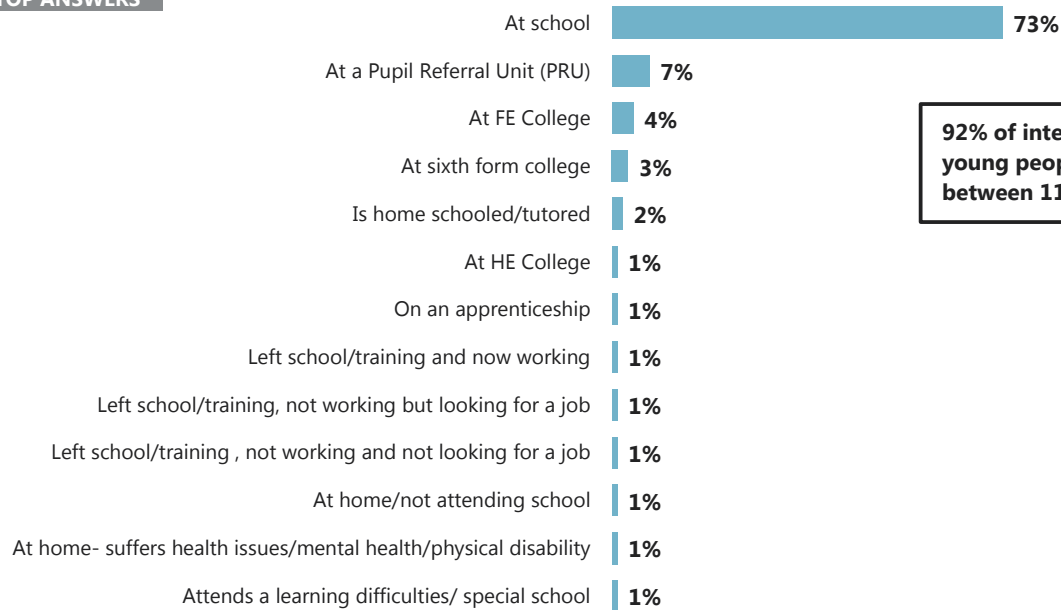
Source: Ipsos MORI

Educational setting – young person

Reflecting their age, the majority (73%) of all young people interviewed⁵⁶ are at school and seven per cent attend a Pupil Referral Unit (PRU). The remainder are at college, including a further education college (4%), sixth form college (3%) or a higher education college. Just one per cent each are doing an apprenticeship or working.

CB1. Which of these on this card best describes what the young person interviewed is doing at the moment?

TOP ANSWERS



92% of interviewed young people are aged between 11-16 years

Base: All main carers where a young person was interviewed (572); Fieldwork dates 14th Oct 2015- 17th Jul 2016.

Source: Ipsos MORI

Children's behaviour in school

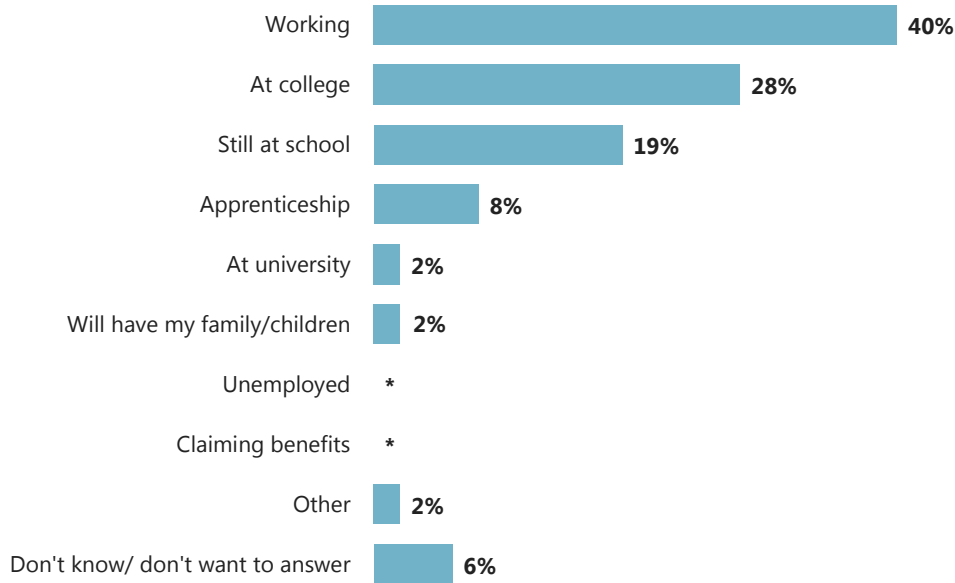
Main carers were asked about their children's behaviour in school. Two in five (40%) say there are concerns about the attendance of the young person selected for interview and over a quarter (27%) that they have been contacted about the attendance record of their other children. Half (50%) of main carers have been asked into school to talk about the interviewed child's behaviour at least once in the last six months, including 16% who have been called or asked to come to the school over 10 times in the last six months.

⁵⁶ Two per cent of all young people interviewed were 19 years old or older.

Aspirations – young person

The majority of young people who are currently at school or college are positive when thinking about their future. Most think that in five years' time they will still be either at school (19%) or at college (28%) and two in five (40%) think they will be working. Just under one in ten (eight per cent) think they will be doing an apprenticeship. Notably, fewer than 0.5% think they will be unemployed when they leave school.

YXB1. When you think about your likely life in five years' time, what do you think you will be doing?

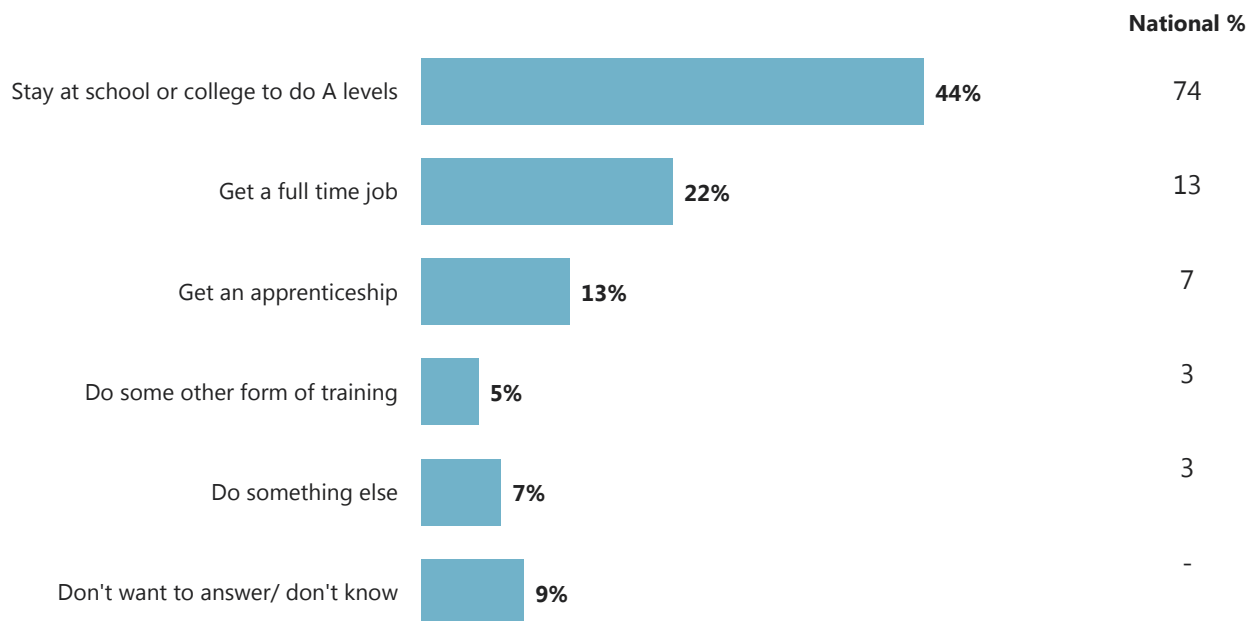


Base: All young people interviewed who accepted self-completion and in school/college (499) ; Fieldwork dates 14th Oct 2015- 17th Jul 2016.

