
Monitoring and evaluation of Intensive Intervention Projects for young people

Cheryl Lloyd, Sally Gowland, Ola Turczuk and Clarissa White

Introduction and background

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

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

Key findings

- As of 21 January 2011, 1,836 young people had been referred to an IIP. Of these, 61 per cent were accepted for an IIP and had a Contract in place; six per cent were put on a waiting list; and 33 per cent were turned down for an IIP.
- Just under a half (49 per cent) of young people who had left an IIP were recorded by IIP staff as having successfully completed their intervention and achieved a positive outcome. A further 21 per cent of young people left the intervention because their circumstances had changed and they were no longer eligible for an IIP. Thirty per cent of young people either refused to continue working with an IIP themselves or their carer refused to allow them to continue.
- Results for the 790 young people who had exited an IIP or been working with an IIP for at least eight months included in the outcomes analysis provide positive evidence of the success IIPs are having:

- 60 per cent of young people had fewer crime and ASB issues between starting and leaving the IIP.
- 65 per cent of young people and their families were reported by IIP staff to have improved the way their family functioned (by reducing disengagement between the young person and their family, addressing parenting issues or domestic violence) between the Contract and Exit stage.
- 63 per cent of young people had reduced the number of their health risks recorded between the start and end of their IIP intervention. This included addressing mental health issues, drug or alcohol misuse as well as reducing the risk of becoming a teenage parent.
Young people were least likely to address their education and employment issues.
- A total of 46 per cent of young people had reduced their education and employment issues between the Contract being put in place and leaving the intervention.

Methodology

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

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

Young people referred to intensive interventions

- Out of all the 1,836 young people referred to an IIP, 61 per cent (1,117 young people) were accepted on to an IIP and had a Contract in place by 21 January 2011, six per cent (118 young people) were accepted on to an IIP but were yet to reach the Contract stage.
- The agencies that most commonly referred young people to an IIP were the Youth Offending Service (YOS) or Youth Offending Team (YOT) (27 per cent), Schools (22 per cent) and Social Services, including Young People's Services (18 per cent).

- Young people were typically referred as a result of their criminal and anti-social behaviour (76 per cent) or because of education, training or employment issues (73 per cent).
- A third (33 per cent) of young people referred either were not felt to be suitable for an IIP (20 per cent did not meet the eligibility criteria), they turned down the offer of an IIP (9 per cent), or they were not accepted to an IIP for another reason (4 per cent).

Profile of IIP young people

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

Issues for young people at the beginning of the intervention

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

The intensive intervention project

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

Successful and unsuccessful outcomes

- Overall, a high proportion of young people achieved a successful outcome for the following measures: disengagement from the family (65 per cent), parenting problems (55 per cent), domestic violence (75 per cent), involvement in crime (54 per cent), involvement in anti-social behaviour (52 per cent), mental health issues (62 per cent), drug or alcohol problems (56 per cent), risk of teenage pregnancy (64 per cent).
- Young people were least likely to have achieved a successful outcome in relation to truancy or exclusion from school and low educational attainment (46 per cent), school attendance (38 per cent) being NEET or at risk of becoming a NEET (25 per cent).

Level of improvement in four domains of interest

- The 11 individual outcome measures were categorised into four domains; family functioning, crime and anti-social behaviour, education and employment, and health. For each of the four domains we looked at the degree of success achieved by the young people working with an IIP.
- 57 per cent of young people with any issue in the family functioning domain (including disengagement from the family, parenting problems and domestic violence) at the before stage no longer had any issues in this domain when they reached the after stage (full success). A further 8 per cent of young people had some success in reducing the number of issues associated with family functioning.

- 63 per cent of young people experienced a reduction in the number of health risks including mental health and drug or alcohol problems between the before and after stage.
- 45 per cent of young people with any issue in the crime and anti-social behaviour domain at the before stage no longer had any issues in this domain when they reached the after stage. A further 15 per cent of young people had some success in reducing the number of crime and anti-social behaviour issues between the before and after stage.
- Young people experienced less success in the education and employment domain (18 per cent achieved some, but not full success and 27 per cent achieved full success). Fifty-four per cent of young people experienced no reduction in the number of issues in the education and employment domain between the before stage and the after stage.

Factors associated with successful and unsuccessful outcomes

- The analysis identified a number of socio-economic characteristics associated with an increased chance of success in the four domains. These findings could help to inform how best to target support in the most efficient way by identifying where young people might benefit most from different levels of support.
- Overall, across the four domains young women tend to have better outcomes than young men
- Young people living in families where at least one person¹ was working were more likely to have achieved success with education and employment problems.
- Young people living in families where at least one person aged 16 or over is in work were more likely to achieve success with family functioning problems, while the chances of improving family functioning issues increased with a young person's age.
- Young people living in two parent families were more likely to improve their health than those living in lone parent families and living with no parental figure.
- Rather surprisingly, there was little evidence that the intensity (contact hours) affects outcomes. This finding is consistent with that found for intensive family intervention projects.
- There was a weak association between the duration of an IIP and achieving success, providing some evidence to suggest that the longer the intervention the more positive the outcome for intensive family interventions.

¹ Aged 16 or over.

Conclusions and implications

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

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

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

Additional Information

The full report can be accessed at <http://www.education.gov.uk/publications/>
Further information about this research can be obtained from
Richard White, Sanctuary Buildings, Great Smith Street, London, SW1P 3BT
Richard.WHITE@education.gsi.gov.uk

This research report was commissioned before the new UK Government took office on 11 May 2010. As a result the content may not reflect current Government policy and may make reference to the Department for Children, Schools and Families (DCSF) which has now been replaced by the Department for Education (DFE).

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