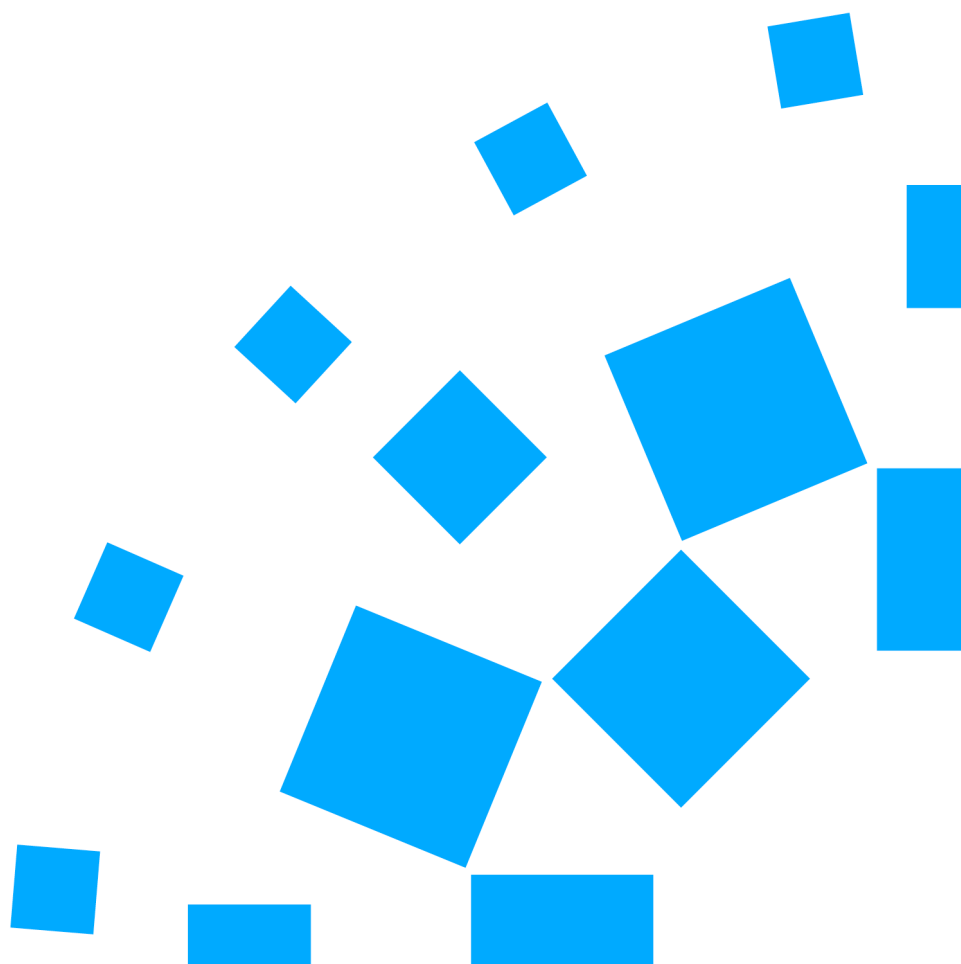


Vulnerability and Violent Crime Programme

Evaluation of the Think Family Early Intervention
programme

Full technical report

July 2021



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About



This report details work commissioned by the College of Policing as part of the Vulnerability and Violent Crime Programme, funded by the Police Transformation Fund. It has been independently fulfilled by the University of Birmingham. The report presents the views of the authors and does not necessarily reflect the College of Policing's views or policies.

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1. Executive summary

1.1. Introduction

Think Family Early Intervention (TFEI) is a policing initiative mainly based in the Bristol and Somerset district of the county of Avon and Somerset. It aims to help families that fall below the threshold of receiving help from the council and social services but still require significant time, costs and resources from the police. It is an initiative to support families by preventing an escalation (or intergenerational cycle) of offending and aims to reduce the demand that these families may be placing on services. The early intervention scheme is based on core values of the Troubled Families programme. It is a multi-agency approach, which aims to pool the resources of key public services to help families with multiple and complex problems. The intervention uses the skills and knowledge of police community support officers (PCSOs) to help vulnerable families.

The TFEI process involves officers working with families to understand their key difficulties and identify what support is required. The key is using a preventative approach to highlight families in need and allocate an officer to them in a timely manner. The approach is to work with families for six to 12 months through a variety of issues identified by the family. Families are allocated to officers on a geographical coverage basis (the areas that fall into their beat). 75% of all cases fall into the Bristol and Somerset district of the county of Avon and Somerset. In general, one family is given to an individual officer at any one time. Action plans are drawn together with the family. Cases are closed based on all initial identified issues being resolved, agreed by the family and PCSO. When we began the evaluation, an 'in-house' evaluation had already been undertaken, looking at before and after comparisons, including cost information (cost of antisocial behaviour (ASB) and officer time). However, at that point, there were no processes in place for undertaking a robust and objective evaluation of the intervention, hence the request for this evaluation.

The evaluation questions were:

1. What are the impacts of TFEI measured against its intended outcomes?
2. What are the levels of understanding of the PCSOs delivering TFEI?

3. How do families engage (or not) with TFEI?
4. What is the nature of the relationship between PCSOs and families?
5. How does the cooperation between multiple agencies work to meet the diverse needs to the families?

To answer these questions, we designed a two-phase evaluation.

Phase 1: Quantitative evaluation

Methods: There are five outcome variables in our dataset, which were explored in a 'before and after' analysis: the total number of crimes (which includes crimes for the whole family), youth crimes (includes crimes committed by individuals in the family under 18), missing person incidents reported, domestic abuse incidents reported and ASB incidents that were recorded to Niche (the police intelligence system). Each outcome measure was counted and compared before and after the intervention within the following set periods: 'ever before', '12 months before', 'six months before', 'six months after', '12 months after' and 'ever after'. It was not possible to use a control group as part of the analysis as no comparable data on a control group was available.

To be eligible for the scheme, a family had to meet at least two criteria, and one of those had to be police related. The police-related criteria were: 'crime and ASB', 'domestic abuse' and 'children who need help' (this includes missing persons, which are handled by the police). Other (non-police related) criteria were: 'poor school attendance', 'unemployment' and 'problems with health'.

Findings: We found that crime, youth crime and domestic violence incidents dropped significantly both six and 12 months following the intervention compared to a similar period of time before the intervention. However, there was no significant drop in missing persons episodes or ASB. Crime fell by 53% six months after intervention (compared to six months before) and by 38% 12 months after (compared to 12 months before). The drops were significant across families with a different number of identified issues. Youth crime fell by 59% and 42% six months and one year after (compared to six months and one year before). These drops were significant for those with below average (none or one) and above average (four to six) number of criteria. Domestic abuse incidents fell 40% and 20% for six and 12

months after, with a significant drop for those who met below average (none or one) and above average (four to six) number of criteria.

The absence of control data did not allow us to analyse any causal changes TFEI would have had on families.

Phase 2: Qualitative focus groups and interviews

Methods: We conducted two phone interviews and three focus groups with individuals involved in supporting families through TFEI, encompassing 16 participants (with an overall total of 18 participants). The participants had various levels of involvement with TFEI and offered their experiences and views of the intervention. The discussions explored their views on training, the relationships they had with the families, the impact they felt TFEI had and the general benefits and challenges of TFEI.

Findings: The core themes that emerged from the discussions included: the aims and process of TFEI, the importance of and difficulties in building relationships with families and their level of engagement; the role of the police in early intervention; and the importance and challenge of working with other agencies. Some PCSOs felt underqualified and out of their depth supporting some families with complex needs. Additionally, there were general concerns about the procedures and training, with many PCSOs struggling to remember what the training and procedures involved, subsequently making them generally ambivalent about the programme. Participants also questioned whether this type of intervention should sit with the police and the level of responsibility other agencies have in contributing to supporting families or even taking the lead on cases.

1.2. Key findings

Table 1: Summary of the key findings presented under the EMMIE framework

Evaluation element	Findings
Effect	<ul style="list-style-type: none"> ▪ The quantitative phase showed a reduction in domestic violence, crime and youth crime for families. However, most participants in the qualitative phase expressed doubts about the value of TFEI achieving positive outcomes for families with whom they worked. At the same time, others expressed the view that, if delivered efficiently and the right families were chosen for this intervention, some positive outcomes were achieved. A significant limitation of this evaluation was that we could not gain access to families as their experiences of TFEI would have provided rich insights into the success of the intervention. ▪ We could not assess the impact of TFEI on police callouts. The TFEI can be regarded as achieving its goals in relation to a reduction in domestic violence, youth crime and crime rates. ▪ The quantitative results show no impacts of TFEI on ASB, but positive trends in the reduction of youth crime and crime. No data was available on school attendance.
Mechanism	<p>TFEI is based on the premise that early intervention with families with complex and multiple problems should prevent the escalation of offending. The type of support provided varied and depended on the precise needs of the family. Due to a lack of a control group we cannot conclude that the reductions in the outcome measures seen in this evaluation are down to early intervention. Participants in focus groups and interviews reported that this aspect of TFEI was crucial and was an</p>

	important part of the intervention's philosophy. That said, the majority of participants in the qualitative phase felt that while early intervention was important and they valued it as an intervention, the police should not be taking the lead in TFEI.
Moderator	PCSOs involved in the interviews and focus groups reported that TFEI was implemented differently across areas. Furthermore, evaluation participants reported that early intervention with families was not always possible. The reasons for this are complex and include families coming to attention too late. The lack of control group data meant that further assessment of the issues was not possible.
Implementation	Overall, our findings show that TFEI was implemented as intended. However, there were two elements of the intervention where there were inconsistencies in implementation: (1) PCSOs' perceptions of the training was inconsistent with some reporting they had received inadequate training, which they felt impacted negatively on their knowledge of TFEI and how it should be implemented. (2) The quantitative results showed that some families had been referred onto TFEI without meeting the threshold of two criteria.
Economic cost	We could not undertake an economic evaluation because of data limitations. However, we provide guidance on how such analysis can be done.

1.3. Conclusions and implications

Based on a before and after analysis, the evaluation showed a reduction in domestic violence, crime and youth crime for families after the intervention, but not for ASB nor missing persons. It is not possible to draw strong conclusions about the impact of TFEI as comparison with a control group was not possible. Most participants in the qualitative phase reported that, while early intervention is important, the police should not be taking the lead in TFEI. Some PCSOs felt they had received

inadequate training and they experienced challenges in working with other agencies. Recommendations are for improved training, communication and information sharing between agencies and appropriate selection of families onto TFEI.

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2. Background

2.1. An introduction to the Think Family Early Intervention (TFEI) programme

TFEI is a policing initiative that aims to help families that fall below the threshold of receiving help from the council and social services but still require significant time, costs and resources from the police. It is an initiative to support families by preventing an escalation or an intergenerational cycle of offending and aims to reduce the demand that these families may be placing on services. The early intervention scheme is based on the core values of the Troubled Families programme. It is a multi-agency approach, which aims to pool the resources of key public services to help families with multiple and complex problems. The intervention uses the skills and knowledge of PCSOs to help vulnerable families. A core component is the [Family Outcome Plan](#), which helps multiple agencies deliver shared outcomes, benefiting both the agencies and the families.

2.2. Rationale for adopting the TFEI programme

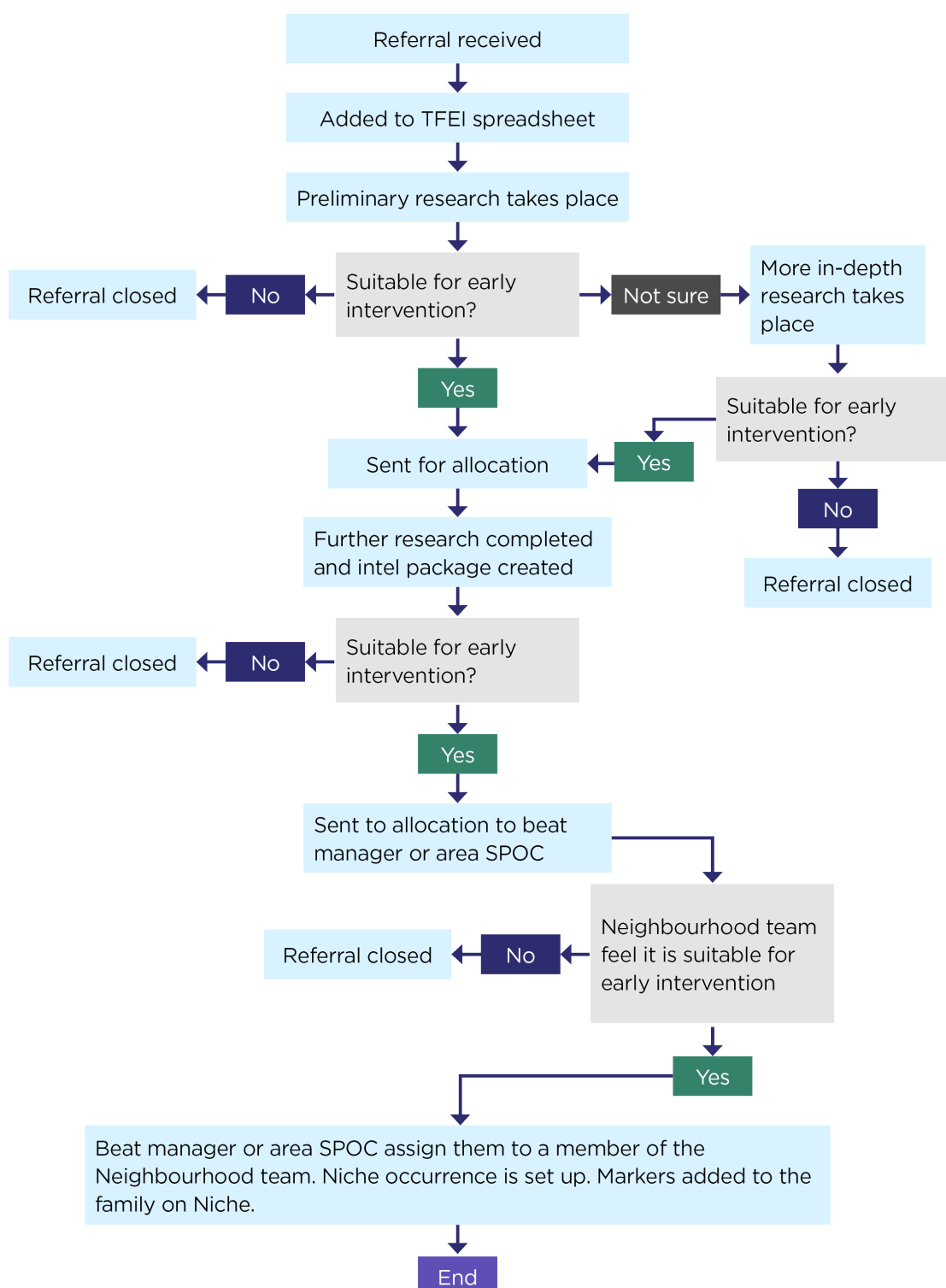
The UK government recognises the demand on public sector services from particular sections of society. In response to this demand, a targeted intervention, Troubled Families, was introduced, which aimed to support the most disadvantaged families. It subsequently became clear that there was a need for a local approach to complement this because the families who were intended to benefit were not necessarily being covered. As a consequence, TFEI was instigated; an initiative led by the local police force, and employing a multi-agency approach to provide holistic support for targeted families that meet certain criteria, which we discuss below.

The TFEI scheme aims to help families with multiple problems to overcome them. The specific problems that it aims to address are: reducing youth crime and ASB, tackling domestic abuse and reducing missing persons incidents. Additionally, the early intervention scheme aims to reduce the high costs that these families place on the public sector each year. Though mainly handled by PCSOs, some officers (police constables) were also involved with the schemes. Officers and PCSOs receive additional input on this project during their initial training, which consists of a few hours on the specifics of the TFEI (see Appendix C). This training is designed to take

the officers and PCSOs through the logistical and administrative aspects of the project. Officers are expected to have the necessary skills to deal with the project work itself.

2.2.1. The TFEI process

Figure 1: The TFEI process from referral to case closure



The TFEI process (illustrated in Figure 1) involves officers and PCSOs working with families to understand their key difficulties and identify what support is required. The key is using a preventative approach to identify families in need and allocate a PCSO or officer to them in a timely manner. To be eligible for the scheme, a family has to meet at least two criteria, and one of those has to be police related. The police related criteria are: 'crime and ASB', 'domestic abuse' and 'children who need help' (this includes missing persons – handled by the police). The non-police-related criteria are: 'poor school attendance', 'unemployment' and 'problems with health'. A family is not eligible for the early intervention this initiative offers if it is on cannot be on a Child Protection Plan. The focus is on families with children at the present time, though there are families without children who have been part of TFEI.

The approach is to work with families for six to 12 months through a variety of issues identified by the family. Families are allocated to officers and PCSOs on a geographical basis (areas in their beat). The force is spilt into three policing areas (Bristol, Somerset and Northeast). These are then further divided into eight local policing areas, which are divided into beats. Three quarters (75%) of all cases fall into the Bristol and Somerset district of the county of Avon and Somerset. Around 40 PCSOs are currently working on the intervention (it's optional for a PCSO to be involved with TFEI). Families are identified from police referrals or from trawls of police data. There is a Think Family database run by Bristol local authority (LA) covering Bristol only, which is used where relevant as it gives a rich picture of the family. For any family outside of the Bristol area, PCSOs rely on police data, which is followed up by phone calls/emails to LA teams to understand any contextual factors. Unlike some forces (for example, Merseyside, which has an early intervention team that is a specialist service) the PCSOs in TFEI work on the intervention as part of a broader role.

In general, one family is given to an individual officer at any one time. Action plans are drawn together with the family. Cases are closed when all initial identified issues have been addressed. A family that is brought to the attention of the TFEI scheme is first researched and an intelligence pack is created, which includes a list of previous linked offences to assess their suitability for the scheme. An occurrence is then created on Niche (the police crime database) which will allow all work that is being completed to be documented in one place. The intervention pairs a PCSO with a

family, who works with a 'whole family approach' (Morris et al., 2008; Social Exclusion Taskforce, 2008) to identify their key difficulties and how they may help them with those difficulties. The officer or PCSO allocated to work with a family visits the family and explains the scheme. Once consent is gained¹ the officer or PCSO will begin working with the family and make regular contact with them. The PCSO creates an action plan to guide the work with each family and an outcomes plan documenting work done. Any updates/work done with the family will be noted on the occurrence on Niche. A family is often worked with for between six to 12 months, addressing the policing issues and signposting/submitting referrals pertaining to wider issues and linking with, for example, key workers, school workers and other council agencies.

Key aspects of TFEI are:

- It is consent driven. Families sign up to receive the support.
- Success (from the perspective of officers/PCSOs) is based on how engaged/receptive the family is to the support.
- Training for PCSOs takes two hours, using examples of 'mock' families to build PCSOs' skills). A one-hour refresher training per year is also supposed to be provided.
- Families are referred due to low-level problems (which are not high risk) because the emphasis is on prevention.

Appendices A to C show the information that is provided to officers/PCSOs on their role working with families as part of TFEI scheme: (A) general information for officers/PCSOs, (B) examples of best practice and (C) ways of interacting with families.

PCSOs working in Bristol also have access to the Think Family Database (TFD). This is a pioneering database, which pulls together data from around 30 different public sector sources to create a rich and diverse dataset covering 54,000 families across the city of Bristol. The data captured in the TFD relates to a number of indicators within the following categories:

¹ Using the Think Family leaflet (please see Appendix D).

- Parents and young people involved in crime or ASB
- Children who have not been attending school regularly
- Children who need help
- Adults out of work or at risk of financial exclusion, and young people at risk of worklessness
- Families affected by abuse
- Parents and children with a range of health problems

Although TFEI has a core element and philosophy, the interventions that officers/PCSOs use with each of the families will vary as they are designed to meet their individual needs. To that end it is difficult to document what PCSOs do as part of the intervention in a step-wise or generic manner. However, Table 2 provides an overview of the key responsibilities.