Source: Ipsos MORI

Young people aged between 11-15 years who are currently at school or college were also asked about their aspirations post-16. Around one in five (22%) think they will get a full time job after completing their final GCSE year, compared with 13% nationally⁵⁷. Three in five (62%) think they will remain in some sort of education or training after turning 16 years old, including college/A-Levels (44%), apprenticeship (13%) or another form of training (five per cent), compared with over four in five (84%) nationally⁵⁸.

YXB2. What would you most like to do when you have completed your final GCSE year at around age 16?



Base: All young people interviewed aged 11-15 years who accepted self-completion and in school/college (416); Fieldwork dates 14th Oct 2015- 17th Jul 2016. National data from Understanding Society Wave 5 (Jan '13-Dec '14).

Source: Ipsos MORI

Despite only just over two in five young people wanting to stay at school or college after finishing their GCSEs, over three in five (63%) young people state that they would like to continue onto further full-time education at a college or University after finishing school. However, this is lower than for 11-15 year olds interviewed as part of Understanding Society's young person survey, where, of those giving a valid answer almost all (93%) would like to continue with their education⁵⁹.

⁵⁷ University of Essex. Institute for Social and Economic Research. (2015). Understanding Society: Waves 1-5, 2009-2014. [data collection]. 7th Edition. UK Data Service. SN: 6614 - Wave 5 (Jan '13- Dec '14), Available from: <https://discover.ukdataservice.ac.uk/catalogue/?sn=6614>

⁵⁸ University of Essex. Institute for Social and Economic Research. (2015). Understanding Society: Waves 1-5, 2009-2014. [data collection]. 7th Edition. UK Data Service. SN: 6614 - Wave 5 (Jan '13- Dec '14), Available from: <https://discover.ukdataservice.ac.uk/catalogue/?sn=6614>

⁵⁹ University of Essex. Institute for Social and Economic Research. (2015). Understanding Society: Waves 1-5, 2009-2014. [data collection]. 7th Edition. UK Data Service. SN: 6614 - Wave 5 (Jan '13- Dec '14), Available from: <https://discover.ukdataservice.ac.uk/catalogue/?sn=6614>

Children in need

Children in need

There is some evidence of inter-generational patterns in terms of family stability, with one in five (19%) main carers having experienced a parent/partner leaving or a family break-up both when growing up and as an adult.

Just under one in five (17%) have a child involved with social services; national data indicates that 4.4% of children under 18 in England are either a child in need, on a child protection plan or being looked after by the local authority⁶⁰.

Almost half (46%) of households include at least one child with special educational or other special needs. More than half (56%) would like more advice and support for these children.

Intergenerational family issues

When growing up, a third (35%) of main carers experienced a parent leaving or a family break-up. In addition, six per cent say they or their siblings lived in care.

Since becoming an adult, two in five (38%) main carers have experienced a partner leave or a family break-up, and three per cent of main carers have had their children living in care.

Looking at intergenerational patterns, one in five (19%) main carers have experienced a parent/ partner leaving or a family break-up both when growing up and as an adult.

⁶⁰ Department for Education, 2016, Statistics: looked-after children, Available from: <https://www.gov.uk/government/collections/statistics-looked-after-children>

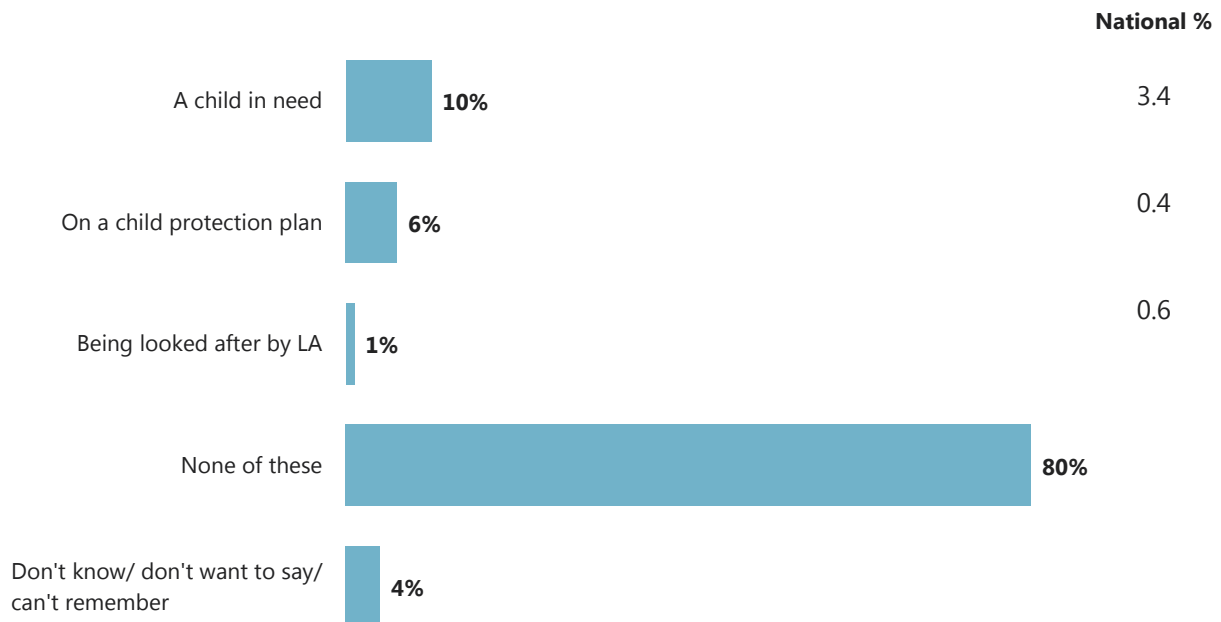
Children in need

Local authority data from the Department for Education indicates that levels of children in need are higher among families on the programme than in England overall⁶¹, though it is important to consider differences in the populations being measured (Family Survey versus data for children under 18).

One in ten (10%) households with children under the age of 18 years include a child in need, six per cent have a child on a protection plan and one per cent have a child who is being looked after by the local authority.

Households where the main carer is not working or has a long-standing illness or disability are significantly more likely to have a child involved with social services (both 20% compared with 17% overall).

FR4. Have social services or a social worker said that any of your children aged 18 or under currently are...?



Base: Main carers who accepted self-completion and have children under the age of 18 years in the household (1,100) ; Fieldwork dates 14th Oct 2015- 17th Jul 2016. National data from DfE Local Authority Interactive Tool, Children under 18 in England in 2015.

Source: Ipsos MORI

⁶¹ Department for Education, 2015, Local Authority Interactive Tool, Available from: <https://www.gov.uk/government/publications/local-authority-interactive-tool-lait>

Special Educational Needs

Nearly half (46%) of households include at least one child with special educational needs (SEN) or other special needs. While there are differences in the way this is calculated, this is considerably higher than the English national figure among school aged children at 15.4% (based on all pupils on the school roll 2014/15, including nursery and independent schools)⁶².

Of these, over half (56%) feel they need more advice and support to help their children, including three in ten (31%) who would like a lot more assistance.

⁶² Department for Education, 2015, SFR 25/2015: Special educational needs in England, January 2015, Available from: <https://www.gov.uk/government/statistics/special-educational-needs-in-england-january-2015>

Domestic violence and abuse

Domestic violence and abuse

There is evidence of significant issues in terms of domestic abuse for families on the programme.

One in five main carers experienced domestic abuse or violence in their home when growing up, and one in ten sexual abuse. Experience of domestic abuse or violence since becoming an adult is more common, but experience of sexual abuse is less common.

Experience of partner abuse (non-sexual) from a partner or ex-partner since turning 16 is higher than nationally (England and Wales); for example, over half (52%) have experienced some form of abuse (non-physical (emotional/financial) or threats and force) compared with 15% for England and Wales⁶³.

⁶³ Office for National Statistics, 2016, Crime Survey in England and Wales 2015/16, Available from: <http://www.crimesurvey.co.uk/SurveyResults.html>

Domestic abuse

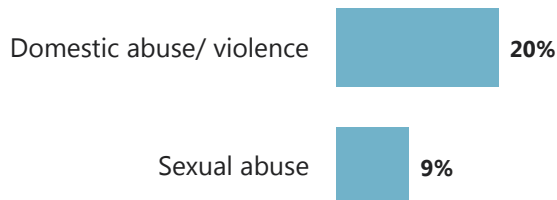
Intergenerational relationship issues

One in five (20%) main carers experienced domestic abuse or violence⁶⁴ in their home when growing up, and one in ten (nine per cent) sexual abuse. Experience of domestic abuse or violence since becoming an adult is more common (33%), but experience of sexual abuse is less common (five per cent).

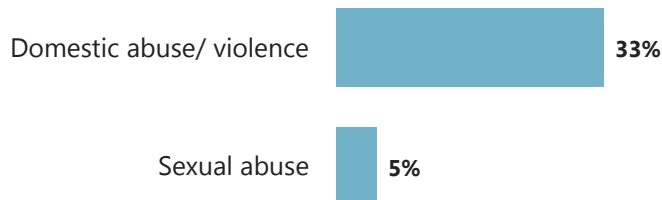
Women are more likely than men to report domestic abuse or violence happening in the household when growing up, as well as having been subject to domestic and sexual abuse since becoming an adult.

Overall, in terms of the intergenerational nature of these issues, one in ten (11%) have experienced domestic abuse or violence both growing up and since becoming an adult.

FR2. Were these things happening in your home when you were growing up?



FR3. And since you became an adult, which of these things have happened to you in your home?



Domestic abuse/ violence both growing up and as an adult = 11%

Sexual abuse both growing up and as an adult = 1%

Base: All main carers who accepted self-completion (1,110) ; Fieldwork dates 14th Oct 2015- 17th Jul 2016.

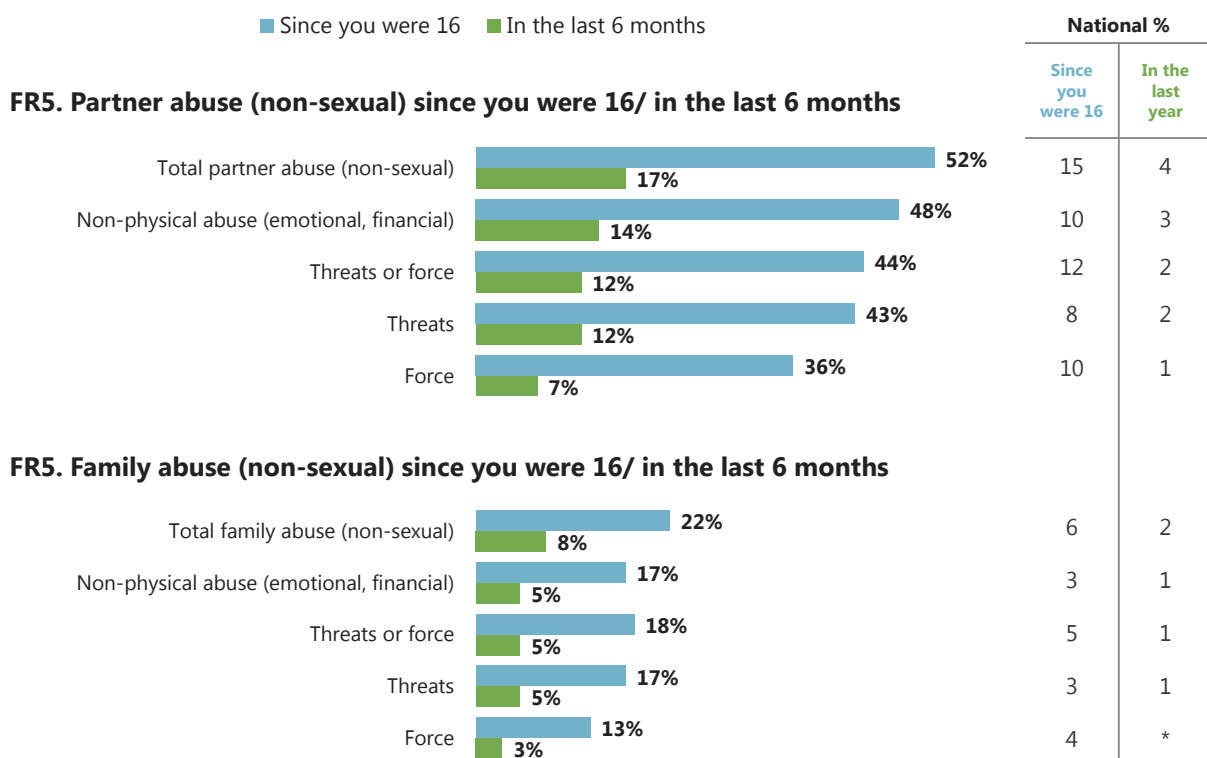
Source: Ipsos MORI

⁶⁴ Note that the type of domestic abuse or violence was not specified in this question.

Domestic abuse

Compared with national data from the Crime Survey for England and Wales, levels of abuse from a partner or other family member are higher for main carers (though as with other national comparisons used throughout this report it should be noted that there are differences in the survey reference person and period)⁶⁵.

Half (52%) have experienced some form of partner abuse since they were 16 and 17% in the last six months. Focusing on partner abuse the last six months, 14% cite emotional or financial abuse (i.e. being prevented from having money, stopped from seeing friends or repeatedly belittled) and slightly fewer (12%) threats (including being frightened or threatened) or force. Levels of abuse from other family members are lower; again in the last six months eight per cent have experienced family abuse and five per cent non-physical abuse, threats or force.