Table 2: Overview of TFEI responsibilities

Aim of TFEI:

- Make positive lifestyle changes
- Tackle issues such as drug and alcohol use, crime and ASB
- Strengthen community
- Build more supportive family relationships and manage conflict

Working with families:

- Support is bespoke and based on the needs of the family, which is decided based on a needs analysis developed with and for each family

Engaging with other agencies:

- Working with other agencies to discuss how best to support the family and refer onto other agencies when necessary

In-house processes:

- Report once a month to supervisor about progress of the family
- Update Niche with latest information and any actions taken

2.2.2. The need for an evaluation

When we began the evaluation, an 'in-house' evaluation had already been undertaken that looked at before and after comparisons. This included cost information (cost of ASB and officer time, though it used aggregate rather than individual level data) and did not independently evaluate the process.

2.3. The evaluation process

The evaluation of complex interventions has been criticised for not providing a clear explanation of the mechanisms of change through which the intervention leads to impact (De Silva et al., 2014; Center for Theory of Change, 2015). A logic model can help to overcome this by representing, in a simplified way, a hypothesis or 'theory of change' about how an intervention works (Public Health England, 2018). Most logic models focus on resources, activities and outcomes that are useful in clarifying goals and communicating how an intervention might work.

Table 3 presents a logic model that was co-developed in 2019 by the evaluation team and force representatives from Avon and Somerset Police. It shows the aims, activities, outputs and outcomes associated with the TFEI intervention. The outcomes are grouped into three areas:

1. Family success – has being part of the TFEI intervention improved outcomes for the family?
2. Service success – has the TFEI intervention achieved its expressed service goals?
3. Societal success – has the TFEI intervention positively impacted on outcomes at a community, societal level, such as reducing related crime rates or improving school attendance?

We accept that these different levels are not mutually exclusive and that there is much interaction between them. However, they served as a useful framework for the evaluation, particularly in considering its findings.

Table 3: TFEI logic model

Aims and principles	Activities	Outputs	Outcomes
<ul style="list-style-type: none"> ■ Intervening early with families identified to be experiencing problems through a locally implemented, multi-agency approach that provides holistic support will have positive impacts on short and longer-term health and social outcomes, including demand on policing resources. 	<ul style="list-style-type: none"> ■ Identifying families (rather than individuals) in need but not subject to statutory services (eg, Children's Services). ■ Officer is allocated to the family (largely based on geography) for a period of six to 12 months. ■ Action plans are drawn up together with the family. ■ Officer to coordinate actions of relevant agencies. ■ Cases are closed based on all initial identified issues being addressed – outcomes plan completed. 	<ul style="list-style-type: none"> ■ An intel pack on families selected for TFEI – includes a list of previous linked offences to assess their suitability for the scheme. ■ An occurrence on Niche to allow all work that is being completed to be documented in one place. ■ Records of activity by all relevant partner agencies. ■ Action plan for each family. ■ Outcomes plan. 	<p>Family success</p> <ul style="list-style-type: none"> ■ Improving outcomes for the family regarding identified needs. <p>Service success</p> <ul style="list-style-type: none"> ■ Achieve expressed service goals. ■ Ensuring demand is experienced by relevant service, such as increased accessing of job centres and medical services rather than police and LA services. ■ In the long term: reduced levels of demand on all services, including reduced costs for services. <p>Societal success</p> <ul style="list-style-type: none"> ■ Reduced crime and ASB rates/missing incidents /improved school attendance.

2.3.1. Aims of the evaluation

To summarise, the aim of this project was to evaluate the TFEI programme to understand what aspects of the intervention work, for whom, and in what context.

2.4. The evaluation questions

The research questions for this evaluation are as follows:

1. What are the impacts of TFEI measured against its intended outcomes?
2. What are the levels of understanding of the officers delivering TFEI?
3. How do families engage (or not) with TFEI?
4. What is the nature of the relationship between officers and families?
5. How does the cooperation between multiple agencies work to meet the diverse needs of the families?

2.5. Ethics

The evaluation received ethical approval from the University of Birmingham STEM Ethical Review Committee [ERN_15-0004A; ERN_15-0004B; ERN_15-0004C; ERN_19-0244].

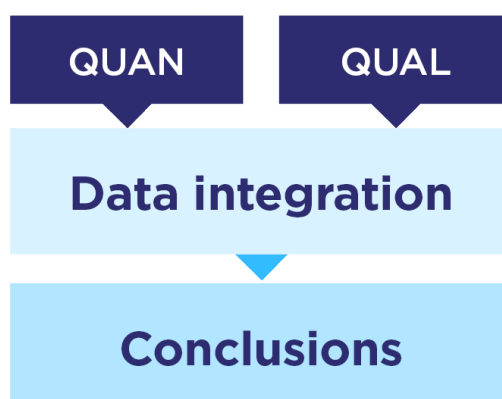
This evaluation had to take into account numerous ethical issues. The evaluation team aimed to ensure that the evaluation process did not create undue stress or distress to those who took part. Ethically, we considered it important to put the voice of families at the centre of the evaluation and to ask them about their experiences of TFEI. Unfortunately, though, we could not recruit any families to take part. Ethical considerations regarding the participation of PCSOs were addressed via the development of comprehensive information sheets and consent forms, which covered areas such as the right not to take part, answer questions or to withdraw from the study at any point without explanation. The boundaries of confidentiality were explained; specifically, that data would be anonymised and reported with no names, but that any information that led to concerns about risks to the participant or another person (child and/or adult) would need to be reported. Data management (confidentiality, storage length and location, transcription process) were also included in the information sheet.

3. Methods

3.1. A mixed methods evaluation

We designed a mixed methods evaluation of convergent design following Creswell and Plano-Clark (2018). This means a qualitative and a quantitative strand are brought together to a point of triangulation, which in mixed methods designs is referred to as data integration (Plano-Clark and Creswell, 2008). The rationale for a mixed methods design is that using both qualitative and quantitative elements in one evaluation provides a depth of insight that cannot be achieved through using one method alone (Teddlie and Tashakkori, 2009; Creswell and Plano-Clark, 2018). There were three phases: (1) a quantitative phase, (2) a qualitative phase and (3) an integration phase. These are shown in Figure 2.

Figure 2: The components of the mixed methods evaluation



3.2. Phase 1: Quantitative analysis

3.2.1. Data collection

We collected data on all families that went through the intervention in Avon and Somerset Police area from October 2015 to June 2019. To obtain this data, a member of Avon and Somerset Police collected information about each family, the criteria that made them eligible for the intervention and their outcome measures before and after intervention. For each family participating in the intervention we know the composition of the family, the age of the parent(s) and children and if the parent(s) was/were linked as suspect(s) to any incident by the police. We also collected baseline demographic data on the family, including socio-economic data and household characteristics. To be eligible for the scheme, a family had to meet at

least two criteria, and one of those had to be police related. The police related criteria were: 'crime and ASB', 'domestic abuse' and 'children who need help' (this includes missing persons, which are handled by the police). Other (non-police related) criteria were: 'poor school attendance', 'unemployment' and 'problems with health'. Data was collected on each family meeting these criteria. To understand the dynamics of each family before and after the intervention, the data was obtained at different time intervals (six and 12 months before the intervention, and six and 12 months following the start of the intervention) for the following outcome variables:

- number of missing persons episodes reported
- number of domestic violence incidents
- number of ASB incidents recorded on Niche
- number of crimes (where a family member was a suspect)
- number of youth crimes (where a family member who was under 18 was a suspect)

We could not get information on some outcomes that were non-crime related, such as school attendance, which would have provided us with more insights on the effects of this intervention.

3.2.2. Procedure

The main aim of this analysis was to check if families performed better after the intervention in terms of the five outcomes described above. For causal inference, we would ideally have undertaken a randomised control trial. However, the force did not randomise the delivery of the intervention and, given the complex and heterogeneous needs of families, it is not clear how feasible this would have been. In the absence of randomisation, our aim was to use a control group, for example families with similar characteristics who would have been eligible for the treatment but did not receive it. We would have used Propensity Score Matching (Rosenbaum and Rubin, 1983) to match families and calculated an 'average treatment effect' (ie, measured the difference in average outcomes between families in the treatment and control group). However, control data was not made available by the force up to the time of writing this report. Hence, we had to do a 'before-after' comparison of outcomes across time for the treated group. This before-after comparison cannot

distinguish the effects of engagement with TFEI from any other changes that may be occurring simultaneously that can also affect outcomes. Hence, we view our analysis below as showing associations and would not consider that this has captured the causal impact of the intervention until further analyses with a suitable control group are completed. The results below are presented with this caveat.

We start analysis by presenting descriptive statistics and then follow with before and after analysis, report the differences and their statistical significance, and all findings are presented by each outcome of interest. The intervention data consisted of 204 families. All families in the sample were no longer part of the intervention (ie, work with the family had ended) by the time data was received. Before and after measures (total, six and 12 months) were taken from the date, identified on the police records, when the intervention with the family began.

On average, a family was worked with for 210 days (approximately seven months). Just under 9% of families were worked with for less than 28 days and approximately 10% of families were worked with for 430 days (over 14 months) or more. The maximum length of time for one family to be worked with was recorded at 889 days (approx. 30 months). 96 families (47%) were recorded as a single-parent family, but due to missing data we cannot identify how many of those families only had a mother present or only had a father present, as in some cases it was not identified which parent was present. The average age of a mother was 40.4 years, ranging from 20 to 78 years of age. The average age of a father was 41.3 years, ranging from 18 to 89 years of age. The average age of a child was 11.1 years, ranging from 0 to 17 years of age. On average, a family had 2.2 children. There were seven families with no children² but most families (almost 39%) were recorded to have one child. The maximum number of children in one family was recorded as seven for two families. 71 mothers and 74 fathers were linked as a suspect to any occurrence by the police.

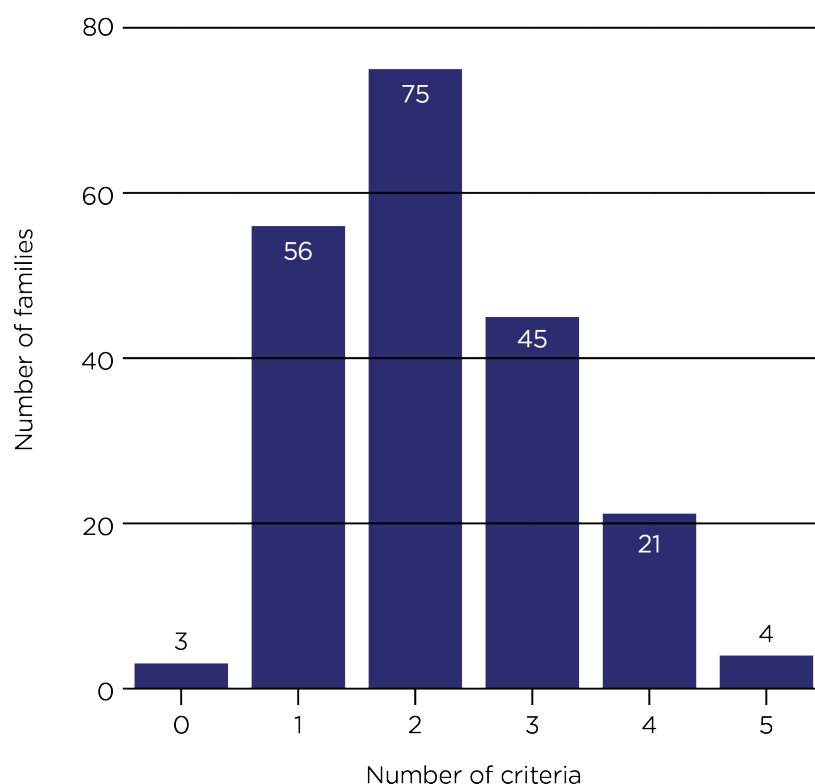
There were six criteria for this intervention, with three of them being police related. Families had to meet at least two criteria to be eligible, with one of them being police

² We contacted the intervention lead in regards to this and they replied that there were a few cases where a family needed help but had no children and they did not want to discriminate and have thus included them on the intervention.

related. In our sample, on average each family met 2.2 criteria. Graph 1 below illustrates the composition of how many criteria were met by families in the sample (n = 204):

Graph 1: Number of criteria met by families

Number of criteria met by families (TFEI)



Two was the number of criteria most frequently occurring and 25 families met four or more criteria. However, 59 families in our sample met only one or none of the criteria, which is an interesting finding as the intervention guide indicated that they should not have been eligible for TFEI. For this reason, in our further analyses below we split the sample by the number of criteria met to see if their outcomes were different.

Table 4: Number of families by met criteria

Criterion	No. of families	Percentage
1 Crime and ASB (P)	82	40.2%
2 Poor school attendance	62	30.4%

3 Children who need help (P)	113	55.4%
4 Unemployment	49	24%
5 Domestic abuse (P)	117	57.4%
6 Health problems	22	10.8%

(P) – police-related criteria

More than half of families were identified to meet the ‘domestic abuse’ and ‘children who need help’ criterion. Just over 40% met the ‘crime and ASB’ criterion followed by 30% who had ‘poor school attendance’. 24% had problems with ‘unemployment’ and almost 11% had ‘health problems’. The top three criteria across all the families were police related.

3.2.3. Before and after analysis

Five outcome variables were explored in a ‘before and after’ analysis. For each family we knew the total number of crimes, youth crimes (where offender is under 18), missing person incidents reported, domestic abuse incidents reported and ASB incidents, which were recorded to Niche. Each outcome measure was counted within the defined periods: ‘ever before’, ‘12 months before intervention’, ‘six months before intervention’, ‘six months after intervention’, ‘12 months after intervention’ and ‘ever after’.

4. Findings

4.1. Phase 1: Quantitative data analysis

4.1.1. Outcome 1 – Crime

On average, a family committed 5.9 offences in total before (ever before) the intervention. 57 families (which accounts for 28% of total families in our sample) had no crimes recorded by anyone in their family before the intervention. For the rest, the number of crimes recorded ranged from one to 62 per family. Total averages with minimum and maximum values are presented in Table 5.

Table 5: Outcome 1 (Crime) descriptive statistics, before and after intervention (results excluding outlier reported in brackets)

OUTCOME 1 – CRIME						
	Observations	Mean	Median	Standard deviation	Min	Max
Before – ever	204 (203)	5.90 (5.93)	3 (3)	8.30 (8.32)	0 (0)	62 (62)
After – ever	204 (203)	4.71 (4.19)	2 (2)	9.71 (6.30)	0 (0)	110 (30)
Before – 12 months	204 (203)	4.26 (4.29)	2 (2)	5.91 (5.92)	0 (0)	46 (46)
After – 12 months	204 (203)	2.72 (2.67)	0 (0)	4.87 (4.84)	0 (0)	30 (30)
Before – six months	204 (203)	3.36 (3.37)	2 (2)	4.85 (4.86)	0 (0)	42 (42)
After – six months	204 (203)	1.59 (1.58)	0 (0)	3.51 (3.51)	0 (0)	30 (30)

Note: (Descriptive statistics in Table 5 suggest that we might have an outlier in the data where one family is skewing the results with a very large number (110) of crimes reported after the intervention. This has been double checked with the police (to ensure it was not a recording error in data collection) and it was confirmed that one family has 110 crimes recorded when one child in that family has been named as a suspect for around 70% of all those offences. We report our findings on outcomes 1 and 2 with and without the family with 110 observations. The descriptive statistics excluding the outlier are presented in the brackets).

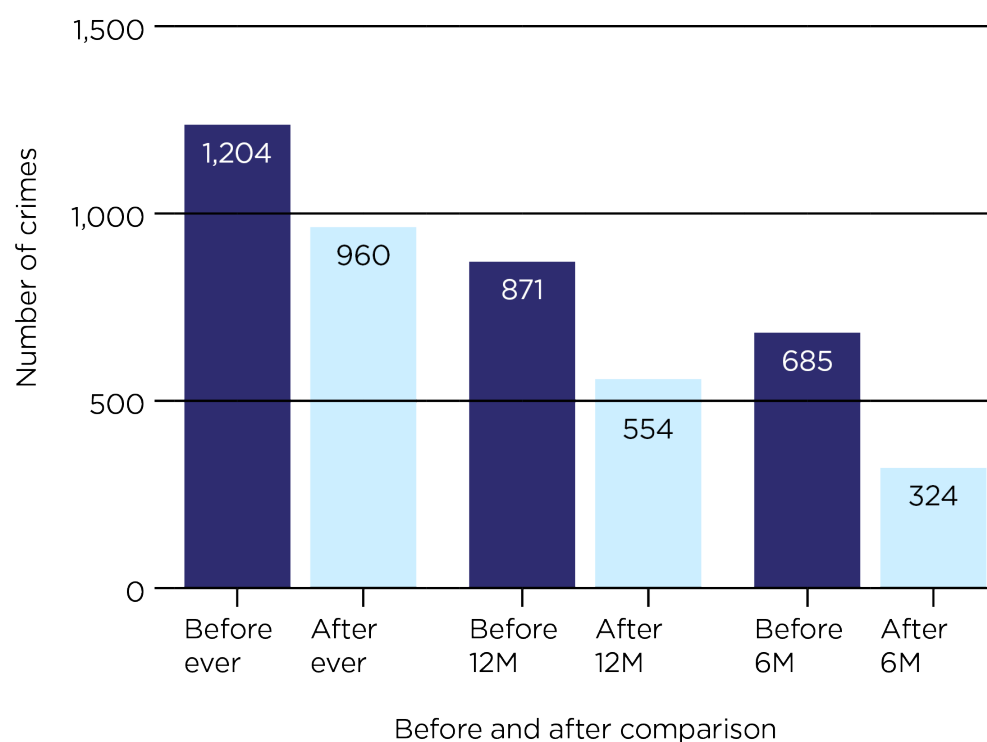
The drop in average (mean, M) crime rates before and after intervention across the three periods are compared. There was a significant³ drop of 1.77 in crime rate six months after intervention (M = 1.59, SD = 3.51) compared to six months before intervention, (M = 3.36, SD = 4.85), $t(203) = 5.15$, $p < 0.001$. This corresponds to a 53% drop six months after compared to six months before. When the outlier family was excluded from the sample, there was a significant drop of 1.79 in crime rate six months after intervention (M = 1.58, SD = 3.51), compared to six months before intervention (M = 3.37, SD = 4.86), $t(202) = 5.2$, $p < 0.001$. Both results are very similar and, overall, the average crime rate per family was smaller at all measured time intervals following the intervention.

The total number of crimes recorded across all the families is also lower (see Graphs 2 and 3).