Base: All main carers who self-completed questions (999); Fieldwork dates 14th Oct 2015- 17th Jul 2016.
National data from the Crime Survey in England and Wales '15/'16

Source: Ipsos MORI

Young people – safety

The vast majority (90%) of young people feel very or fairly safe at home. Around one in ten (9%) feel a little bit or very unsafe.

⁶⁵ Office for National Statistics, 2016, Crime Survey in England and Wales 2015/16, Available from: <http://www.crimesurvey.co.uk/SurveyResults.html>

Crime and anti-social behaviour

Crime and antisocial behaviour

More young people had contact with the police (not as a victim) in the last six months than reported by their carers for the household as a whole (32% compared with 22% respectively), with the majority of contact involving being reprimanded or asked to move on, or the police being called to their home. Young people are less likely to report contact with the police because they have been a victim (five per cent compared with 15% households).

One in ten (nine per cent) report action being taken by the police against a household member in the last six months because they were accused of committing a crime. A similar proportion of young people have also had action taken against them (11%), including seven per cent who have been cautioned.

Main carers are more likely to report experience of a range of crimes or anti-social behaviours in their home when they were growing up than in the last six months. For example, one in seven (14%) report force or violence in their home growing up compared with eight per cent who admit to doing this or witnessing it themselves in the last six months. Young people tend to report higher levels of involvement in crime and anti-social behaviour, including a third (35%) who report fighting/physical violence in the last month, a quarter (24%) who admit to vandalism and one in ten (11%) stealing.

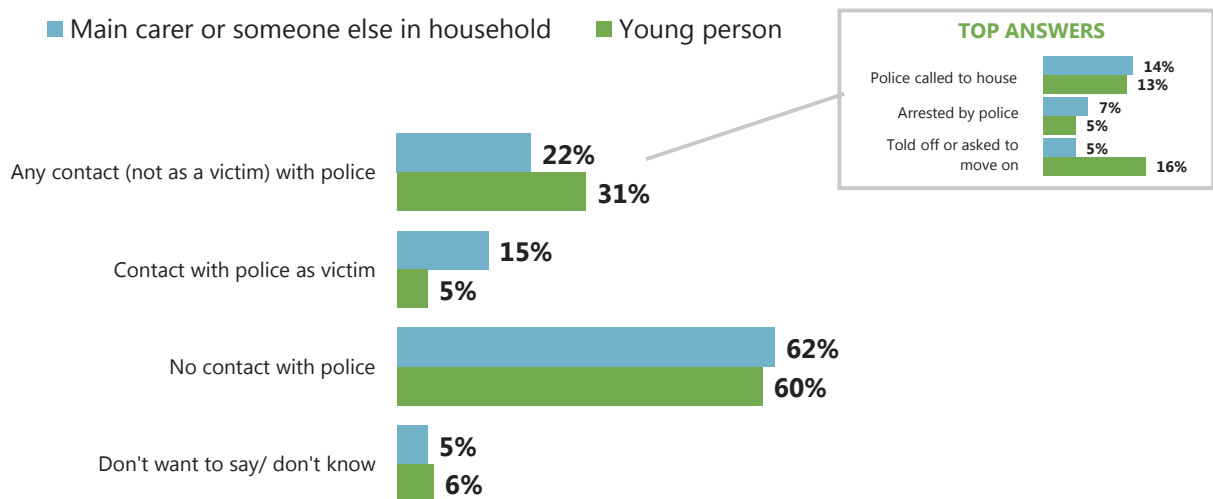
One in twenty (five per cent) say that action has been taken against someone in their household as a result of anti-social behaviour in the last six months. However, specifically in relation to their housing, 15% have received a warning letter for rent arrears or anti-social behaviour and seven per cent have been threatened with eviction in the last six months.

Contact with the police

Main carers were asked about contact they or other members of their household may have had with the police in the last six months, either as a victim or for another reason including having the police called to their house, being arrested or reprimanded, stopped, stopped and searched, or completing voluntary work to make amends. The same questions were also asked of the young people interviewed. Overall, young people are more likely to report contact with the police than reported by main carers for their household as a whole (31% young people compared with 22% households). Conversely, they are less likely to report having been a victim (five per cent and 15% respectively).

In terms of specific reasons for contact, main carers are most likely to have had contact with the police in the last six months either as a victim or because the police were called to their home (15% and 14% respectively). Young people are most likely to have had contact because they were reprimanded or asked to move on by the police (16%).

CR6/CR6OTH/YXC4. Police contact in the last 6 months



Base: All main carers who self-completed (999) ; All young people who self-completed (561) ; Fieldwork dates 14th Oct 2015- 17th Jul 2016.

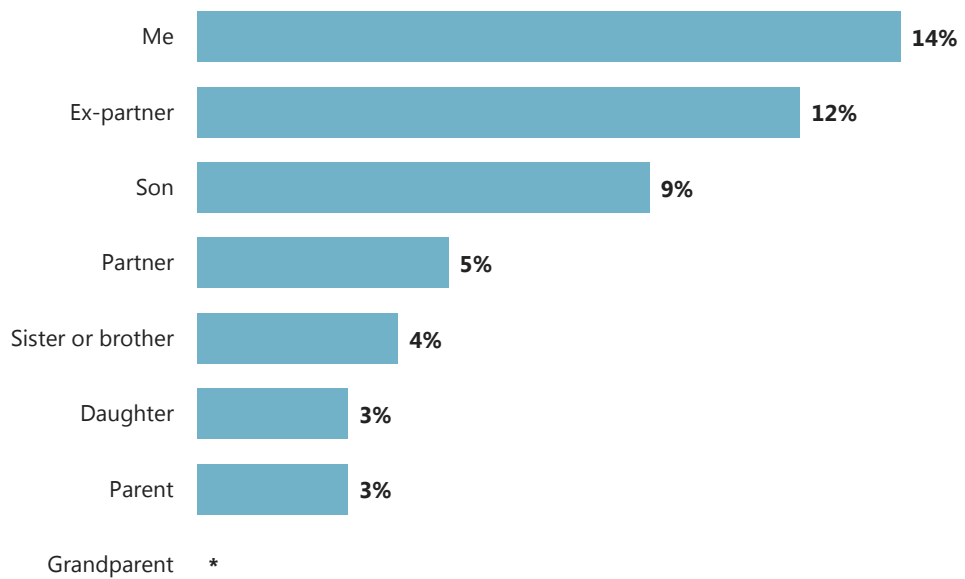
Source: Ipsos MORI

Cautions and convictions

One in seven (14%) main carers have ever been cautioned or convicted of a crime by the police, followed by an ex-partner (12%) or a son (9%).

CR1. Have you, or any other members of your family listed below, ever been cautioned by the police or convicted of a crime? (Multi-coded)

TOP ANSWERS



Base: All main carers who self-completed (999) ; Fieldwork dates 14th Oct 2015- 17th Jul 2016.

Source: Ipsos MORI

Sanctions

Overall, one in ten (nine per cent) main carers report having police action taken against someone in the household in the last six months because they were accused of committing a crime. This includes a range of actions, including six per cent who were given a caution and two per cent or fewer who were charged by the police, taken to court, given a fine, sentenced to supervision by a probation officer or youth offending case worker, or sent to prison, a secure training centre or a local authority run secure care home.

A similar proportion of young people (11%) report police action because they were accused of committing a crime in the last six months, including seven per cent who were cautioned and two per cent or fewer one of the other actions listed above.

Self-reported offending

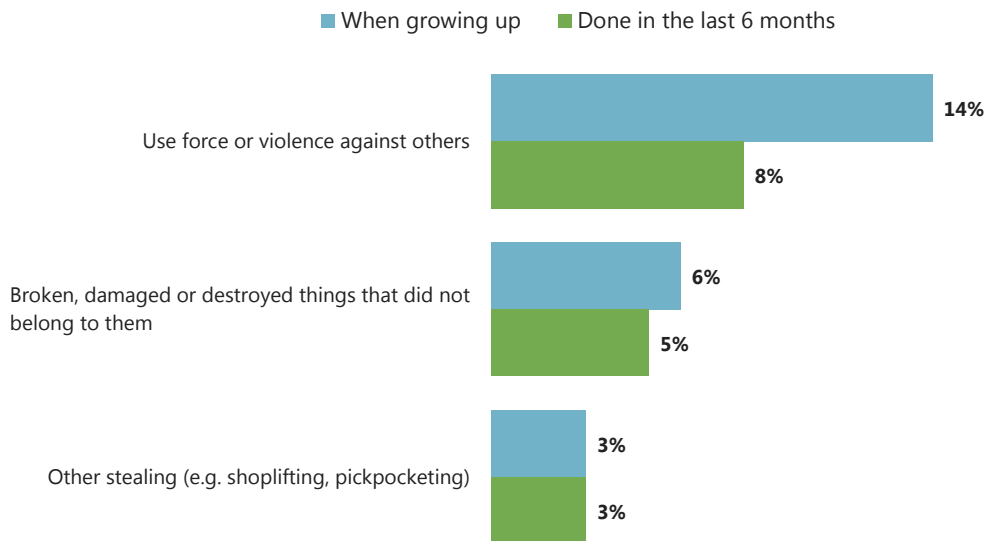
Main carers were asked about a range of crimes and anti-social behaviours that they might have experienced in their home growing up and more recently, in the last six months.

Reported experience is low, but experience in childhood tends to be higher than more recently (the chart below shows the top answers only):

- 14% report having been a witness to force or violence in the home when growing up compared with eight per cent who admit to doing this or witnessing it themselves in the last six months.
- The pattern is less pronounced in terms of vandalism (six per cent experienced growing up compared with five per cent recently) and stealing such as shoplifting or pickpocketing (three per cent respectively).

CR3/CR4/CR4OTH. Which of the following did your parent(s)/other adults you lived with when growing up ever do, or you/someone else in your current household do in the last six months?

TOP ANSWERS



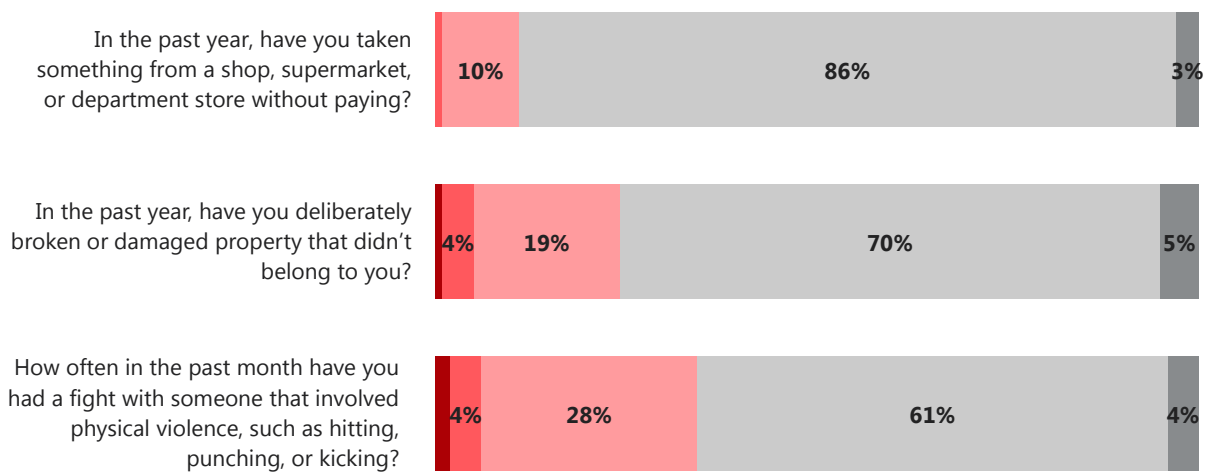
Base: All main carers who self-completed questions (999) and has someone else in household aged 11 or over (999) ; Fieldwork dates 14th Oct 2015- 17th Jul 2016.

Source: Ipsos MORI

Young people were also asked about their involvement in criminal activity and anti-social behaviour, and reporting levels tend to be higher than among main carers. A third of young people (35%) report having had a fight with someone that involved physical violence in the past month, including seven per cent who say this has happened at least several times. A quarter (24%) have deliberately broken or damaged property that didn't belong to them in the past year, including five per cent who have done this several times or more. One in ten (11%) say they have taken something from a shop, supermarket or department store without paying in the past year more than once.

YXC3. Have you ...?

■ Often ■ Several times ■ Once or twice ■ Never ■ Don't know/ don't want to say



Base: All young people who self-completed (559) ; Fieldwork dates 14th Oct 2015- 17th Jul 2016.

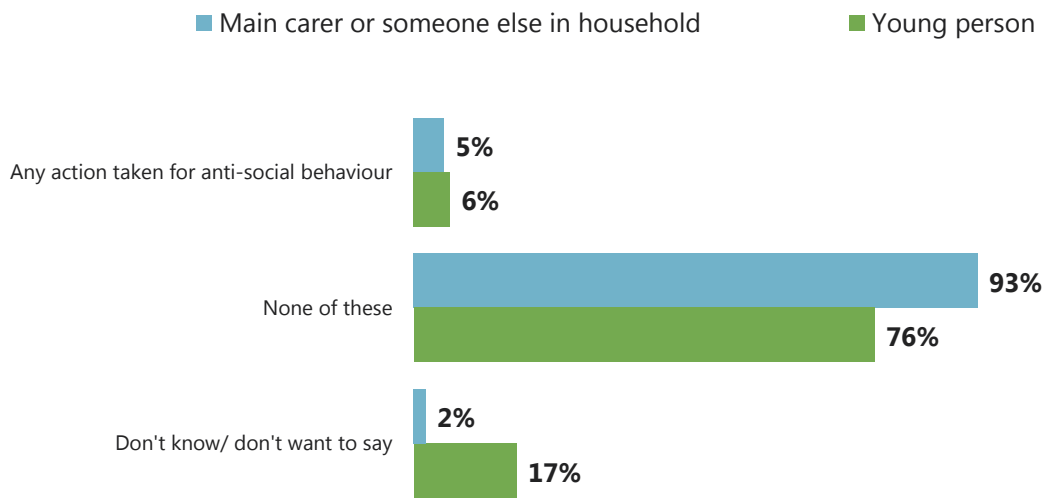
Source: Ipsos MORI

Anti-social behaviour

Reported action against main carers or other household members as a result of anti-social behaviour in the last six months is comparatively low; with five per cent reporting a civil injunction, criminal behaviour order or a similar measure taken against the main carer or someone else in their household (two per cent and four per cent respectively). The level of action taken against young people is similar (six per cent).