Graph 2: Outcome 1 (Crime) total number, before and after intervention

Outcome 1 – crime

Total number of crimes recorded by families

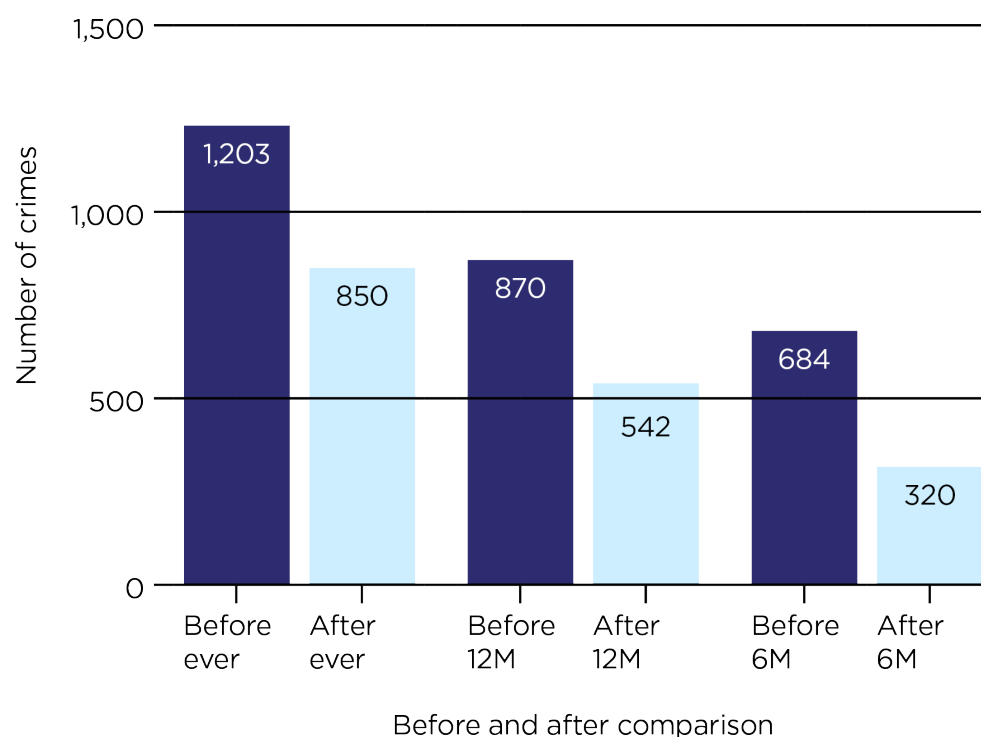


³ two sample mean comparison (paired) t-test

Graph 3: Outcome 1 (Crime) total number, before and after intervention, excluding outlier

Outcome 1 – crime

Total number of crimes recorded by families (excluding outlier)

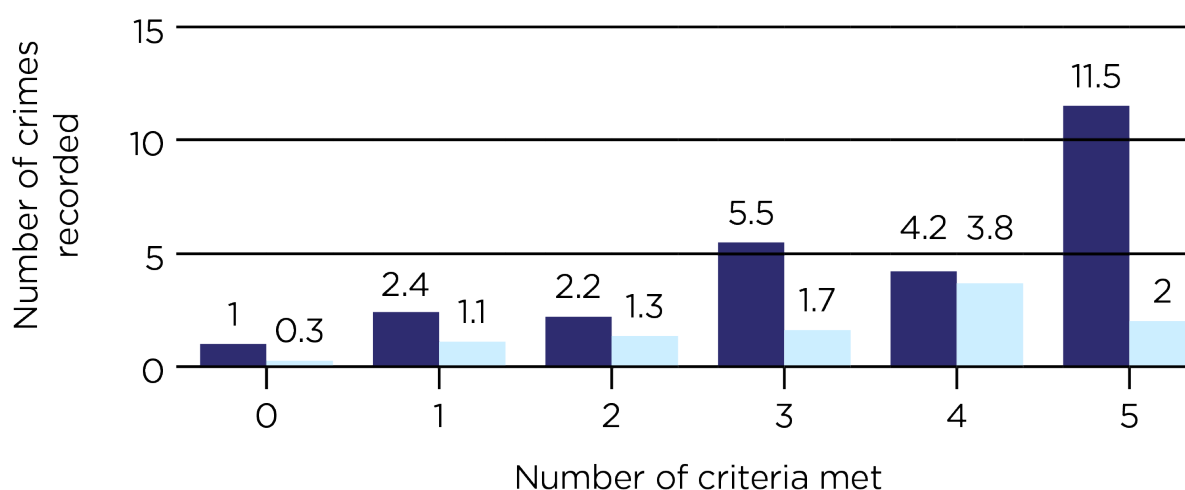


Next, we illustrate average crime rates per family (comparing six months before and six months after) by how many criteria they have met before the intervention (Graph 4).

Graph 4: Outcome 1 (Crime) average number of crimes recorded by family, six months before and six months after

Outcome 1 – crime

Average number of crimes recorded by family by number of criteria met



- Average number of youth crimes – six months before
- Average number of youth crimes – six months after

Families that met more criteria tended to have higher average rates of crimes reported than families with less criteria met. Red columns representing the average crime rate per family six months after intervention are lower than blue categories across all numbers of criteria met.

We then put families into three categories based on how many criteria they have met. Since most families met two criteria and it was supposed to be the minimum requirement set by the intervention, we grouped families by criteria met as following:

- 'Below average' – if they met none or one criterion
- 'Average' – if they met two criteria
- 'Above average' – if they met three or more criteria

We report the statistical difference between the average number of crimes recorded six months before and six months after intervention in Table 6.

Table 6: Outcome 1 (Crime), average number of crimes reported per family, six months before and six months after intervention, per number of criteria met

Outcome 1 – Crime									
	Six months before			Six months after			Difference	t	p
No. of criteria met	Mean	SD	N	Mean	SD	N			
Below average (<2)	2.36	3.26	59	1.05	2.66	59	-1.31	2.42	0.02*
Average (2)	2.19	3.21	75	1.31	2.42	75	-0.88	2.5	0.01*
Above average (2<)	5.46	6.51	70	2.34	4.8	70	-3.11	3.94	0.00*

* indicates the statistical significance (at least 5% level)

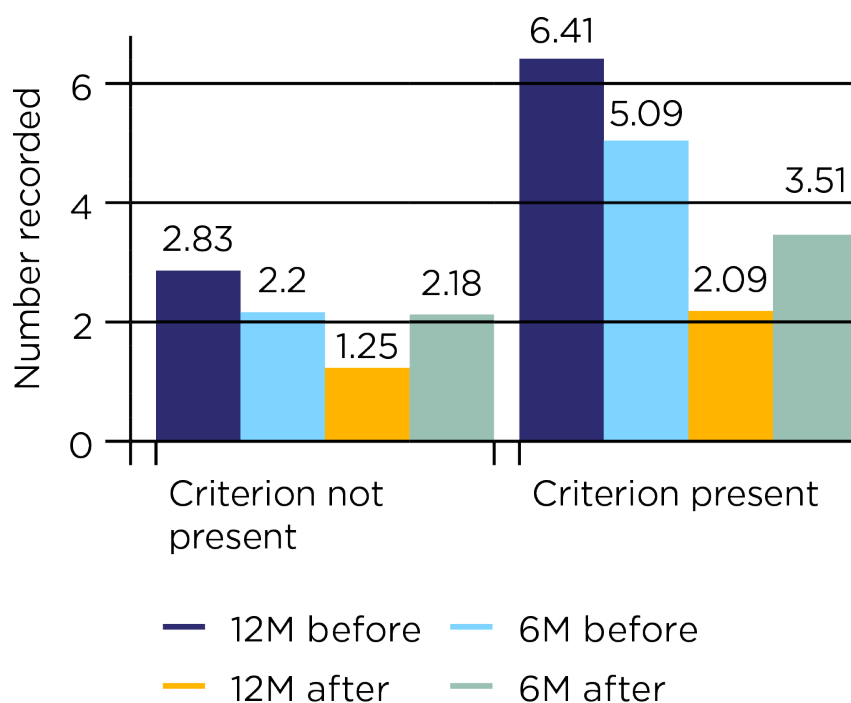
Across all three categories the difference in crime was negative (reduction in average crimes reported six months after intervention) and statistically significant.

Graph 5 illustrates average crimes per family for each criterion met. The blue column presents average crimes per family 12 months before intervention, red column – six months before intervention, green column – six months after intervention and yellow column – 12 months after intervention. We present each criterion separately and partition families into 0 if they did not meet the criterion and 1 if they did meet it. We present data based on presence or absence of each criterion separately.

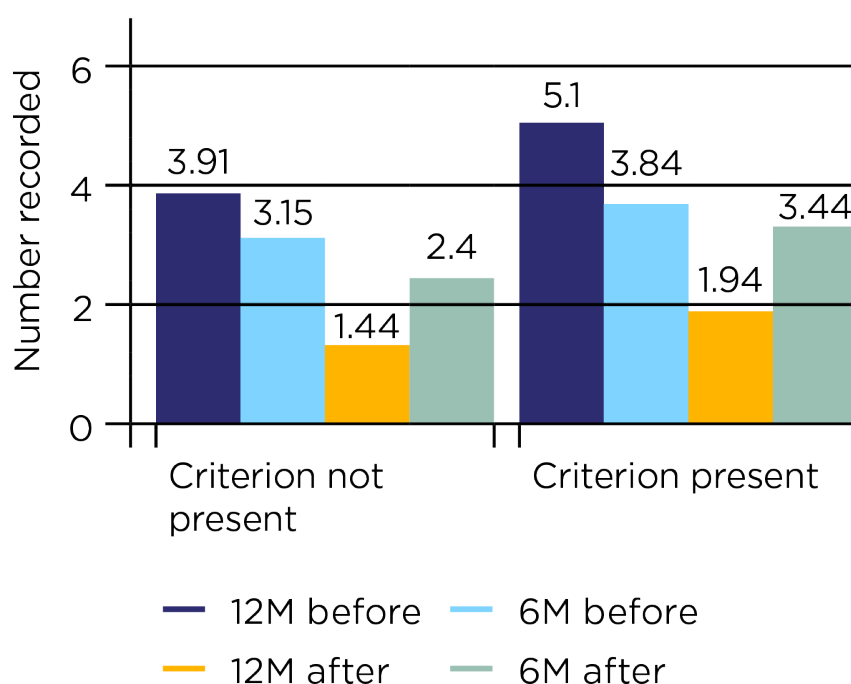
Graph 5: Outcome 1 (Crime) average number of crimes recorded by family, per criterion met, six and 12 months before and six and 12 months after

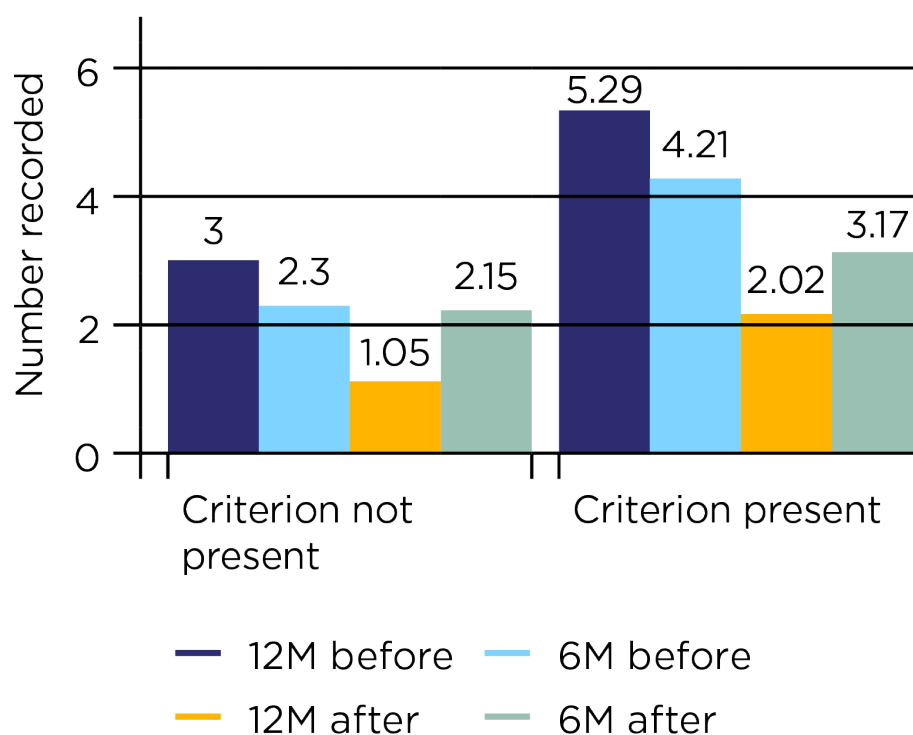
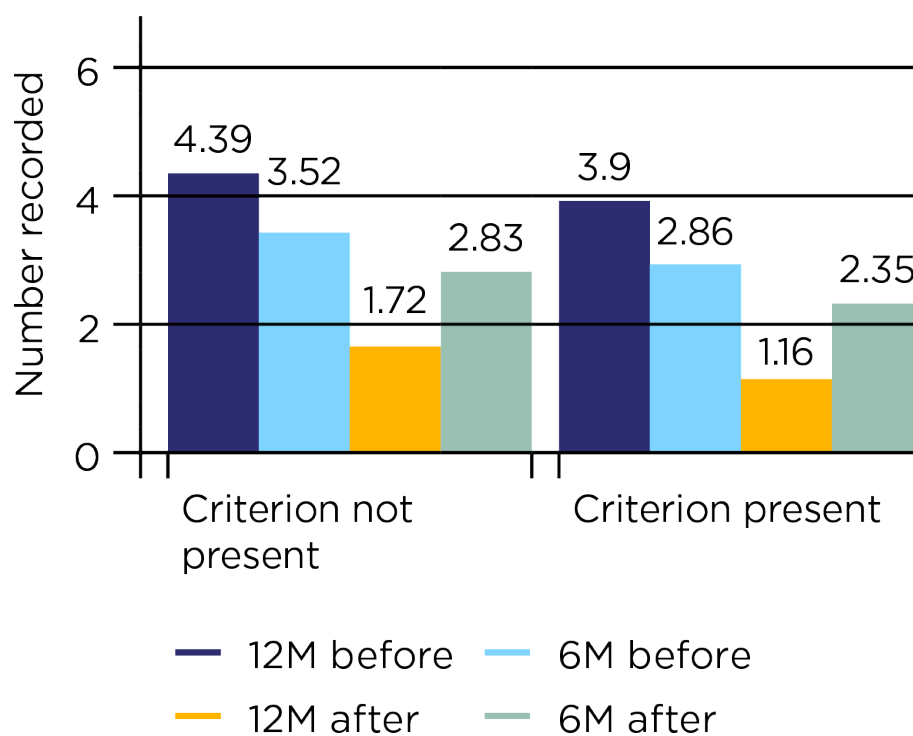
Average crimes per family – per criterion met

Criterion 1 – crime and ASB

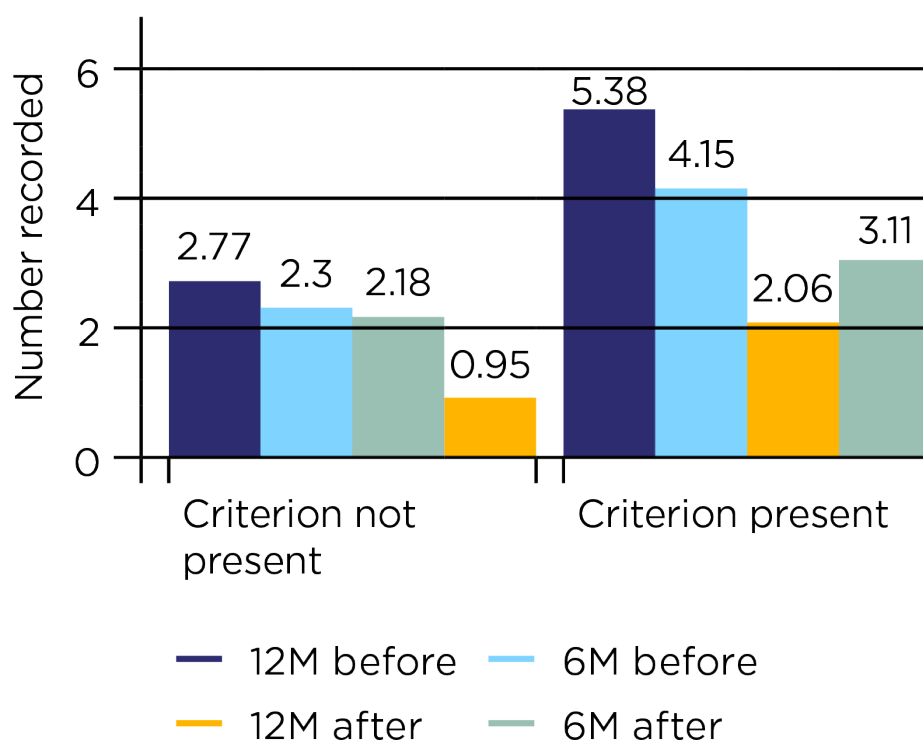


Criterion 2 – poor school attendance

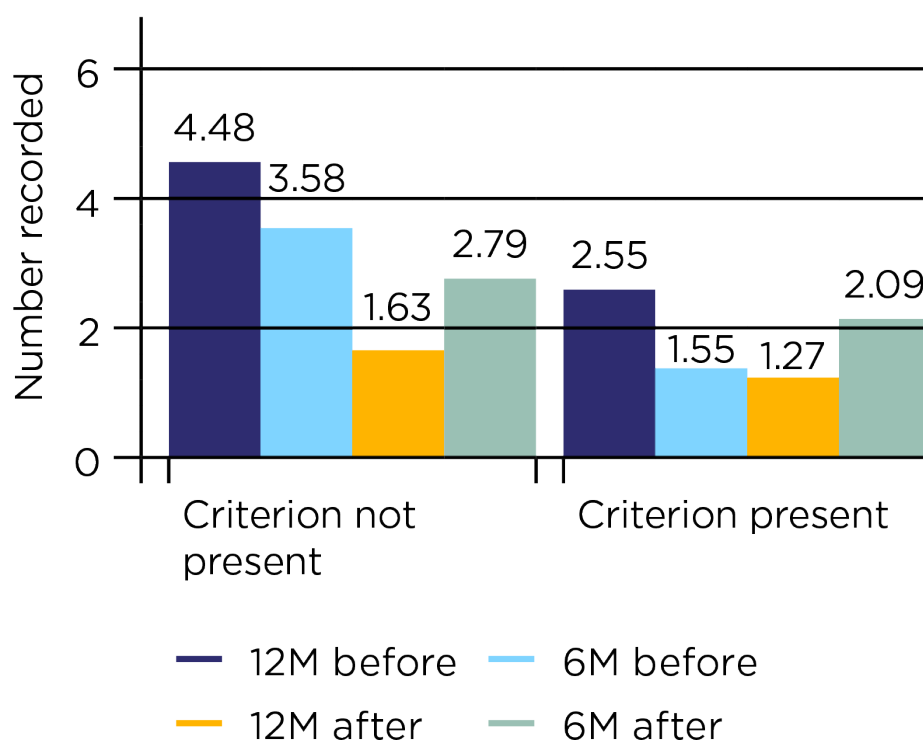


Criterion 3 - children who need help**Criterion 4 - unemployment**

Criterion 5 - domestic abuse



Criterion 6 - health problems



On average, families who met the criteria for crime and ASB, poor school attendance, children who need help and domestic abuse had higher crime rates than those who did not. Families who met the criteria for unemployment and health

problems had lower average crime rates than those who did not, suggesting that families suffering with health problems and having issues with unemployment were less likely to commit criminal offences.

4.1.1.1. Summary findings for Outcome 1

Overall, crime rates were lower after the intervention at different time intervals and the difference was statistically significant. Families meeting more criteria tended to have higher crime rates. Looking at each criterion individually, if a family met any of the police-related criteria or poor school attendance, they had higher crime rates when compared to families who did not. However, across all criteria, the average crime rate per family was lower six and 12 months after intervention compared to six and 12 months before. More data would be required to obtain a longer follow-up period to observe if this reduction is long lasting.

4.1.2. Outcome 2 – Youth crime

The level of youth crime (where the offender is less than 18 years) was four offences per family on average in total before the intervention. 92 families (45% of total families in our sample) had no youth crimes recorded before the intervention and for the rest of the families the range was from one to 50 offences per family. As with Outcome 1, we report descriptive statistics excluding the outlier in brackets.

Table 7: Outcome 2 (Youth crime) descriptive statistics, before and after intervention (results excluding outlier reported in brackets)

OUTCOME 2 – YOUTH CRIME						
	Observations	Mean	Median	Standard deviation	Min	Max
Before – ever	204 (203)	4.00 (4.01)	2 (2)	7.11 (7.13)	0 (0)	50 (50)
After – ever	204 (203)	3.34 (2.91)	0 (0)	8.15 (5.25)	0 (0)	92 (30)

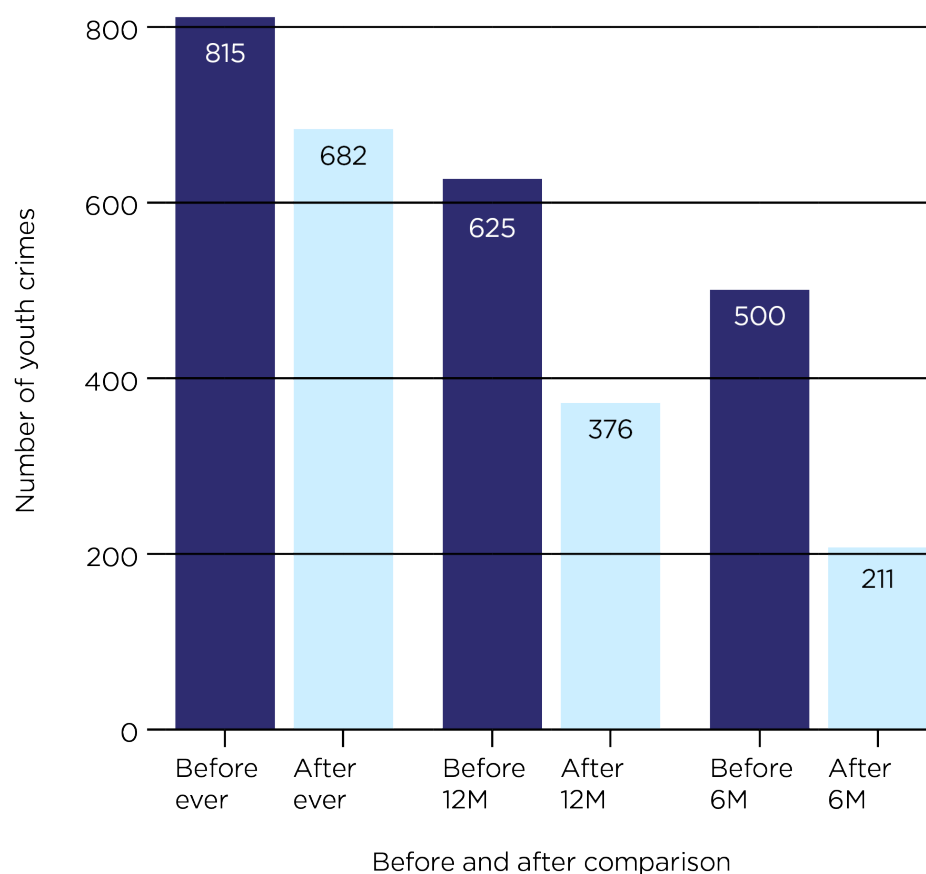
Before – 12 months	204 (203)	3.06 (3.07)	1 (1)	5.42 (5.44)	0 (0)	46 (46)
After – 12 months	204 (203)	1.84 (1.79)	0 (0)	3.97 (3.91)	0 (0)	24 (24)
Before – six months	204 (203)	2.45 (2.46)	0 (0)	4.53 (4.54)	0 (0)	42 (42)
After – six months	204 (203)	1.03 (1.02)	0 (0)	2.58 (2.58)	0	18 (18)

We can see the drop in average (mean) youth crime rates before and after the intervention across all the time periods considered. There was a significant drop of 1.42 in the crime rate six months after the intervention ($M = 1.03$, $SD = 2.58$) compared to six months before the intervention ($M = 2.45$, $SD = 4.53$), $t(203) = 4.8$, $p < 0.001$. This corresponds to a drop of 59%. When the outlier family was excluded from the sample, there was also a significant drop of 1.42 in the crime rate six months after the intervention ($M = 1.02$, $SD = 2.58$) compared to six months before the intervention ($M = 2.45$, $SD = 4.54$), $t(202) = 4.86$, $p < 0.001$. Both results are very similar and, overall, the average youth crime rate per family was smaller at all measured time intervals following the intervention.

Total youth crime is also lower after the intervention (see Graphs 6 and 7).

Graph 6: Outcome 2 (Youth crime) total number, before and after intervention**Outcome 2 – youth crime**

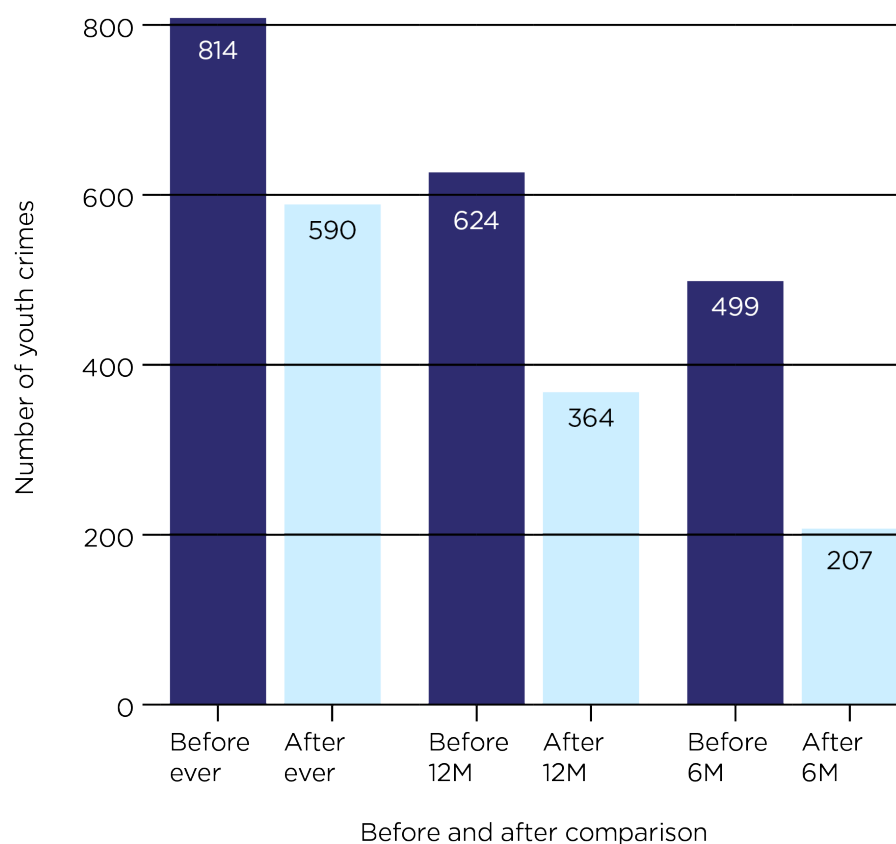
Total number of youth crimes recorded by families



Graph 7: Outcome 2 (Youth crime) total number, before and after intervention, excluding outlier

Outcome 2 – youth crime

Total number of youth crimes recorded by families (excluding outlier)

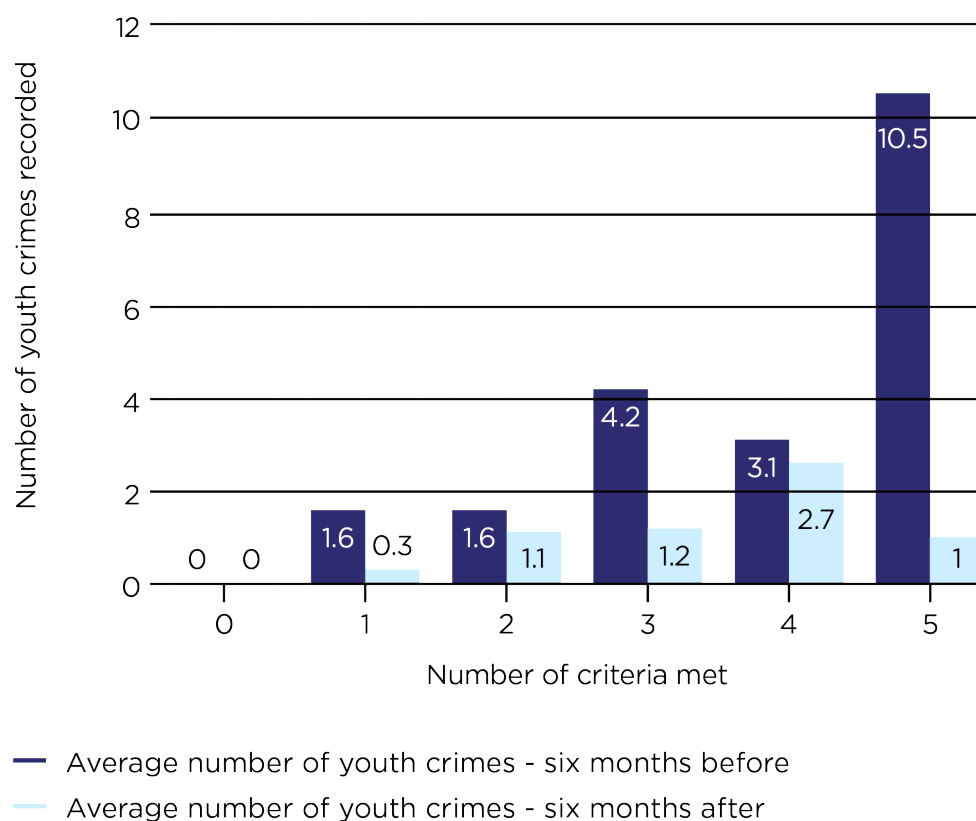


Next, we illustrate average youth crime rates per family (comparing six months before and six months after) by how many criteria they have met before the intervention (Graph 8).

Graph 8: Outcome 2 (Youth crime) average number of youth crimes recorded by family, six months before and six months after

Outcome 2 – youth crime

Average number of youth crimes recorded by family by number of criteria met



Average youth crime was higher for families that met more criteria. However, six months after the intervention all families had less youth crime reported on average.

We then grouped families in three categories based on how many criteria they have met in the same way as in Outcome 1 and report the statistical difference between the average number of youth crimes recorded six months before and six months after the intervention in Table 8.

Table 8: Outcome 2 (Youth crime), average number of youth crimes reported per family, six months before and six months after intervention, per number of criteria met

Outcome 2 – Youth crime									
	Six months before			Six months after			Difference	t	p
No of criteria met	Mean	SD	N	Mean	SD	N			
Below average (<2)	1.47	2.72	59	0.29	0.7	59	-1.19	3.39	0.001*
Average (2)	1.56	2.63	75	1.08	2.38	75	-0.48	1.53	0.13
Above average (2<)	4.23	6.47	70	1.61	3.31	70	-2.61	3.65	0.0005*

* indicates the statistical significance (at least 5% level)

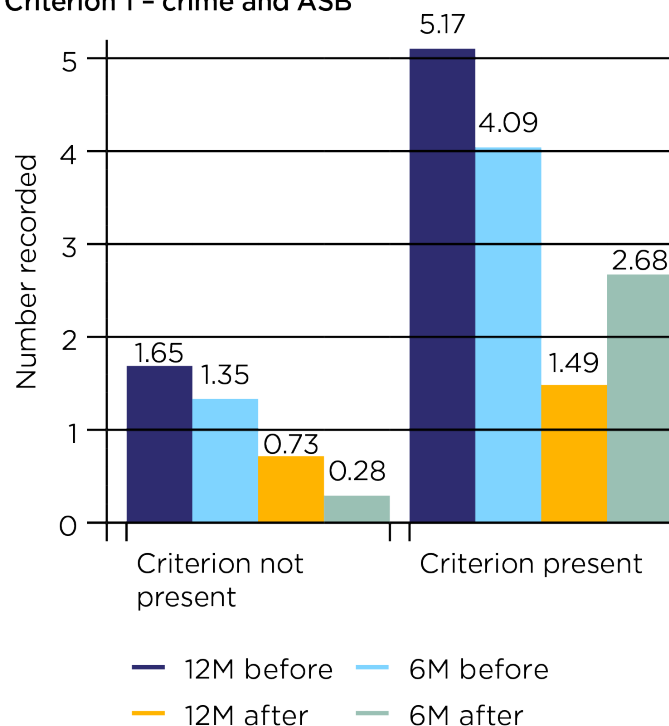
For 'below average' and 'above average' categories, the difference in youth crime was negative (reduction in average youth crimes reported six months after intervention) and statistically significant. For the 'average' category the difference was negative but not statistically significant.

Graph 9 below illustrates average youth crimes per family for each criterion met. The blue column presents average youth crimes per family 12 months before the intervention, red column – six months before intervention, green column – six months after the intervention and yellow column – 12 months after the intervention. We present data based on the presence or absence of each criterion separately.

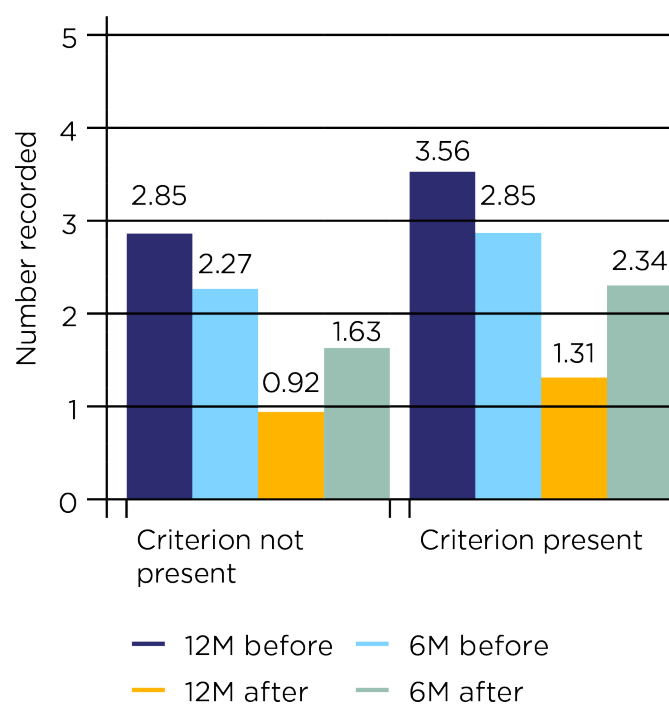
Graph 9: Outcome 2 (Youth crime) average number of youth crimes recorded by family, per criteria met, six and 12 months before and six and 12 months after

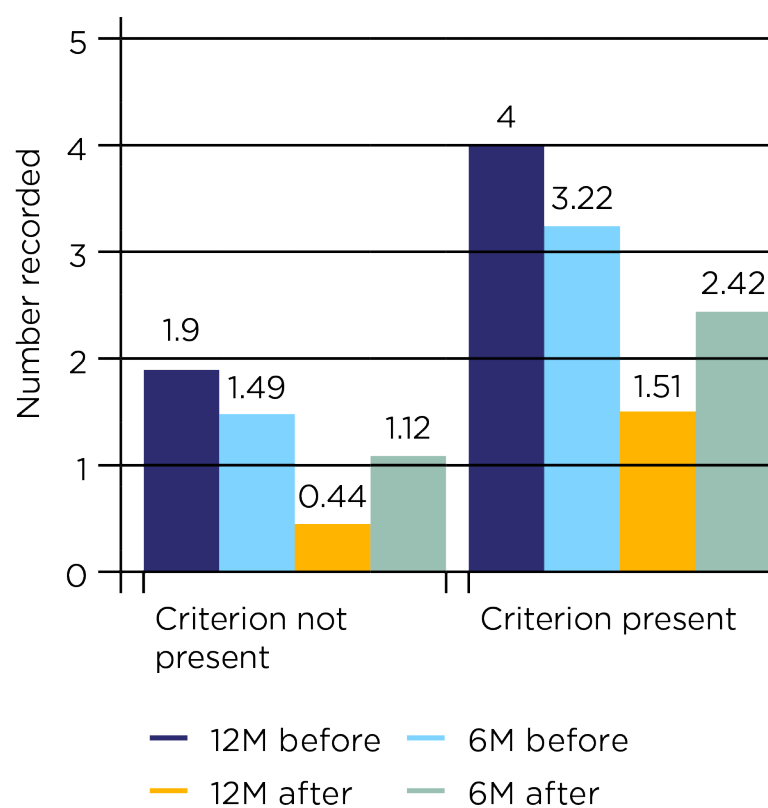
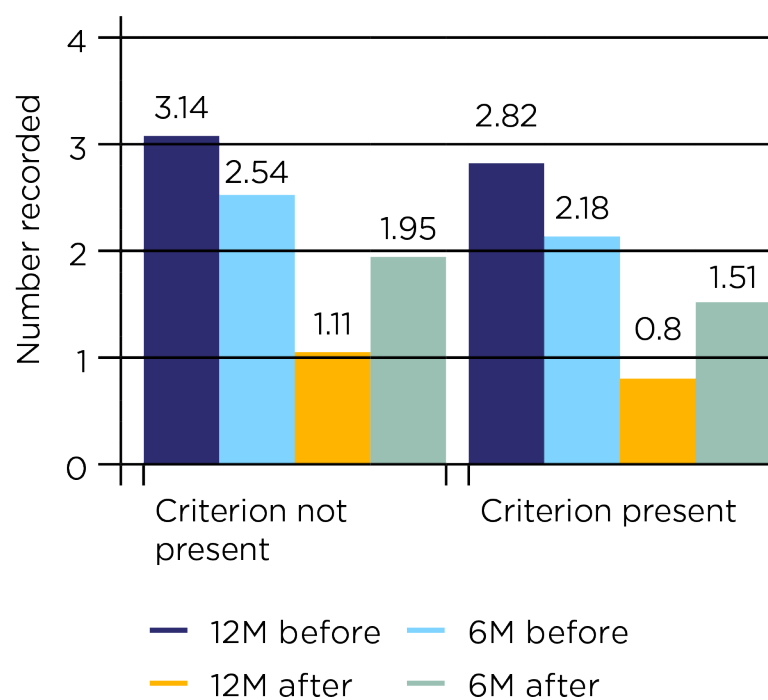
Average youth crimes per family – per criterion met

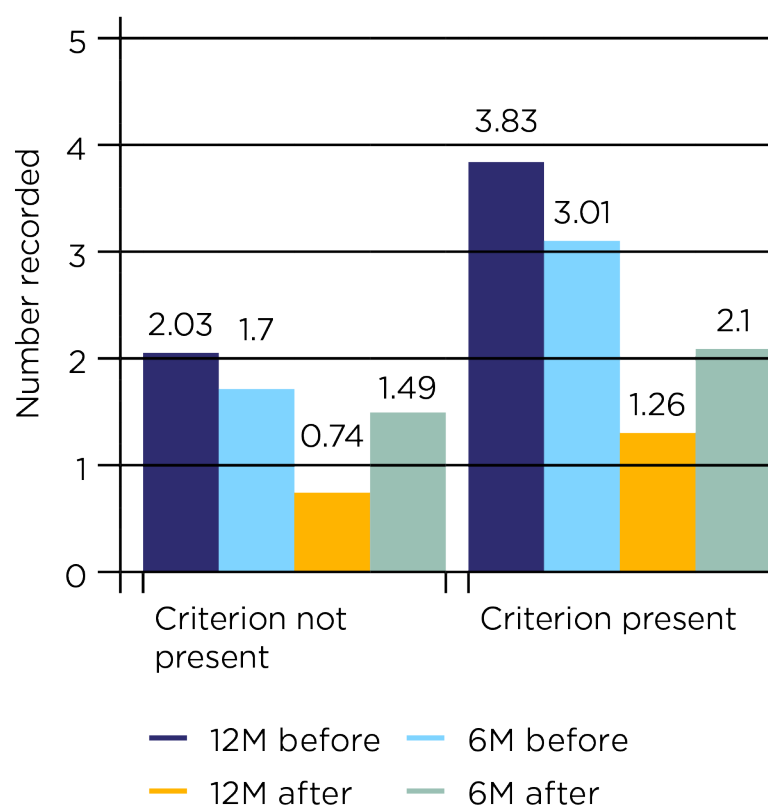
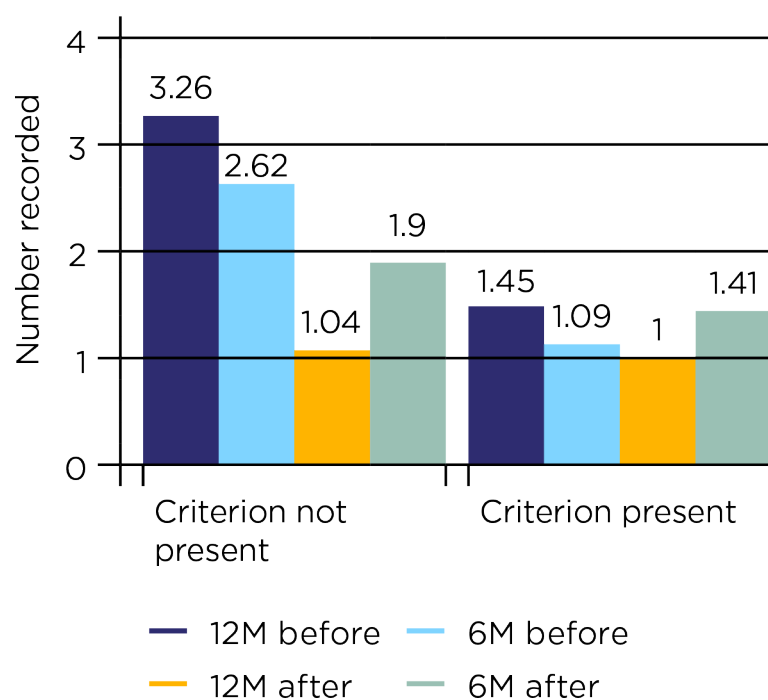
Criterion 1 – crime and ASB



Criterion 2 – poor school attendance



Criterion 3 - children who need help**Criterion 4 - unemployment**

Criterion 5 – domestic abuse**Criterion 6 – health problems**

On average, families who met criteria for crime and ASB, poor school attendance, children who need help and domestic abuse had higher youth crime rates than those

who did not. Families who met criteria for unemployment and health problems had lower average youth crime rates. This is consistent with the findings for Outcome 1.