CR2/CR2OTH/YXC2. Action taken to stop anti-social behaviour in the last 6 months

Including civil injunction, criminal behaviour order, dispersal power, community protection notice, public spaces protection order, closure power, NOSP, possession order, youth caution



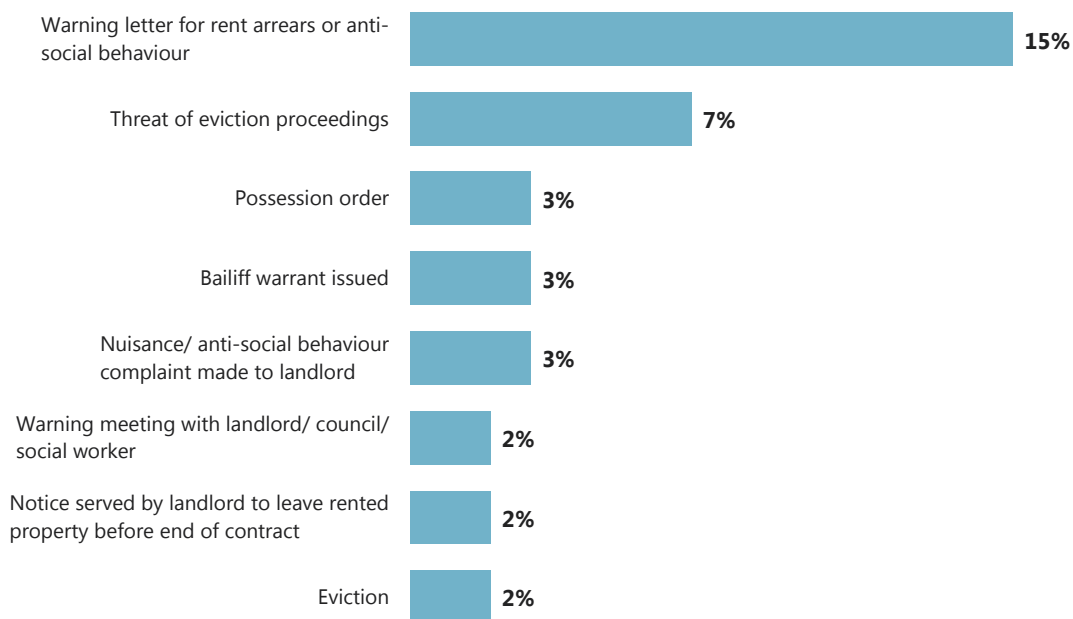
Base: All main carers who accepted self-completion (1,110) ; All young people who accepted self-completion (614) ; Fieldwork dates 14th Oct 2015- 17th Jul 2016.

Source: Ipsos MORI

In terms of anti-social behaviours in relation to housing, 15% have received a warning letter for rent arrears or anti-social behaviour, and seven per cent have been threatened with eviction in the last six months. Among the sub-groups those who are employed are significantly less likely to have experienced any of the issues listed.

TS5. In the last six months have you experienced any of the following in relation to your housing? (Multi-coded)

TOP ANSWERS



Base: All main carers (1,145) ; Fieldwork dates 14th Oct 2015- 17th Jul 2016.

Source: Ipsos MORI

Young people – gang membership

One in ten young people report being or having been a member of a gang in the past, including six per cent who are currently a member.

Service experience

Service experience

Families received a range of types of help over the last year, before they enrolled on the Troubled Families Programme, mostly help with parenting or a health problem.

Where they have had help they are mostly positive about its impact, but in every case a sizeable minority of families (between one and two in five) say the help has made little or no difference.

Main carers are also positive about the support they have had from local services for families and children in the last six months, with the majority positive about the staff and both the quality and amount of support. While still positive overall, a quarter (24%) express dissatisfaction with the ease of accessing this support.

Notably, two in five (38%) say someone in their family needs additional help or support from other services.

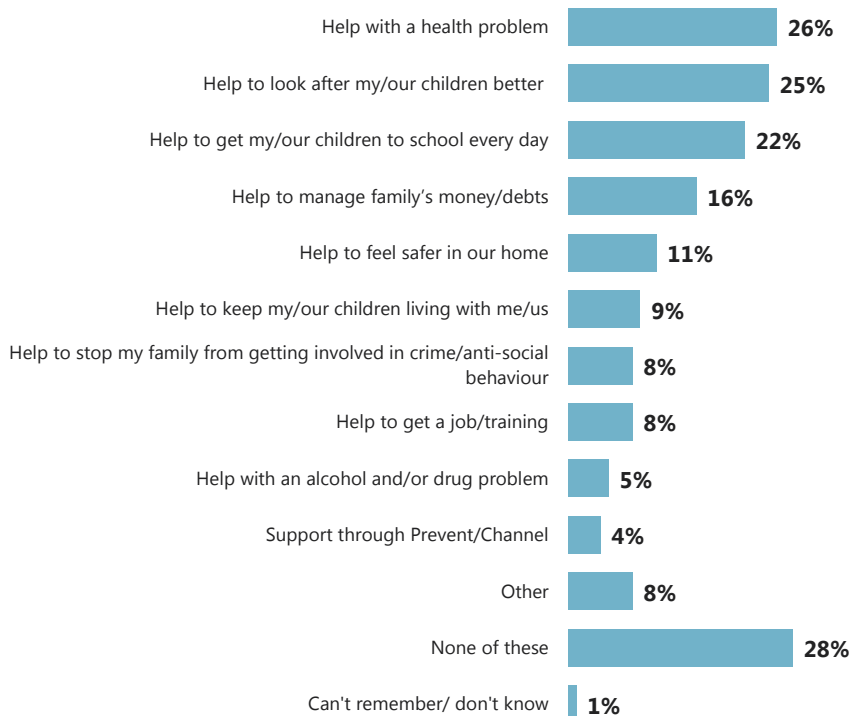
Despite the range of issues they are facing, as evidenced throughout this report, main carers express some confidence for their future. Half or more agree with a series of statements about what the future holds for them, for example, 90% say they know how to keep their family on the right track and 86% say they keep going even when things are against them.

Help received

Main carers were asked what help they or other members of their family have been given over the last year. In the majority of cases this will be referring to services received before families were being helped by the Troubled Families Programme. From the list shown, help spans a range of areas:

- A quarter have had help with parenting, including help with looking after their child/ren or getting their child/ren to school each day (25% and 22% respectively). One in ten (nine per cent) have also had help to keep their child/ren living with them.
- Another quarter (26%) have had help with a health problem and five per cent help with alcohol or drugs.
- One in six (16%) have had advice on money management or debt, and eight per cent have been supported in getting a job or training.
- One in ten (11%) say they received support which has helped them feel safer in their home and eight per cent had help to stop their family getting involved in crime or anti-social behaviour.
- Four per cent have received help through Prevent/Channel.

SE2. In the last year, what help have you and/or other members of your family been given?