4.1.2.1. Summary findings for Outcome 2

Overall, youth crime rates were lower after the intervention at different time intervals and the difference was statistically significant. Families meeting more criteria tended to have higher youth crime rates apart from unemployment and health problems. However, across all criteria, the average youth crime rate per family was lower six and 12 months after the intervention. More data would be required to obtain a longer follow-up period to observe if this reduction is long lasting.

4.1.3. Outcome 3 – Missing persons reported

On average, missing persons episodes recorded by the police were 0.4 per family in total before the intervention. 177 families (87% of total families in our sample) had no missing episodes recorded and the maximum per family ever recorded was 12 in total.

Table 9: Outcome 3 (Missing persons episodes reported) descriptive statistics, before and after intervention

OUTCOME 3 – MISSING PERSONS						
	Observations	Mean	Median	Standard deviation	Min	Max
Before – ever	204	0.40	0	1.54	0	12
After – ever	204	0.28	0	1.13	0	8
Before – 12 months	204	0.26	0	1.20	0	12
After – 12 months	204	0.23	0	1.02	0	8

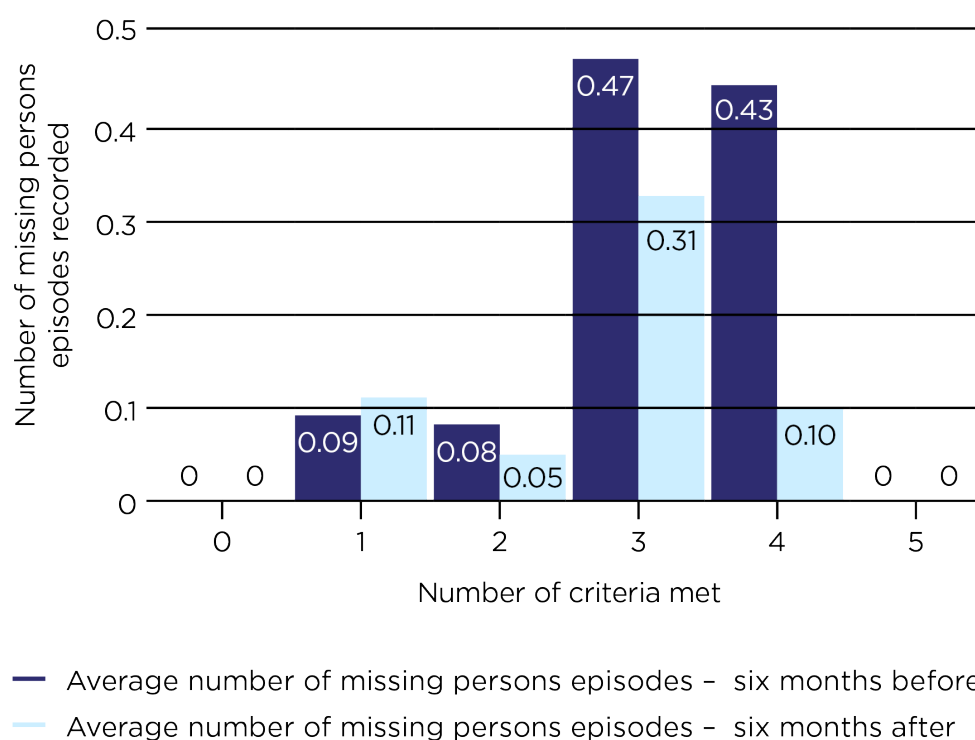
Before – six months	204	0.20	0	1.03	0	12
After – six months	204	0.13	0	0.68	0	7

There was no significant effect on missing persons episodes per family six months after the intervention, $t(203) = 1.21$, $p = 0.226$, although the rate of missing persons episodes six months after ($M = 0.13$, $SD = 0.68$) was lower, compared to six months before the intervention, ($M = 0.2$, $SD = 1.03$). Graph 10 illustrates average missing persons episodes per family (comparing six months before and six months after) by how many criteria they have met.

Graph 10: Outcome 3 (Missing persons) average number of missing persons recorded by family, six months before and six months after

Outcome 3 – missing person episodes

Average times missing persons episodes were recorded by family by number of criteria met



On average, most missing persons episodes were reported by families who met three criteria, followed by families who met four. No missing episodes were reported by families meeting none or five criteria.

We then grouped families based on how many criteria they met in the same way as in Outcome 1 and report the statistical difference between the average number of missing persons episodes recorded six months before and six months after the intervention in Table 10.

Table 10: Outcome 3 (Missing persons episodes), average number of missing persons reported per family, six months before and six months after intervention, per number of criteria met.

Outcome 3 – Missing persons episodes									
	Six months before			Six months after			Difference	t	p
No. of criteria met	Mean	SD	N	Mean	SD	N			
Below average	0.08	0.53	59	0.1	0.44	59	0.02	-0.57	0.57
Average	0.08	0.39	75	0.053	0.28	75	-0.02	0.7	0.48
Above average	0.43	1.63	70	0.23	1.04	70	-0.2	1.18	0.24

* indicates the statistical significance (at least 5% level)

Across all three categories there was no statistically significant difference in missing persons episodes reported per family.

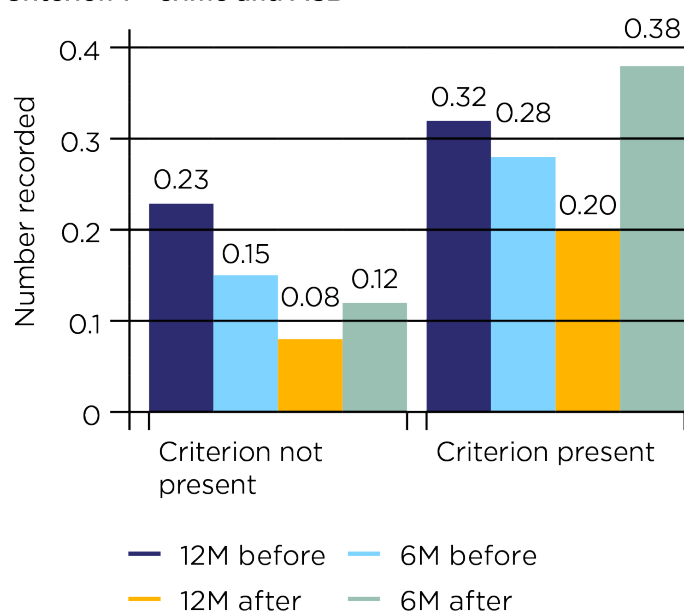
Graph 11 below illustrates average missing persons episodes reported per family for each criterion met. The blue column presents average missing persons episodes reported per family 12 months before intervention, red column – six months before

intervention, green column – six months after intervention and yellow column – 12 months after intervention. We present data based on the presence or absence of each criterion separately.

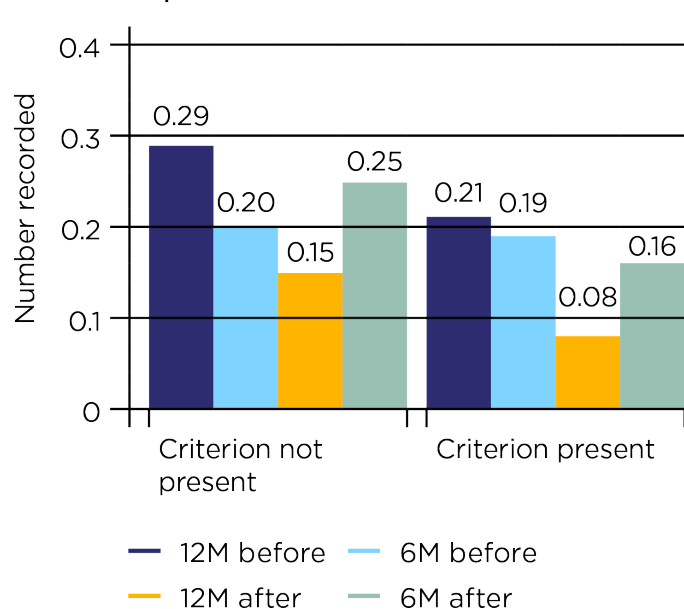
Graph 11: Outcome 3 (Missing persons) average number of missing persons recorded per family per criteria met, six and 12 months before and six and 12 months after

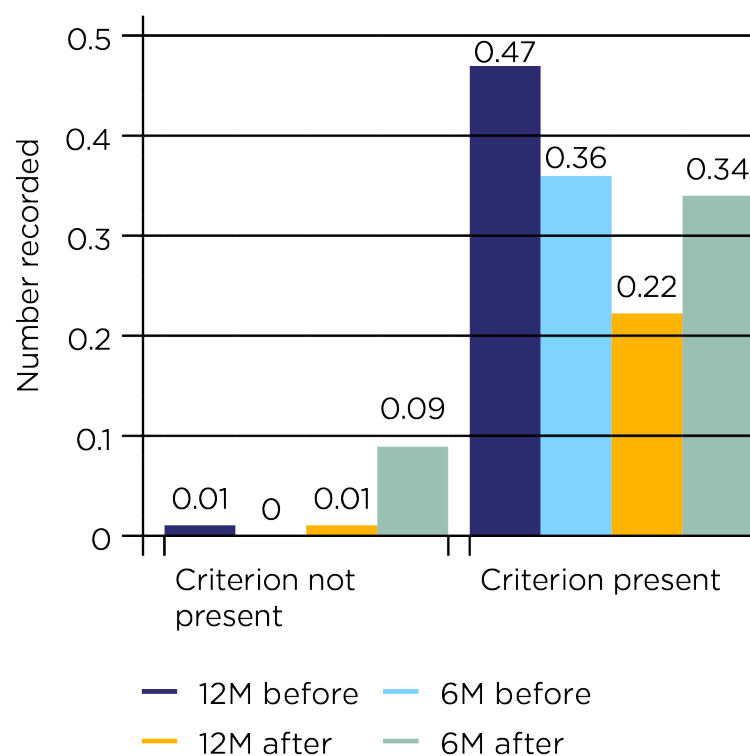
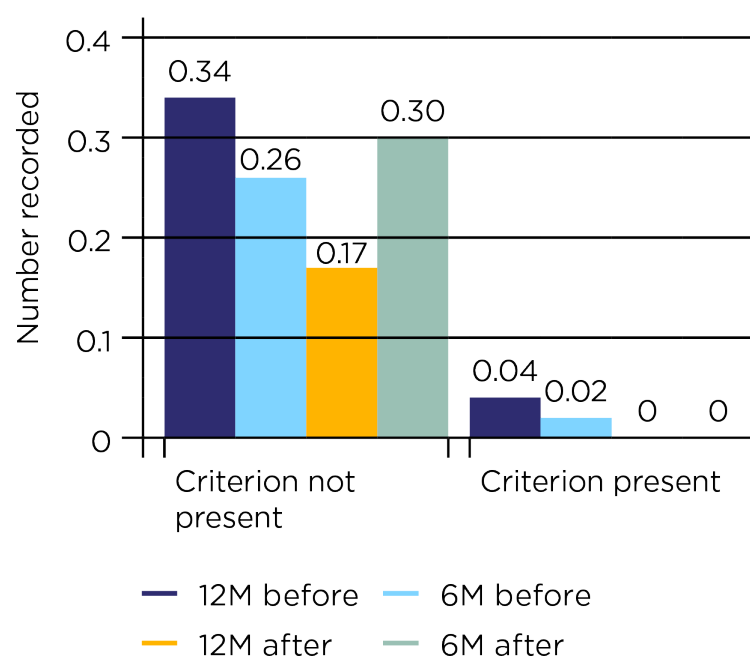
Average missing persons episodes per family – per criterion met

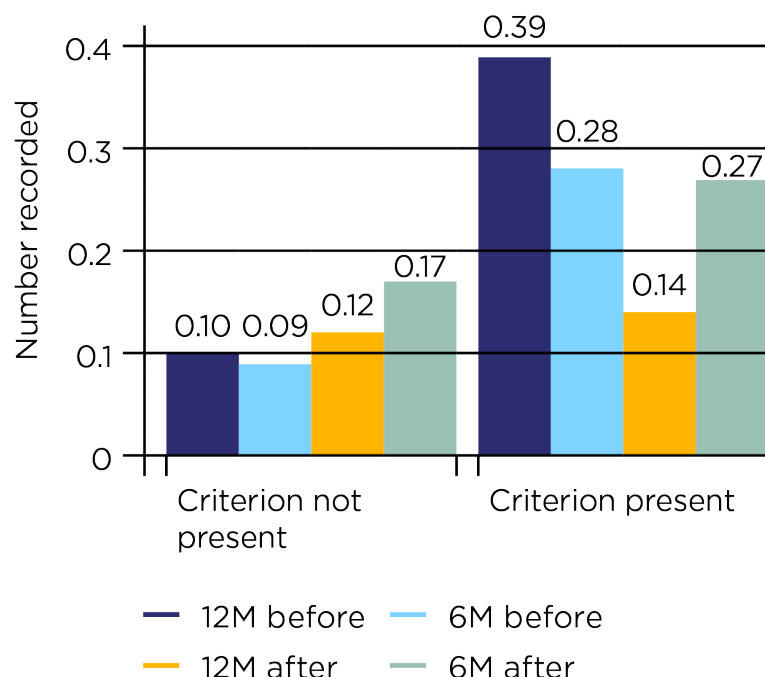
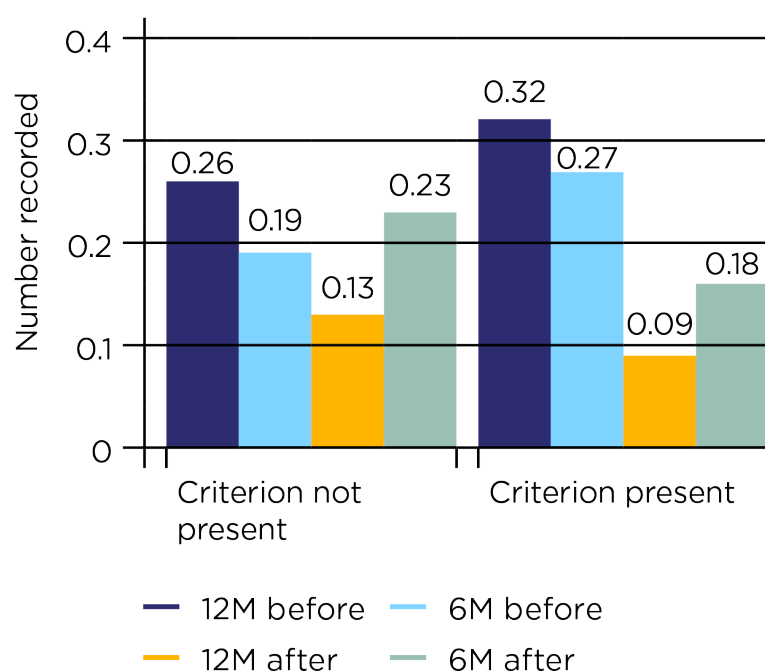
Criterion 1 – crime and ASB



Criterion 2 – poor school attendance



Criterion 3 - children who need help**Criterion 4 - unemployment**

Criterion 5 – domestic abuse**Criterion 6 – health problems**

For families who met the first criterion (crime and ASB) there were more missing persons episodes on average than for families who did not meet the criterion. For those which did not meet the first criterion, there was a drop in the average of missing persons episodes recorded. However, for families who met the first criterion, there was an initial drop after six months but after 12 months there was an increase. For families who struggled with poor school attendance (Criterion 2) fewer missing

persons episodes were recorded than for families who did not. However, all families who met Criterion 2 had a reduction of missing persons episodes recorded after the intervention. For families meeting Criterion 3 – children who need help – there were much higher rates of missing persons episodes recorded than for families who did not. For families struggling with unemployment (Criterion 4) there were low rates of missing persons episodes recorded, but families who did not meet Criterion 4 had much higher rates. In both cases, rates dropped after the intervention. For families who met the fifth criterion (domestic abuse) average missing persons episodes per family were higher than for those families who did not meet that criterion. While for the families who met the domestic abuse criterion, there was a reduction in rates after the intervention, families who did not meet the criterion saw an increase in rates of missing persons episodes per family after intervention. Before the intervention, rates of missing persons episodes per family were higher in families with health problems (Criterion 6). But after the intervention, they were lower than in families with no health problems.

4.1.3.1. Summary findings for Outcome 3

There was no statistically significant difference in missing persons episodes recorded per family after the intervention although the overall rate of missing persons episodes recorded was lower.

4.1.4. Outcome 4 – Domestic abuse

On average, each family had 1.97 incidents of domestic abuse recorded by the police in total before the intervention. 106 families (52% of total families in our sample) had no police records of domestic abuse and the maximum number recorded was 18 in total. The average number of domestic abuse records per family was lower after the intervention after both six and 12 months follow-up, but higher after total known follow-up time is taken into account. This was mainly driven by one family having 50 domestic abuse records and it was the same family who had a very high number of crime and youth crime reported. We report descriptive statistics excluding the outlier family in brackets in Table 11 below.

Table 11: Outcome 4 (Domestic abuse) descriptive statistics, before and after intervention (results excluding outlier reported in brackets)

OUTCOME 4 – DOMESTIC ABUSE						
	Observations	Mean	Median	Standard deviation	Min	Max
Before – ever	204 (203)	1.97 (1.98)	0 (0)	3.35 (3.36)	0 (0)	18 (18)
After – ever	204 (203)	2.08 (1.84)	0 (0)	4.71 (3.32)	0 (0)	50 (21)
Before – 12 months	204 (203)	1.48 (1.49)	0 (0)	2.58 (2.59)	0 (0)	18 (17)
After – 12 months	204 (203)	1.18 (1.15)	0 (0)	2.51 (2.49)	0 (0)	(17) 17
Before – six months	204 (203)	1.14 (1.15)	0 (0)	2.16 (2.16)	0 (0)	17 (17)
After – six months	204 (203)	0.68 (0.68)	0 (0)	1.65 (1.65)	0 (0)	9 (9)

There was a significant drop of 0.46 in the average domestic abuse rate per family six months after the intervention ($M = 0.68$, $SD = 0.12$) compared to six months before the intervention, ($M = 1.14$, $SD = 0.15$), $t(203) = 2.915$, $p=0.01$). This corresponds to a 40% drop. When the outlier family was excluded from the sample, there was a significant drop of 0.47 (which corresponds to a 41% drop) in the average domestic abuse rate per family six months after the intervention ($M = 0.68$, $SD = 0.12$), compared to six months before the intervention ($M = 1.15$, $SD = 0.15$),

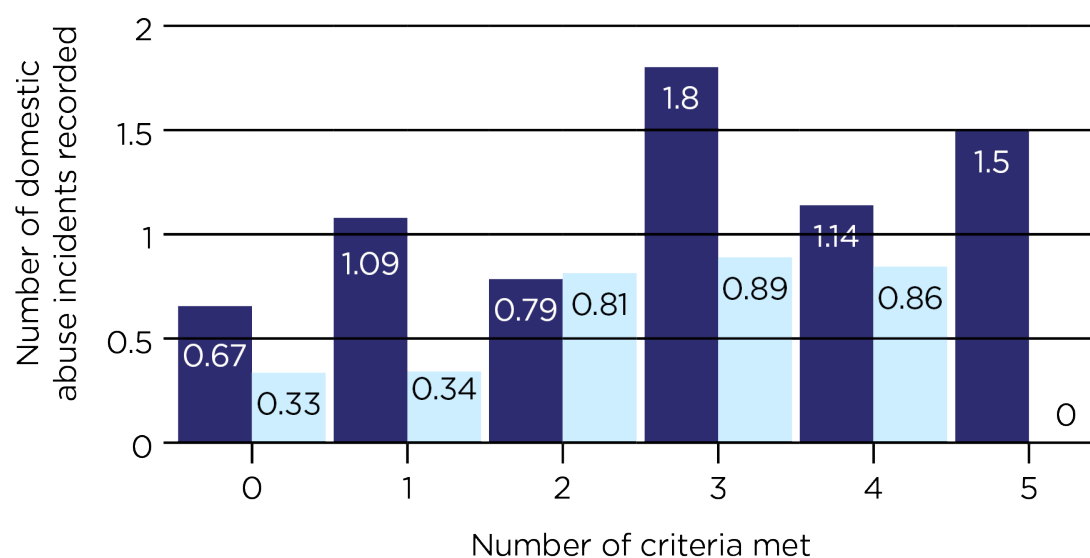
$t(202) = 2.92$, $p < 0.01$. Both results are similar and show a significant reduction in domestic abuse incidents per family six months after the intervention.

Next, we illustrate average domestic abuse incidents reported per family (comparing six months before and six months after) by how many criteria they have met before the intervention (Graph 12).

Graph 12: Outcome 4 (Domestic abuse) average number of domestic abuse incidents recorded by family, six months before and six months after

Outcome 4 – domestic abuse

Average times domestic abuse incidents were recorded by family by number of criteria met



- Average number of domestic abuse incidents – six months before
- Average number of domestic abuse incidents – six months after

The highest rate of domestic abuse incidents recorded was for families who met three criteria six months before and six months after the intervention. In all cases, apart from when a family met two criteria and we observed a small increase, we can see that the average number of domestic abuse incidents recorded by families decreased.

We then grouped families based on how many criteria they have met in the same way as in Outcome 1 and report the statistical difference between the average

number of domestic abuse incidents recorded six months before and six months after the intervention in Table 12.

Table 12: Outcome 4 (Domestic abuse), average number of domestic abuse incidents reported per family, six months before and six months after intervention, per number of criteria met

Outcome 4 – Domestic abuse									
	Six months before			Six months after			Difference	t	p
No. of criteria met	Mean	SD	N	Mean	SD	N			
Below average (<2)	1.07	2.39	59	0.34	0.96	59	-0.73	2.22	0.03*
Average (2)	0.79	1.83	75	0.81	1.79	75	0.03	-0.12	0.91
Above average (2<)	1.59	2.23	70	0.83	1.91	70	-0.76	2.75	0.0075*

* indicates the statistical significance (at least 5% level)

For the 'below average' and 'above average' categories, the difference in domestic abuse incidents was negative (reduction in average domestic abuse incidents reported six months after the intervention) and statistically significant. For the 'average' category the difference was a very small positive one but not statistically significant.

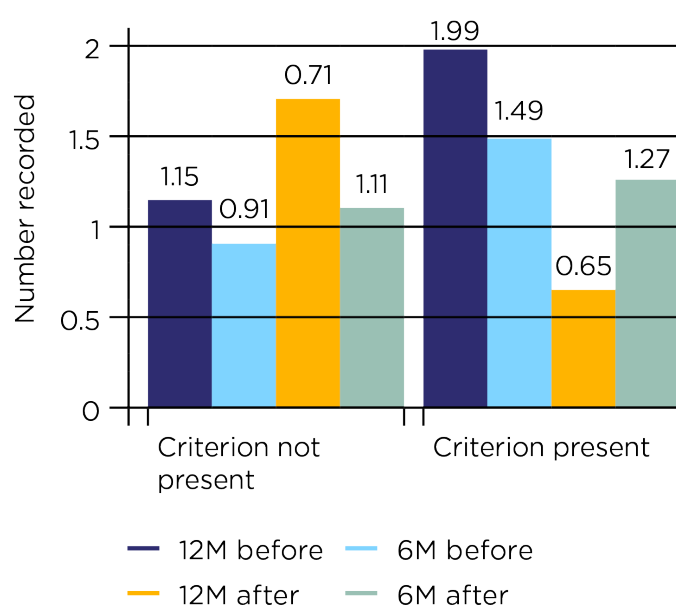
Graph 13 illustrates average domestic abuse incidents reported per family for each criterion met. The blue column presents average domestic abuse incidents reported per family 12 months before the intervention, red column – six months before the

intervention, green column – six months after the intervention and yellow column – 12 months after the intervention. We present data based on presence or absence of each criterion separately.

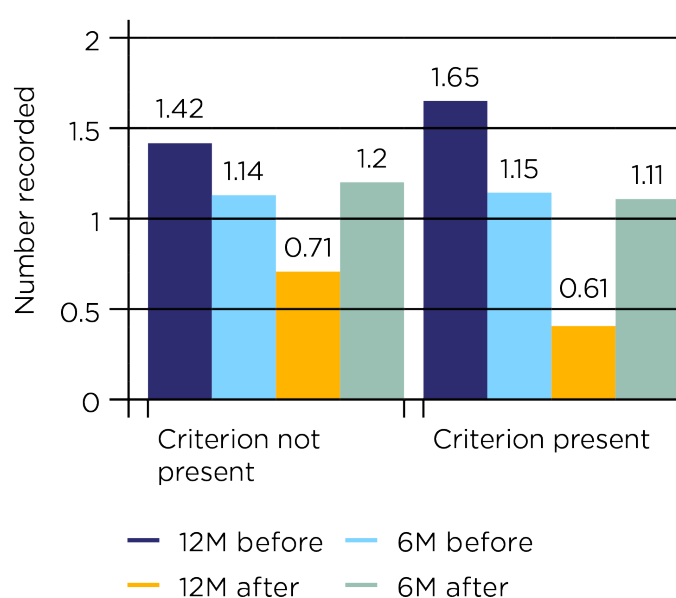
Graph 13: Outcome 4 (Domestic abuse) average number of domestic abuse incidents recorded per family per criteria met, six and 12 months before and six and 12 months after

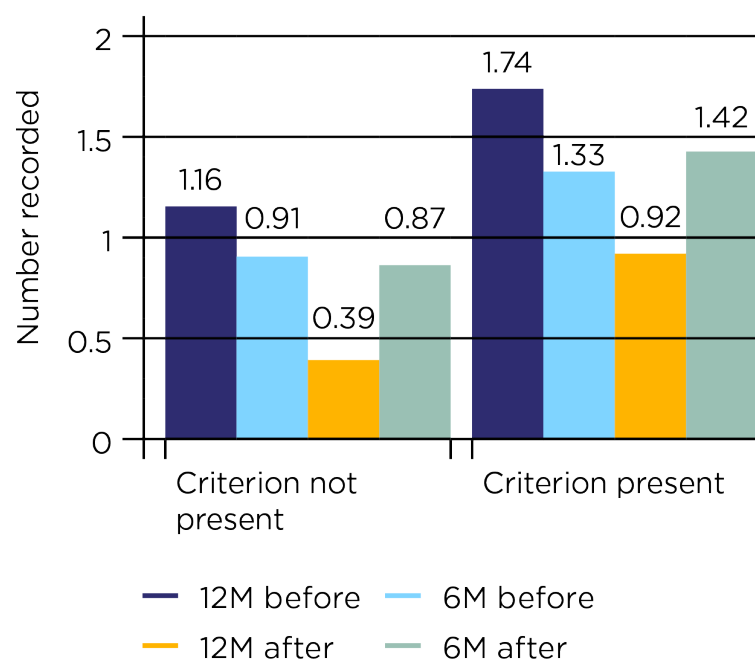
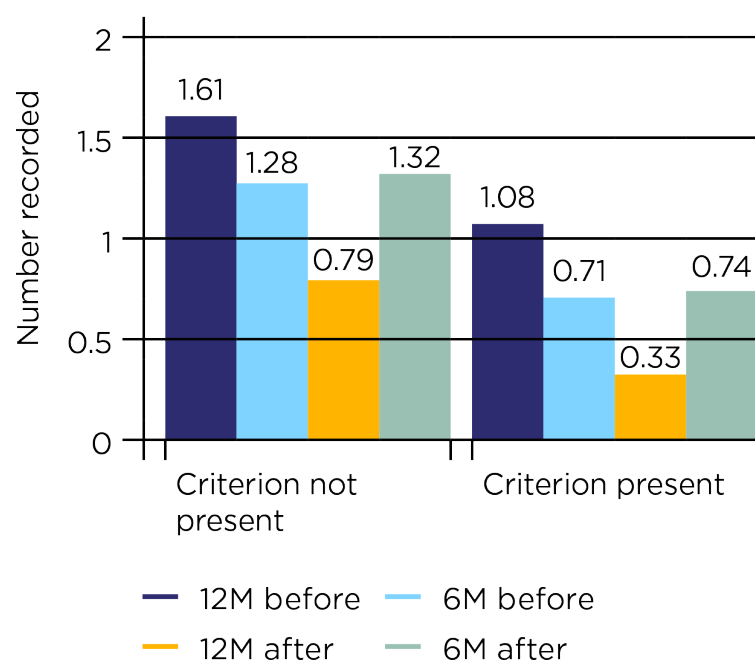
Average domestic abuse incidents per family – per criterion met

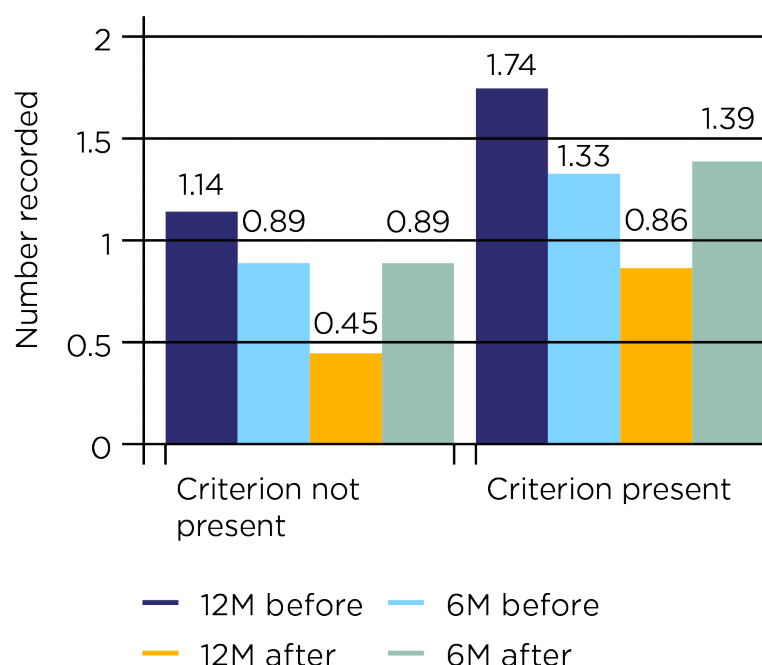
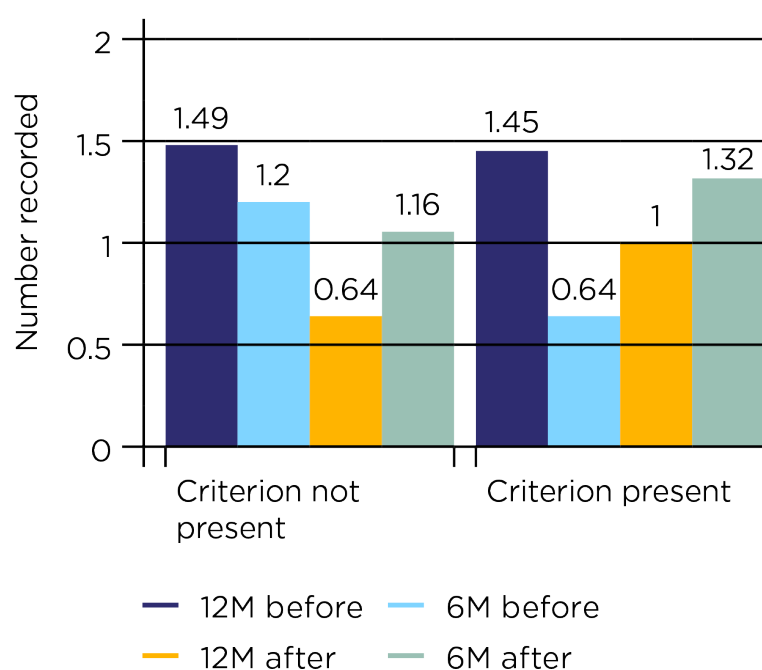
Criterion 1 – crime and ASB



Criterion 2 – poor school attendance



Criterion 3 - children who need help**Criterion 4 - unemployment**

Criterion 5 - domestic abuse**Criterion 6 - health problems**

Families who met Criterion 1 (crime and ASB) had higher domestic abuse rates than those who did not. For those struggling with poor school attendance, domestic abuse rates were slightly higher than for those who had no issue with school attendance. Families who met Criterion 3 (children who need help) had higher domestic abuse rates than families who did not. Families with Criterion 4 (unemployment issues) had lower domestic abuse rates than families who met the criterion for unemployment.

Families with Criterion 5 (domestic abuse issues) had higher domestic abuse rates than those who did not and families with Criterion 6 (health problems) had higher domestic abuse rates six months after the intervention compared to six months before but lower 12 months after compared to 12 months before the intervention.

4.1.4.1. Summary findings for Outcome 4

Overall, the average number of domestic abuse incidents was lower after the intervention took place at different time intervals (excluding the outlier family) and the difference was statistically significant. Examining each criterion individually, if a family met any of the police-related criterion or poor school attendance, they had higher domestic abuse incident rates when compared to families who did not. More data would be required to obtain a longer follow-up period to observe whether this reduction is long lasting.

4.1.5. Outcome 5 – Antisocial behaviour incidents

On average, ASB incidents recorded by the police were 0.5 per family. 163 families (80% of total families in our sample) had no police records of ASB and the maximum number recorded for one family was nine in total.

Table 13: Outcome 5 (ASB incidents) descriptive statistics, before and after intervention

OUTCOME 5 – ASB INCIDENTS						
	Observations	Mean	Median	Standard deviation	Min	Max
Before – ever	204	0.50	0	1.36	0	9
After – ever	204	0.29	0	0.92	0	7
Before – 12 months	204	0.33	0	1.02	0	9

After – 12 months	204	0.22	0	0.80	0	7
Before – six months	204	0.22	0	0.82	0	7
After – six months	204	0.15	0	0.71	0	7

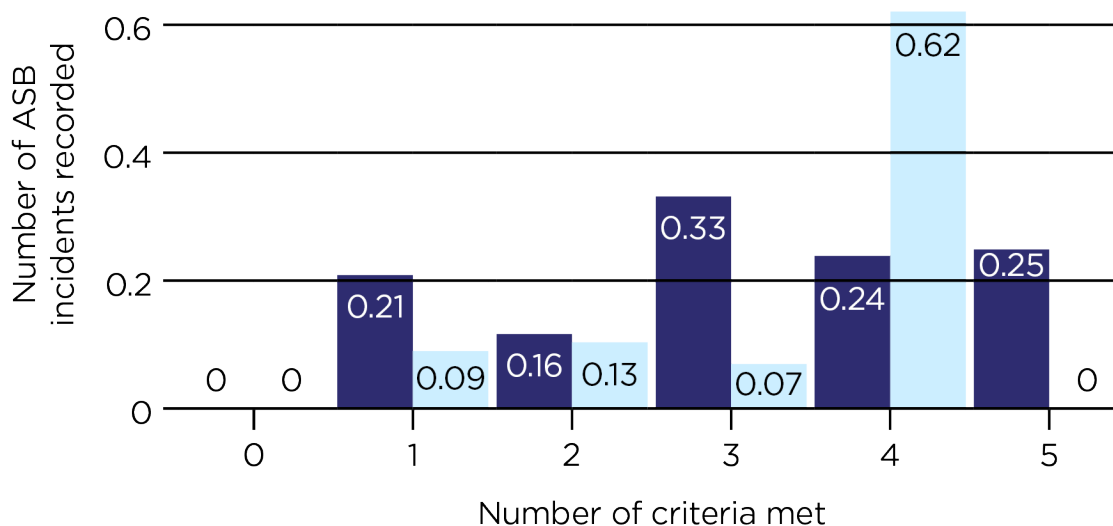
There was no significant effect on ASB incidents per family six months after the intervention, $t(203) = 0.98$, $p = 0.328$, although the rate of ASB incidents six months after ($M = 0.15$, $SD = 0.71$) was lower compared to six months before the intervention, ($M = 0.22$, $SD = 0.82$).

Next, we illustrate average ASB incidents reported per family (comparing six months before and six months after) by how many criteria they have met before the intervention (Graph 14).

Graph 14: Outcome 5 (ASB) average number of ASB incidents recorded by family, six months before and six months after

Outcome 5 – antisocial behaviour

Average number of ASB incidents recorded by family by number of criteria met



- Average number of ASB incidents – six months before
- Average number of ASB incidents – six months after

The highest rate of ASB incidents recorded by family was for families who met three criteria six months before the intervention and four criteria six months after the intervention. In all cases apart from when a family met four criteria, the average number of domestic abuse incidents recorded by families decreased.

We then grouped families based on how many criteria they met in the same way as in Outcome 1. The statistical difference between the average number of ASB incidents recorded six months before and six months after the intervention is shown in Table 14.