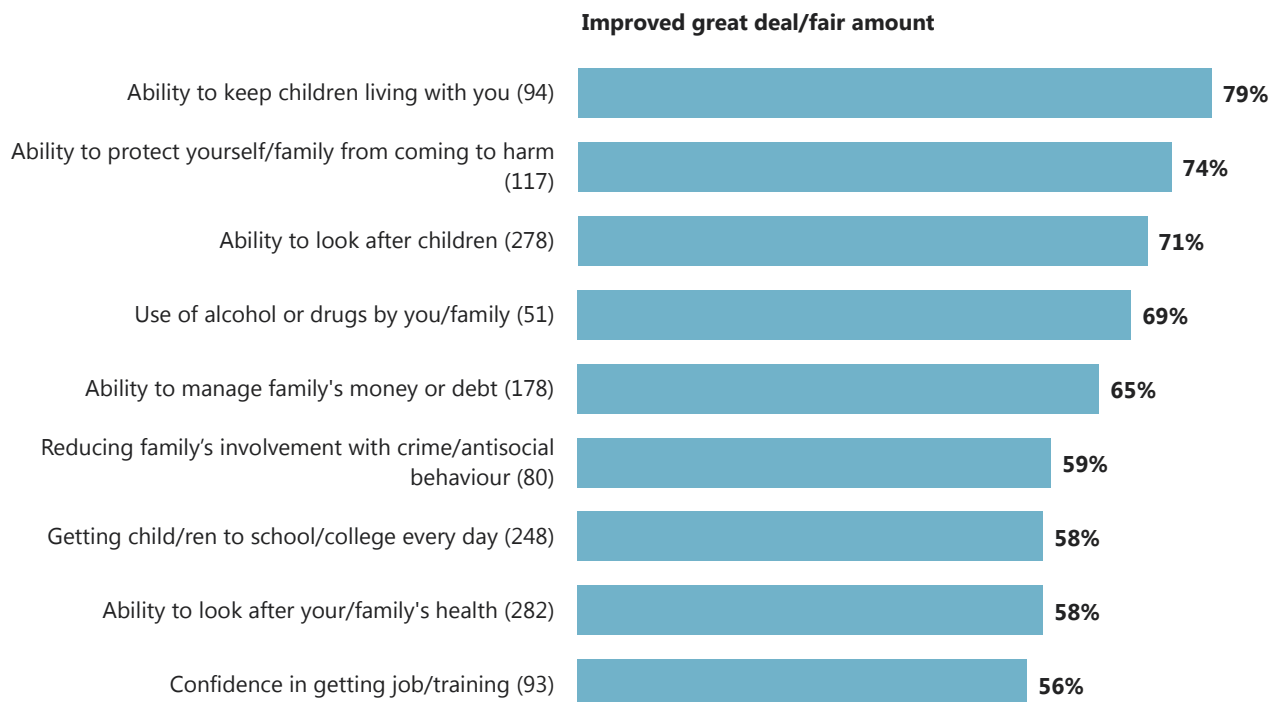
Base: All main carers (1,145) ; Fieldwork dates 14th Oct 2015- 17th Jul 2016.

Source: Ipsos MORI

Where families have received help they are positive about its impact, with half or more agreeing that their ability or circumstances in each of these areas has improved as a result. However, while this is positive, between one in five and two in five say the help has made little or no difference.

- In terms of parenting, views on the impact of the support are positive; four in five (79%) who needed help in this area say their ability to keep their children living with them has improved either a great deal or a fair amount and seven in ten (71%) say their ability to look after their children has improved. While views are overall positive about the effectiveness of help getting their children to school, with three in five (58%) saying this has improved as a result, two in five (38%) say it has made little or no difference.
- Three quarters (74%) say their ability to protect their family from coming to harm has improved as a direct result of the support and three in five (59%) point to improvements in their family's involvement in crime and anti-social behaviour.
- Among those who have received help with an alcohol or drug problem, seven in ten (69%) say that things have improved as a result of the support. While three in five (58%) say their ability to look after the health of their family has improved as a result of the help, two in five (38%) feel it has made little or no difference.
- Two thirds (65%) say their ability to manage money and debt has improved as a result of the support received, and just over half (56%) say their confidence in getting a job or training has also improved.

SE3. As a result of this help, to what extent would you say that ... has improved?



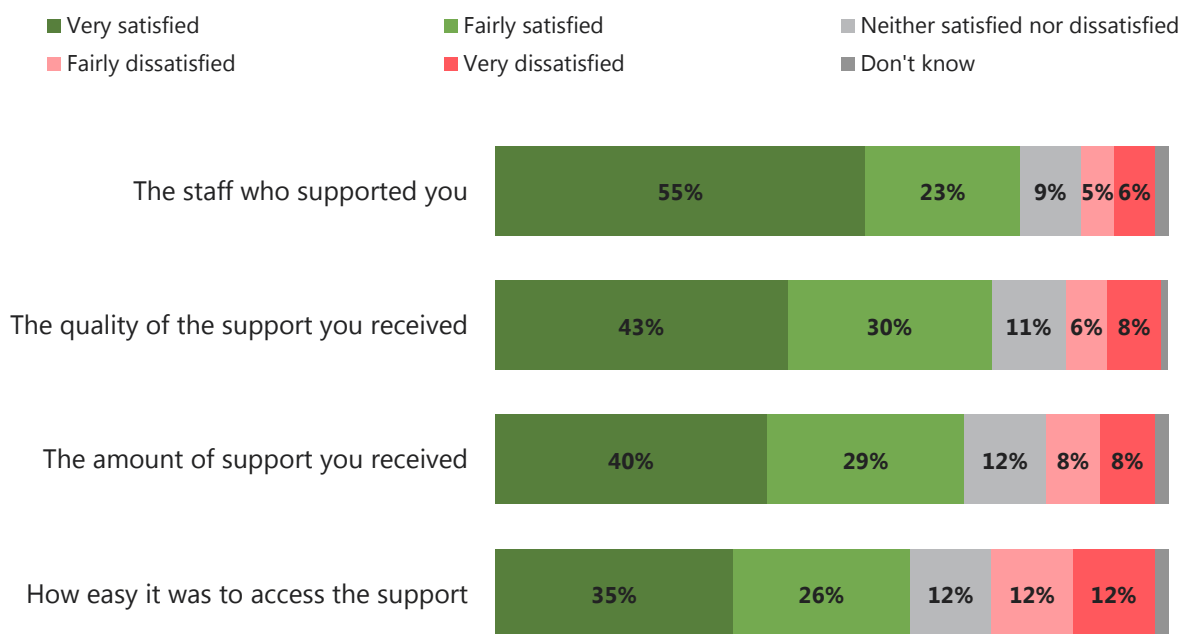
Base: All main carers who received each type of help (base sizes in brackets) ; Fieldwork dates 14th Oct 2015-17th Jul 2016.

Source: Ipsos MORI

Family and children’s services

Main carers are positive about a range of aspects of local services for families and children. In particular, four in five (79%) are satisfied with the staff who supported them. Around seven in ten are also satisfied with the quality and amount of the support they had (73% and 70% respectively). While still mostly positive, three in five (61%) are satisfied with their ability to easily access the support but a quarter (24%) express dissatisfaction with access.

SE5. Thinking about the contact you have had with local services for families and children in your area in the last 6 months, how satisfied or dissatisfied are you with each of the following aspects?



Base: All main carers (1,145) ; Fieldwork dates 14th Oct 2015- 17th Jul 2016.