Table 14: Outcome 5 (ASB), average number of ASB incidents reported per family, six months before and six months after intervention, per number of criteria met

Outcome 5 – ASB									
	Six months before			Six months after			Difference	t	p
No. of criteria met	Mean	SD	N	Mean	SD	N			
Below average (<2)	0.20	0.96	59	0.08	0.43	59	-0.12	0.85	0.4
Average (2)	0.16	0.44	75	0.13	0.47	75	-0.03	0.41	0.69
Above average (2<)	0.30	0.98	70	0.23	1.04	70	-0.07	0.47	0.64

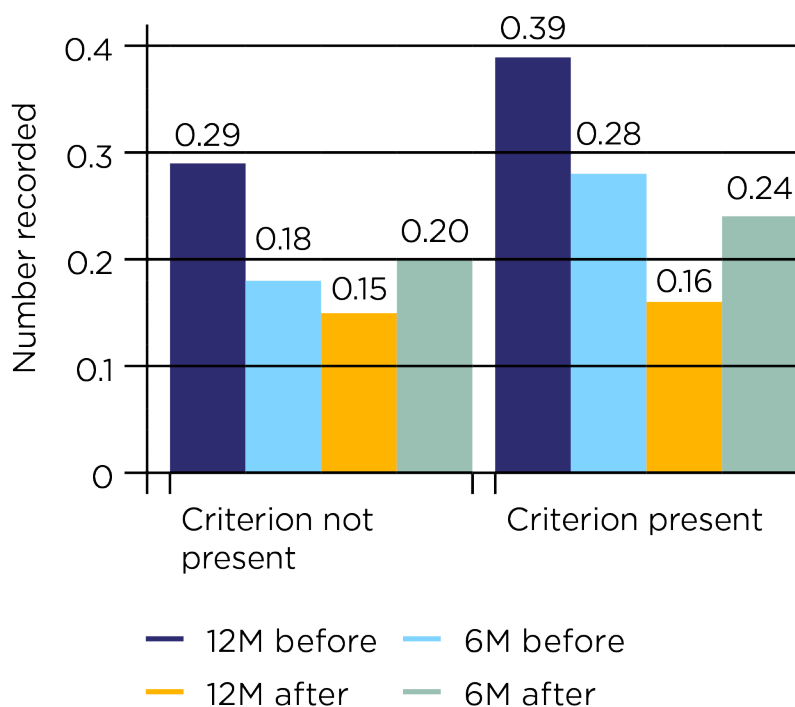
* indicates the statistical significance (at least 5% level)

Across all three categories, there was no statistically significant difference in ASB incidents reported per family. Graph 15 below illustrates average ASB incidents reported per family for each criterion met. The blue column presents average ASB incidents reported per family 12 months before the intervention, red column – six months before the intervention, green column – six months after the intervention and yellow column – 12 months after the intervention. As before, we present data based on the presence or absence of each criterion separately.

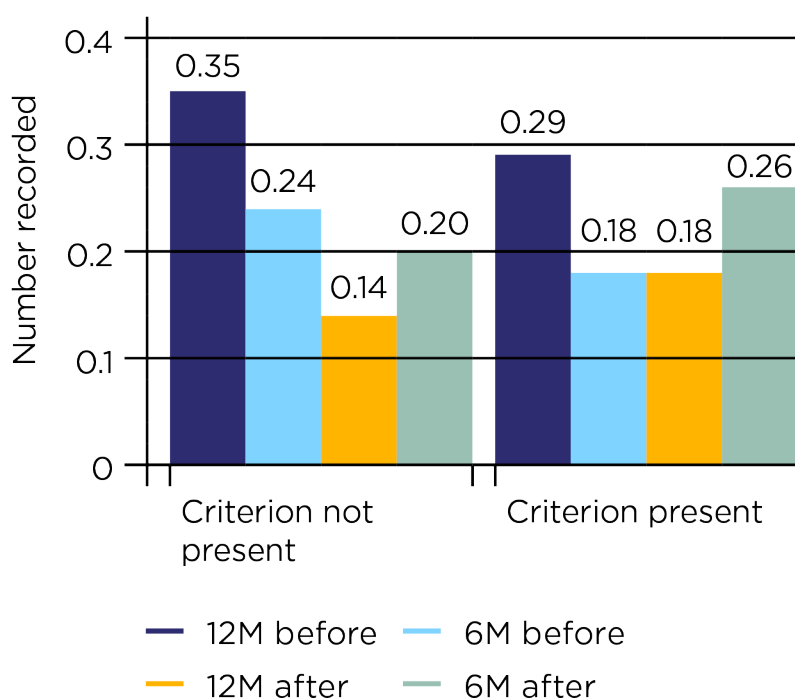
Graph 15: Outcome 5 (ASB) average number of ASB incidents recorded per family per criteria met, six and 12 months before and six and 12 months after

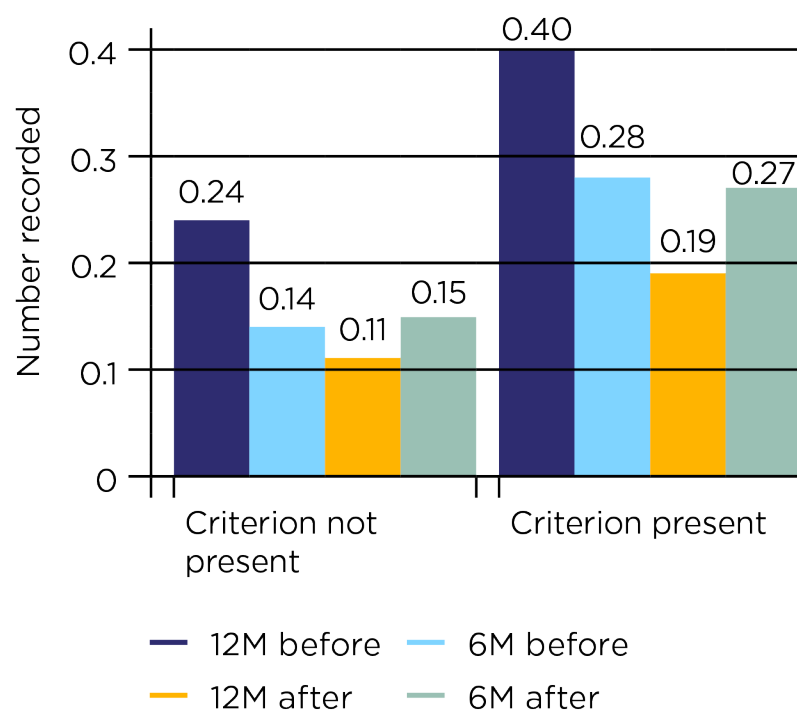
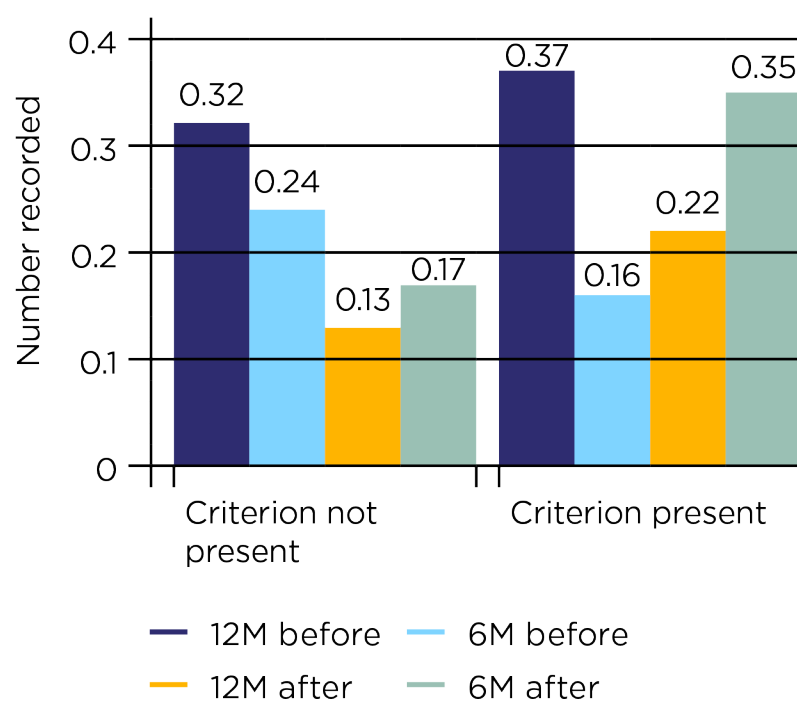
Average ASB incidents per family – per criterion met

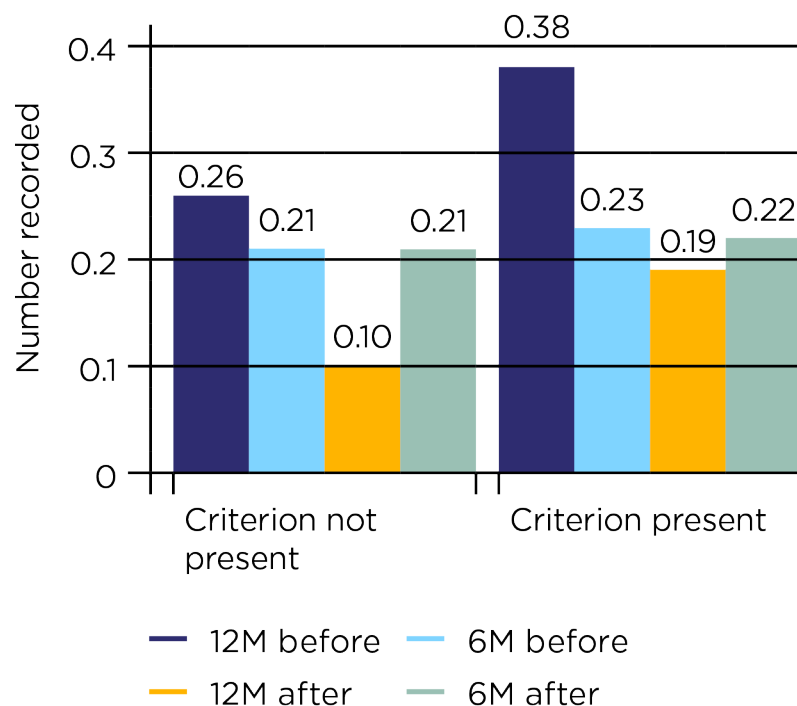
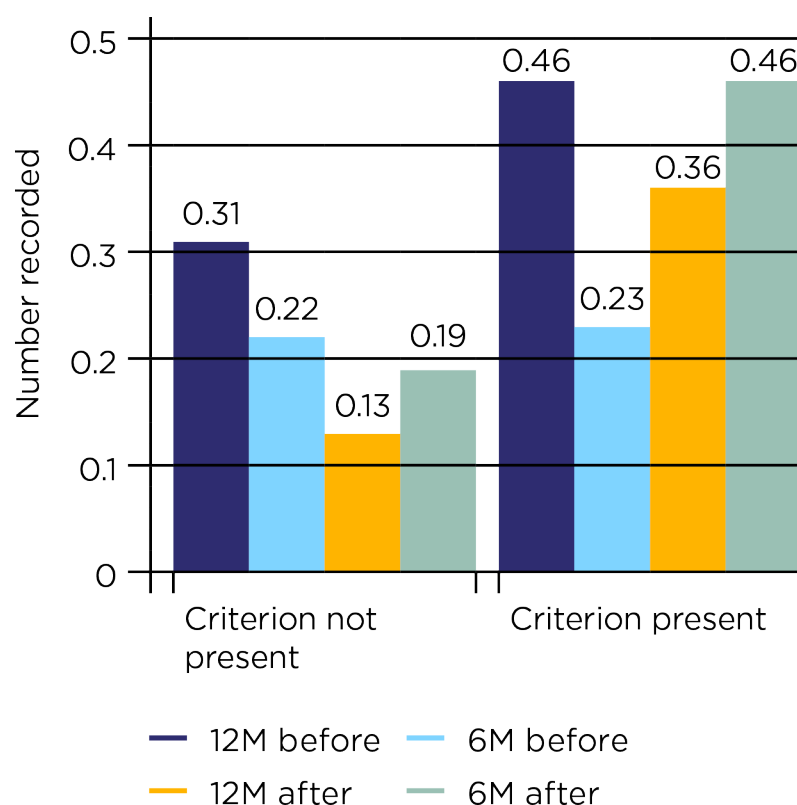
Criterion 1 – crime and ASB



Criterion 2 – poor school attendance



Criterion 3 - children who need help**Criterion 4 - unemployment**

Criterion 5 – domestic abuse**Criterion 6 – health problems**

If a family met any of the criteria, they have higher rates of ASB incidents recorded. However, after the intervention, families who met Criterion 1 (crime and ASB), Criterion 2 (poor school attendance), Criterion 3 (children who need help) and

Criterion 5 (domestic abuse) saw a drop in the average number of ASB incidents. Families who met Criterion 4 (unemployment) and Criterion 6 (health problems) had an increase in the average number of ASB incidents recorded after intervention.

4.1.5.1. Summary findings for Outcome 5

There was no significant difference in ASB incidents recorded per family after intervention, although the overall rate of ASB incidents recorded was lower.

4.1.6. Economic evaluation

An economic evaluation will compare the costs of the interventions with the benefits achieved. The data does not permit us to do that for a number of reasons. First, without control data we cannot ascribe any causality to the changes in outcomes. Second, we do not have data on the distribution of crimes or on the type of domestic abuse incidents. Third, we do not have an estimate on the average time a PCSO spends on each family (PCSOs do this as part of their job and did not collect information on time spent with families so an average could not be calculated). Given the high cost of domestic abuse (in particular) and of police callouts, it would be tempting to suggest that, if the significant drops in domestic abuse are causal, TFEI is cost effective. However, we do not know the severity of the incidents, the distribution of crime (ie, how severe the type of crime incidents are before and after), or the costs of the intervention. Thus, we cannot provide any estimates of cost effectiveness. We suggest categorising outcome variables into sub-type (for example, type of domestic abuse, type of crime, type of missing persons episode) as standard cost calculations for these exist and reductions in each can then be computed to estimate benefits. Costs can be computed from estimates of PCSO time for each family, as well as any direct costs incurred as part of the intervention.

4.1.7. Summary of results from Phase 1

Our findings show that, out of the five outcomes for which we have data, there were significant drops in three (crime, youth crime and domestic abuse incidents). Without control data, we cannot say whether this drop was due to the TFEI intervention. We also cannot report on changes in non-police outcomes because the research team could not access the data.

4.2. Phase 2: Qualitative evaluation using interviews and focus groups

4.2.1. Method

Phase 2 was designed to explore: 1) The experiences of individuals involved in the provision of TFEI, 2) Views on the benefits and challenges of TFEI, 3) Views on the relationship between the families and PCSOs, 4) Views on the impact of TFEI by individuals involved in supporting families and 5) Views on the merits of TFEI being adopted by other forces. This phase will help highlight the experiences and views of individuals involved in supporting families through TFEI, which will be complementary to the quantitative data findings on the impact of the initiative.

4.2.1.1. Sample

In total, we conducted two phone interviews with individuals involved in TFEI and three focus groups encompassing 16 participants. Thus, overall, we spoke to 18 individuals. Some were actively supporting families; others had been trained but did not have an active family, had had a family in the past or were supervising PCSOs who had families. We also interviewed someone from the TFEI team. Table 15 provides an overview of the sample.

Table 15: Overview of sample

Type of discussion	Number of participants	Background on participants
Focus group 1	3	PCSOs with limited experience of TFEI and no active families currently
Focus group 2	4	PCSOs who have each worked with one to two families, two active families
Focus group 3	9	Beat manager, PCSOs with a couple of families, PC who

		has supported PCSO with their families, PCSOs who have not supported families
Interview 1	1	Former PCSO, has supported TFEI families in the past
Interview 2	1	Member of the TFEI team

4.2.1.2. Procedure

We were provided with a list of PCSOs and their supervisors who were involved in TFEI in Avon and Somerset. We sent out an email with the information sheet attached (Appendix E) to the PCSOs and their supervisors asking whether they would be interested and could participate in a focus group on TFEI.

A community beat manager and a neighbourhood police team sergeant responded and helped identify PCSOs who had worked with families and who were interested in participating. A few other PCSOs had also shown interest in participating but could not attend a focus group. The individuals who were interviewed separately could not attend one of the focus groups at the set date, so a phone interview was arranged.

The topic guide (see Appendix F) aimed to explore the views of the participants and was informed by previous process evaluations that the research team had conducted. A research assistant conducted the focus groups in person on police premises in Avon and Somerset (in Taunton and Clevedon) in December 2019. The semi-structured interviews were conducted over the phone using the same topic guide as in the focus group. The interviews lasted 30 and 64 minutes. Focus group one was 45 minutes encompassing three participants, focus group two took 31 minutes including four participants and focus group three lasted 60 minutes with nine participants.

Participants were told about the purpose of the interview/discussion but were not primed with any questions beforehand. It was reiterated to participants that the research was not designed to evaluate individual performance, rather that it was being conducted to assess the utility and viability of TFEI as a whole. It was also

stressed that the interviews were being conducted confidentially and that no identifiable individual opinions would be fed back to the management team or published. After the interview/discussion, participants were notified of the production of this report, and that they could request a copy of it (subject to clearance with the College of Policing and Avon and Somerset Police). It was reiterated that the researchers' contact details were on the information sheet should they have any questions or wish to withdraw their data. No one took up this option.

4.2.1.3. Analysis

The interviews were transcribed by a third-party transcriber, after which the audio recordings were deleted. Any mention of specific names or identifiable details was redacted during transcription. Template analysis was chosen to analyse the interviews, whereby a broad template was created based on the topic guide and subsequently added to during the analysis of the interviews. Given the broad scope of the evaluation, template analysis was deemed to be an appropriate choice because of its flexibility in terms of accommodating emerging themes not previously anticipated by the research and it allowed for qualitative, as opposed to statistical, analysis of these themes (King, 1998). After the first reading of the interview transcripts, initial themes were noted and put into NVivo (version 12). Then each transcript was reread and coded based on the initial themes and any new themes that emerged from the subsequent readings of the text.

4.2.2. Qualitative findings

The core themes included: the aims and purpose of TFEI; the importance and challenges of building relationships with families; the role of the police in early intervention; and the importance and challenge of working with other agencies.

4.2.2.1. Aim and purpose of TFEI

4.2.2.1.1. Defining TFEI

One of the first questions we asked participants was to describe TFEI. This helped establish the level of insight and understanding they had of the initiative. In some cases, there was a high level of uncertainty and it had been a few years since they had had their training or they could not remember what they had been told, for example:

‘It’s really quite difficult to explain. I don’t think it’s ever been delivered properly to us.’ (Focus group 2)

This is an important issue as it meant some PCSOs may not have been confident working with families as they were unsure of their role and goal. A key emphasis in defining TFEI was the collaboration between various agencies in supporting a family and signposting families to further support mechanisms. However, participants highlighted some issues, addressed later in this section, regarding who should be taking the lead and whether the role of the police was to signpost, liaise or lead.

Participant 1: ‘It’s sort of a family support agency really, isn’t it? It’s going into [...] encourage parents to...’

Participant 2: ‘Signposting them to services that are available.’

Participant 1: ‘Yeah.’

Participant 3: ‘And encouraging them to work with all different agencies as well.’

Participant 2: ‘And offer support, isn’t it, from different directions...?’

Participant 1: ‘Yeah.’ (Focus group 3)

A member of the TFEI team offered a more comprehensive definition of TFEI, which encompassed:

‘Think Family is the police response to the national Troubled Families programme [...] and we include PCSOs to work with families [...] give them the opportunity to follow what the local authority does with regards to a social worker working with the family. So, we ask that the PCSO follows the same guidelines as the Troubled Families programme and that they’re working with families who meet at least two of the six Troubled Families criteria.

‘Avon & Somerset, this [...] the Think Family programme is the only programme that works, as far as I know, with families [...] with the aim to reduce demand, harm, cost on the police service [...] and it’s definitely the only programme that works as a multi-

agency hub. So, Insight Bristol, which is the team that the Think Family programme sits within, is a multi-agency hub split between council staff from Bristol City Council and police staff.’ (Interview 2)

4.2.2.1.2. TFEI being able to reduce the demand on police services

One of the aims of TFEI is to reduce the workload and the demand on services such as the police. By providing early intervention, it should lead to an overall reduction in crime and a decreased need for the police to step in.

‘I think of the Think Family thing as more of a support, so we’re trying to put the early interventions in so it can stop us having to deal so much in the future with that child and family.’ (Focus group 2)

‘I think [...] I want to say it’s about £600 for a call-out to the police [...] and so, obviously, if you’re doing cost-benefit analysis and you’re looking at the amount of money the police are spending on these call-outs, multiple call-outs to one address, that’s a huge demand on [...] on the police service, and also a cost to the taxpayer, so, on paper, it’s a really good idea to get involved with it.’ (Interview 2)

Some participants, however, reported that the demand TFEI placed on them was not worth it, and was in fact increasing the workload and pressure on the police with no tangible results.