Source: Ipsos MORI

Among the sub-groups some notable differences in opinion appear to be driven by work status. Workers are less satisfied on all four aspects than those who are not working; they find the support more difficult to access (53% compared with 61%) and, possibly as a consequence, are less positive about the quality (69% versus 73%), amount of support (65% versus 70%), and staff (75% and 79%). However, it should be noted that in all instances the balance of opinion remains positive.

There are few other such consistent patterns, but BME families are less positive about the staff who supported them than average (70% satisfied compared with 79% overall), and those with a disability are less positive about ease of access (57% versus 61% overall).

Additional support

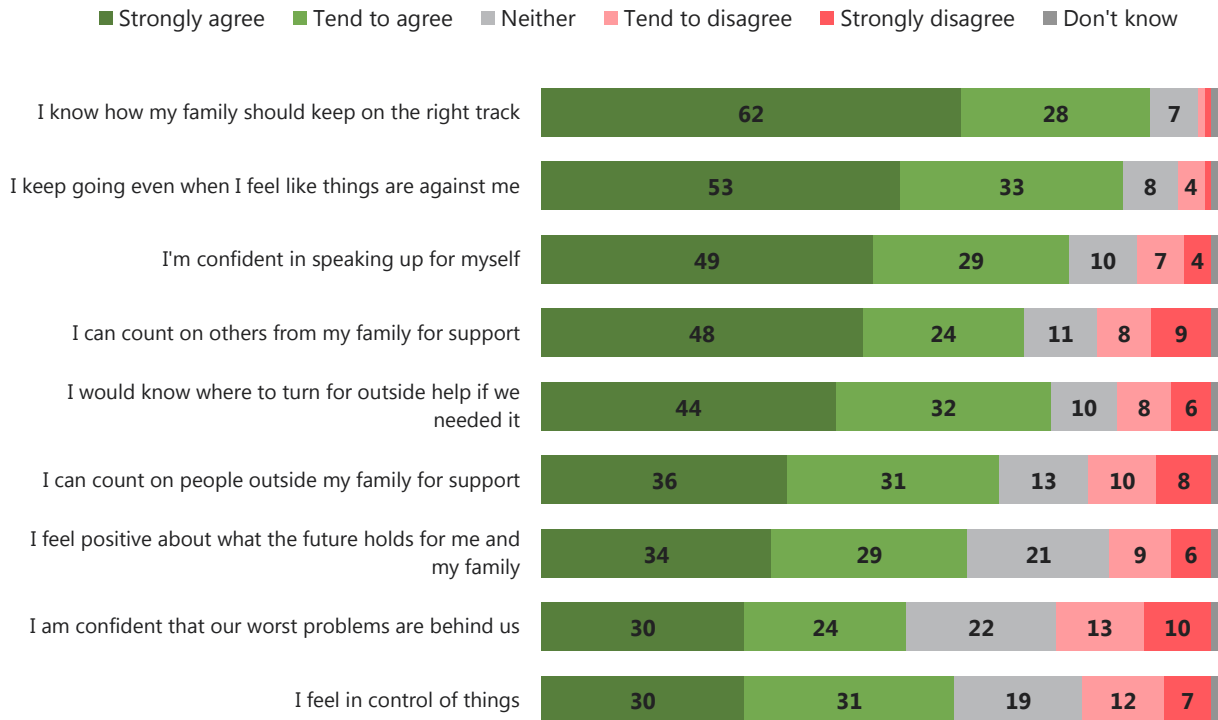
Two in five (38%) main carers say that someone in their family needs additional help or support from other services. Of note, this increases among BME families (51%), families where the main carer is male (49%) and among those with a long-standing illness or disability (45%).

Attitudes to the future

All main carers interviewed were asked to consider a series of statements about their attitudes towards the future. On all measures they are confident, with half or more agreeing with each, as shown in the chart below. Generally these views are strongly held - for each statement they are more likely to *strongly* than *tend to agree*, with the exception of feeling in control where the split is more even.

- Almost all (90%) agree that they know how to keep their family on the right track, including 62% who strongly agree.
- More than four in five (86%) feel resilient, agreeing that they keep going even when they feel things are against them.
- Around three quarters say they feel confident speaking up for themselves or that they know where to go for help outside their family if needed (78% and 76% respectively).
- Networks of support both within and outside the family also appear strong. Seven in ten (72%) say they can count on others within their family and slightly fewer (67%) can count on people outside their family for support.
- Three fifths say they feel positive about what the future holds for their family and that they feel in control of things (63% and 61%).
- Just over half (54%) are confident that their worst problems are behind them.

SE1. For each statement about the future for you and your family, please read out the letter that applies.



Base: All main carers (1,145) ; Fieldwork dates 14th Oct 2015- 17th Jul 2016.

Source: Ipsos MORI

Across all statements, there are some clear patterns in terms of the characteristics of the main carer, largely driven by whether they have a long-term condition, but also related to their ethnic background and work status. For example:

- Those with a disability are significantly less likely to agree with seven of the nine statements, demonstrating less confidence and a degree of social isolation: they are less likely to keep going when they feel things are against them, less confident in speaking up for themselves, less likely to feel they can count on others from within or outside the family for support, feel less in control of things or about what the future holds for their family and less confident that their worst problems are behind them.
- Findings for those from BME backgrounds also suggest a degree of social isolation, with fewer saying they would know where to turn for outside help if needed or that they can count on others either from within or outside their family for support.
- Main carers who are working are more confident on a few measures than those not working, though this is not across the board. In particular, they are more likely to say they are confident speaking up for themselves and that they feel in control of things.

Appendix

Appendix

Statistical reliability

Participants in any survey represent only a sample of the total population of interest – this means we cannot be certain that the results of a question are exactly the same as if everybody within that population had taken part (“true values”). However, we can predict the variation between the results of a question and the true value by using the size of the sample on which results are based and the number of times a particular answer is given. The confidence with which we make this prediction is usually chosen to be 95% – that is, the chances are 95 in 100 that the true value will fall within a specified range (the “95% confidence interval”).

The table below gives examples of what the confidence intervals look like for the aggregated sample:

		Approximate confidence intervals for percentages at or near these levels		
Average sample size on which results are based		Level 1: 10% or 90%	Level 2: 30% or 70%	Level 3: 50%
		+/-	+/-	+/-
Aggregated sample	1,145	1.7%	2.7%	2.9%

For example, where 100 people responded and where 30% give a particular answer, there is a 95% likelihood that the true value (which would have been obtained if the whole population had been interviewed) will fall within the range of +/-2.7 percentage points from that question’s result (i.e. between 27.3% and 32.7%).

When results are compared between separate groups within a sample, the difference may be “real” or it may occur by chance (because not everyone in the population has been interviewed). Confidence intervals will be wider when comparing groups because sample sizes are smaller. These findings should be regarded as indicative rather than robust.

Julia Pye

Research Director
julia.pye@ipsos.com

Rachel Williams

Research Director
rachel.williams@ipsos.com

Claudia Mollidor

Research Manager
claudia.mollidor@ipsos.com

Lucy Lindley

Senior Research Executive
lucy.jane.lindley@ipsos.com

For more information

3 Thomas More Square
London
E1W 1YW

t: +44 (0)20 3059 5000

www.ipsos_mori.com

<http://twitter.com/IpsosMORI>

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