‘Ultimately, I feel that it was kind of created or introduced within Avon and Somerset to try and reduce the demand that these individuals are having on the police. Effectively, we [all] want to stop calls, we want to stop people calling us because they don’t need us. Actually, the initiative caused me a lot of demand, a lot of work, until the point I said no – I just said, “I’m not dealing with this anymore – this can go back to social services.”’ (Focus group 1)

4.2.2.1.3. Being able to help families and early intervention

A core aim of TFEI is to help vulnerable families. Many participants reported that, by supporting families who needed the help and were vulnerable, they could provide early intervention and reduce future criminality. A particular area of concern was intergenerational cycles of criminality, where children were born into families that were prone to criminality and generally mistrusting of the police. Therefore, by providing early intervention there was hope that the children could make their own path and ensure the offending does not escalate. Early intervention was seen as building positive relationships with families and communities and challenging notions of the police being against them.

‘My feeling is that it was probably to try and intervene early on with [...] families that perhaps are involved with criminality [...] that cause us [...] a lot of time actually sort of dealing with those families through like various generations. So, yeah, my view is that, actually, if we can get into those families early on and provide that support, we could potentially prevent children and other family members going on to commit crime and obviously being a drain not only just on the police service but on all other agencies within the area. So, yeah, so I think some statistics and things were done and particular families were meant to be sort of captured at that early stage to stop it escalating further.’

(Interview 1)

‘I think the benefits are obviously [...] sometimes we get families highlighted to us that we might not have necessarily come across, so it does give us that opportunity to get in early and offer some support and build up a relationship with them, especially if they’ve, in the past, maybe had a bit of a negative view of the police or not viewed us as a kind of support agency. It gives us the opportunity to build that working relationship with the family and actually show them that the police aren’t just about, you know, capturing baddies and locking them up. We are here to try and help people as well.’ (Interview 1)

TFEI also introduced the so-called Positive Change Award, which was given to families who had shown a great turnaround and level of engagement with TFEI. This was meant to (in part) recognise the accomplishments of the families and the progress they had made, as well as the work the PCSOs had done in supporting the families. During Interview 2 the participant outlined a recent example:

‘And so, for example, we had somebody in Yeovil who [...] the PCSO used the £50 voucher to buy this kid a Yeovil football club kit, and also a tour around the ground, and so that was really encouraging and it actually made [...] I want to say headline news [laughing] but it’s not headline news! It was on [...] our intranet, so on the front page, and that was really great because it also got the word out about Think Family [...] and it encourages the PCSOs, I think, to [...] to try as hard as they can to change the family’s behaviour, or sometimes actually habits, to change their habits [...] and, after, they can reward them and say, you know, “You did really well and please keep up this work because it’s fantastic – look how far you’ve come,” kind of thing, here’s your reward... So, yeah, I think that’s also good.’

(Interview 2)

4.2.2.2. Views on training

Most participants could remember very little about their TFEI training and what it included. This meant that they felt underprepared to support families and were also not sure why they would use TFEI instead of their own professional judgement in engaging with families, which would also involve less paperwork.

Participant 1: ‘Yeah, 2.5 years for them to have mentioned, roll it out, and then when they roll it out, I thought [...] I thought, well, three years ago, we were given that training – I can’t remember that from three years ago!’

Participant 2: ‘I wasn’t even given the training.’

Participant 3: ‘No, I wasn’t.’ (Focus group 2)

Others spoke about how they would have liked more practical elements included in the training that could be applied to their work to help them better understand how TFEI works and the process.

‘...into our day, where [...] two people came in from Think Families to say we’re here. They ran through their pathway, about what they do, but there wasn’t really anything sort of practical brought away from it, like we didn’t really learn how like to go about it, or there wasn’t really any kind of [...] real input into, yeah, the whole process and how to sort of start that process.’ (Focus group 3)

The TFEI team acknowledged that the length of time between when PCSOs were trained and were given a family was an issue.

‘The only criticism [...] not criticism as such, but [...] it’s kind of a negative side to the training, is that the training is very, very, very early on in the PCSO’s career. I mean, we’re talking like their first or second week at HQ. And so, they’ve gone from being the average Joe to then becoming a police officer, in the space of a week, and we’re then going in and, in my opinion, Think Family work is complex, and it is difficult and it’s challenging, not just because of the work that they’re doing working with the families and meeting them directly. I think some of these families could potentially be quite dangerous, and we’re asking a PCSO to go out by themselves, and the PCSO has no powers, so they’re not, you know, they don’t have protection on them – it’s different to a police officer.’ (Interview 2)

Some PCSOs reported that they felt frustrated and confused about the process as they were trained a couple of years ago (if at all), during their first weeks on the job before they had a real grasp of what their job would entail and could no longer remember the details and procedures of TFEI.

4.2.2.3. Procedural challenges of TFEI

4.2.2.3.1. Process of TFEI

Due to some of the issues with training, some PCSOs reported struggling with understanding the purpose and process of TFEI. They were not always sure what they were meant to be doing with their families and in part felt quite isolated. Additionally, participants found TFEI to be very time consuming and draining on their resources.

‘Well, yeah, and you’ve got all these forms and all these templates and things that you need to fill out and it’s just very time-consuming.’ (Focus group 2)

Another issue in the process of TFEI was that PCSOs reported not getting feedback on the families’ progress when they made a referral. This appeared to be demotivating to the participants and they would have appreciated further input on the family’s situation and progress.

‘I think also, when you do it yourself, you’ve got that feedback. You’ve got a conclusion. Whereas, if you go through Think Family, you don’t ever hear back. Like I say, you can hand it over, refer, and then, that’s the end of it – I’ve never heard back for any referral [I’ve ever given].’ (Focus group 3)

4.2.2.3.2. TFEI in comparison to other family-based interventions

In part, the challenges of the training and process of TFEI meant that participants reported preferring to turn to other interventions, including those based on professional judgement and guidance from colleagues. Participants reported that professional judgement interventions were more straightforward, with less paperwork. Furthermore, due to the lack of forms, families found it more acceptable and less stigmatising than a formalised procedure and intervention.

‘The thing is, I’ve got loads of families that I work with, with kids that kind of misbehave and getting into the wrong crowds and things like that, but obviously, it’s not got the name of the Think Families. I think maybe the Think Families name puts a little bit more pressure onto it [...] you know, because what I do with my

family is exactly the same as what I do with [...] five or six other families that I've got living on my beat.' (Focus group 2)

Our impression was that for some PCSOs, there was confusion about how TFEI fits with their other activities relating to family support. Although they engaged with it because of perceived value (as indicated in the previous quote), there were questions about it being implemented as a 'blanket initiative'.

'I think we're very good at reinventing the wheel, aren't we? That's the problem. We could be going along [nice and succinctly] doing what you're doing and it's working, and then, all of a sudden, there's this new initiative – let's work on this! And you're thinking, well [...] well, we're already doing that, but the way you want to work, it doesn't work for us. It might work for Bristol, might work for London, might work for Manchester – it doesn't work for sleepy little Nailsea or sleepy little [...] even Weston, you know, it's not [...] it's [...] You can have an initiative and have a guideline, but that has [...] has to be reworked to wherever you work. That's not always seen. That's not always thought about. And it's always taken from you. Most initiatives are borne from inner cities, like this one would have been, and like I say, what's got you there doesn't translate, and vice versa – we wouldn't take, you know, sheep-rustling out to Bristol because they haven't really got any [laughing], so, you know, it's not going to work there, is it?!' (Focus group 3)

'Another thing that happens all the way through Avon and Somerset is what works really well and what sounds like a fantastic idea for the inner city doesn't translate when you bring it out into the rural area, rural villages. It's not easy and it's not necessary or just will not work or will probably be more detrimental than it would be helpful. So, it's looking where is this needed, where would it be helpful, and not sending it out to the whole of Avon and Somerset as a blanket initiative because it doesn't always work and doesn't [...] doesn't translate in different areas very well.' (Focus group 3)

Another reported challenge was the notion of introducing an intervention for the sake of bringing in something new, instead of reflecting on the context in which it will be applied. Particularly in terms of the rural-urban divide, it was seen to be poorly conceived to assume that the contexts were the same. Participants expressed the viewpoint that it would be important to translate these interventions into the relevant contexts and not assume they will work universally in all settings. Earlier in this report in Figure 1, the TFEI referral and selection process of families is detailed. However, during the discussions with participating PCSOs, it was clear they were not sure about the process, and they were not necessarily the ones who decided that a family would be selected for the intervention. This was in part the problem that participants felt that the wrong families were selected onto the programme.

4.2.2.3.3. Views on selection of families

A big challenge in the process of TFEI was the selection of families. Due to the nature of early intervention, it means that families should be selected as soon as possible. However, participants reported that this ended up being a catch-22 because, by the time they come to the attention of the police, it might already be too late and their needs may be too complex for a PCSO to support.

‘Maybe my Think Family would have worked if I’d have got to the family five years ago. You can’t give me a Think Family when the kid is 13, 14, and he’s having some serious issues with depression and he’s beaten mum up several times – way beyond Think Family. Maybe I should have got to the kid when he was [...] seven...’ (Focus group 2)

Participant 1: ‘With my child, I was just going round once a week to play FIFA with him on his Xbox, just going round, just trying to get him to talk, loads of communication, just talking, and he was getting on really well, explaining his feelings, what was going on, thought I was getting somewhere, and next [day], he beats his mum up, beats his mum up, smashes the car up. I went round and seen him and he’s right as pie again, “Yeah, I’m fine now, yeah, just had a bad moment...” Okay, right, let’s try and get past that.’

Participant 2: 'The thing is, you're not qualified to deal with that.'

Participant 1. 'No. But that is it. So, I'm there, trying to, you know, "You've got to think about your behaviours," and he said, "Yeah, I do, I do," and the next day, he's trying to throw himself in front of traffic.' (Focus group 2)

Some participants considered themselves to be underqualified to support the complex needs of some families, particularly when mental health issues were involved. Mental health was seen to be a common theme.

'So, I think the common themes out of this is, a lot of these families we work with, there's like massive concerns around mental health, around like the conditions within the home, and mental health is something we struggle with every day in the police. I mean, it's just [...] I'd say, you know, 90% of our calls are somehow related to mental health. But yeah, and [...] and we're just not trained to deal with that.' (Focus group 2)

Another challenge was reported to be in identifying the vulnerable families that need help. Some found it frustrating because they did not meet certain thresholds, be it through TFEI or other agencies. However, these families still needed support. Others spoke about how TFEI actually helped them identify vulnerable families who needed support who could have otherwise slipped under the radar.

'And that's very frustrating, from my point of view, if there's help out there and we can't tap into it to use to help a family [...] Because if you fix a generation now, you won't have to deal with them [...] later on, but what we're seeing more and more of is the younger generation are almost being let down because the services that are available are unusable, because we can't use them in a certain – whether they don't meet thresholds or they don't qualify for it or this and that, and actually, then you've got another generation breaking the law, antisocial behaviour, again, and then you've got another generation is going to come through after that. Are we going to be in a better position 10, 20 years down the line? I can't see it, myself, unless we get a more

stricter, straightforward path on using these agencies so we can go, actually, right, I've got the details for that, and then you go and work with that family and we ain't got to worry about too much of thresholds because you think we're not going to help this person because it doesn't meet level four, but actually, they do need help, they just don't need to be left. That would be my view.' (Focus group 1)

'So, I got this Think Family scheme and it identified a family that I probably wouldn't have been aware of, and I started working with them. That's probably the only good thing that came out of it.' (Focus group 2)

Further discussions considered the types of families that needed support. Some felt it would encompass families from quite deprived areas, but others said that they can also actually be quite wealthy. This can come with its own challenges, where some families may be more ashamed of police involvement, making engagement with the police harder.

'It may be that they [...] they would see it as a shameful thing. They may see it as a [...] an embarrassment, having to ask for help or to have people going in and giving them that help. Whereas, you go to some of the more deprived areas of Bristol, they will snatch that help, snatch your hand off for that help...' (Focus group 3)

4.2.2.4. Relationships to families

4.2.2.4.1. Building trust with families

One challenge of working with the families was considered to be their lack of trust in the police. Some participants reported that it was difficult to build a relationship with a young person when their friends and family warned them about the police and told them not to engage with them.

'I mean, a lot of the parents, I find a lot of the parents are so negative, the kids that we'll work with around team around the

school, one-team, it's the parents that are the negative impact.

They'll be like, "Don't trust the police." (Focus group 1)

Additionally, participants reported that parents may fear that their children will be taken away from them and that the police are there to spy on them. So, families may feel reluctant to work with and trust the police. Thus, building a relationship with families is something that takes time.

'So, we went in and did engage with them and the children were a bit better with us. To start with, they were very anti-police and [...] and she didn't want any other services going in because she felt that, you know, having been in a domestic relationship, abuse relationship, she felt that we were there to spy and possibly take the children off of her.' (Focus group 3)

'It takes a long time to build up a relationship with a family. It doesn't happen overnight. If you're referred a family and they [...] I used to cover [Yem] and, years ago, there was families in there that took me [...] years [...] a good year to [...] to [...] for them to trust you.' (Focus group 3)

4.2.2.4.2. Families' understanding and perceptions of the support provided through TFEI

Participants spoke about how it was difficult to convey to the families what the role of the police was in TFEI. They reported a common misperception that some families expected monetary compensation from the police to help them and assumed that agreeing to TFEI would help them gain this. Participants reported that parents also sometimes assumed that they would get support in parenting or disciplining their child. This could then mean that families were disappointed and disheartened by what the police had to offer and refused to engage any further.

'As we've said, the theory of it is great. The practicality of it isn't quite as simple as it sounds [...] "Oh, I've come to you because, you know, I know there's this, that and the other happening [...] and I've come to offer some support and help to work with you to see if we can solve it," and most families will be like, "Well, what are you going to do for me? When are you going to do it? I've

been waiting on social services to do so-and-so and my benefits have not come through – can you do that?” and we’re like, “No, but we could maybe take you to the library and get you some free internet service,” or “We could take you to – make sure you are registered with the health centre so your children are getting the injections” or “Show you how to and then you can do it”, and then, at that point, when [...] when it’s like, oh no, it’s not [...] something that we’re going to lead on and do all for you, that’s when they just close down.’ (Focus group 3)

Participants also discussed the ramifications of building a close relationship with a family, because they felt that the family might no longer respect the police aspect of their role once they become accustomed to them. Therefore, it can be inherently challenging juggling two roles and participants challenged the idea that early intervention was the duty of the police.

‘Because, if you take, if you take a family, and we go and work with them, we’re there because they’ve done something wrong [...] broken a law, antisocial behaviour or whatever, or not attending school and stuff, and it’s then put on our radar. If we’re in there leading and [...] we become part of the furniture, so what happens when they divert off that line that we need them to be on? They’re not going to listen to the person that’s been in their house every week and chatting to them and got that rapport with them – you’ve now lost the police aspect of “Actually mate, you can’t do that...” but then they’ve still got that person they can speak to. So, you can’t be both [...] you can’t [...] You can try and be both, but sometimes it won’t work.’ (Focus group 1)

4.2.2.5. The role of the police

Another challenge reported by participants was a perception that the police considered them to be more accountable and readily available than other organisations. This resulted in them bearing the brunt of the work even when it was not in their remit.

‘So, yeah, I would [...] I would suggest it’s probably going to be a good tool and would certainly help out, but people need to [laughing] realise that the police can’t do everything. There is an expectation we do everything because we are the police. We’re there 24/7 and a lot of other agencies aren’t.’ (Focus group 1)

Others more broadly discussed the role of the police and felt their job was about crime prevention and detection. The focus group participants suggested an overemphasis on prevention hindered the police in their ability to protect society as a whole. Participants felt that, because families did not meet thresholds of other services, it was up to the police to support them, but argued this should not be what the police spend their resources on.

‘If you think about what the police are here for, it’s here to prevent and detect crime, and, actually, most of that work is really [...] like our prevention of crime is [...] is, these days, is going round and making sure that the elderly people are locking their doors and stuff like that, reminding those people to do those things, carrying out speed-checks and stuff, preventing those things. We can’t prevent the social issues that are happening within a family because they’re there, and I’ll always – I’ll never agree and say it’s a police matter to deal with it because, yes, we’ll deal with the domestics and stuff like that, we’ll reduce [...] we’ll try to stop them from happening, in the sense that we’ll go [...] and then signpost, but when those other agencies aren’t then picking the work up, it keeps falling back to the police, and this is exactly, in my opinion, this is the same with Think Family.’ (Focus group 2)

On the other hand, some participants believed that early intervention was a fundamental role of the police.

‘I think early intervention from the concept of the policing point of view is so important. You have, time and time again, we see the same [...] names, addresses, come up on police systems, and I work really closely myself with social workers in Bristol – if they were the only ones to work with that child or that family, the

police would still be seeing the names, and they are still seeing the names. If we don't get involved and if we don't deal with that, from an early intervention point of view, then those children will continue to offend because the police aren't involved, continue to cause trouble, commit crimes, etc., and not attend school, and that's also affecting the local authority. And so, no, I [...] I would disagree with that and say it's absolutely a police [...] a police issue.' (Interview 2)

4.2.2.6. Working with other agencies

Some PCSO participants spoke about how they had positive experiences of working with other agencies, and how a good collaboration improved their ability to support the families.

'I'm part of [one team/1 Team] on my beat area, which [I'm] quite lucky [...] so it's a multi-agency approach, where we have schools, Get Set services, parent and family support advisors attend, so I was always quite surprised if I ever got a Think Family because I thought, oh, it would be referred in the [one team/1 Team]. I did get a family that [...] it was referred by one log, police log [...] but then, I was quite lucky because I've got the links with those agencies, that I was able to say, "Are you working with this family?" and they were, so it made the process a lot quicker for me to, eh, you know, find out which agencies are involved, so then I could sort of task those agencies, "Can you please go see mum?" or, you know. That helped me massively. But, obviously, other colleagues aren't as fortunate to have the one-team way of working on their areas. I just found it [...] it helped massively.' (Focus group 2)

4.2.2.6.1. Involvement of multiple services in supporting families

Because many families have a lot of different services who work with them, participants reported that it can be difficult to negotiate who should be taking the lead on the case. In addition, it was considered that some families might find it overwhelming to have so many agencies involved. In cases where other agencies

had been involved but failed to support the family, it was reported that families became disillusioned by the process and refused to engage with the police.

‘I’ve done one Think Family early initiative [...] and then closed it about a month later, solely based around it was just too much for the youth. So, he was really working with a different [Team 8], he had counsellors and stuff like that – one more thing on top of it just seemed to throw him, so we stepped back.’ (Focus group 1)

Participants also reported frustrations when families had complex needs but were not meeting the threshold of some services the participants thought they ought to be. This meant they had to support families with complex needs where they did not feel qualified to be the ones offering support.

‘... social services are very frustrating. Like my family have a social worker, but just at the time when things have started to escalate, she wants to step down. She’s saying, “Look, I’ve been working with this family for a long time – you’ve got the support, you’ve got the support of Team 8, which, you know, has progressed from Think Families” [...] she was saying, “I don’t know what more social services can do,” so she’s going to step down, and I was like, “Well, no, actually, this is the wrong time for you to step down because things have started escalating...” The 13-year-old, with my family, is [...] is out committing crime now [...] quite serious sexual-related crime [...] So, again, I don’t think social services help matters. The lines of communication are never that great. It always seems to be a one-sided...’ (Focus group 2)

‘I felt, personally, when I started working with my family, they had no extra support from other agencies, and I felt like a parent, a social worker [...] Mum was calling me constantly, like what [NAME] was saying, expecting me to turn up like that [...] and yeah, I had to work quite hard to get Team 8 involved with them to try and take some pressure off of me because I’m

obviously not qualified as a social worker [laughing].’ (Focus group 2)

A further issue regarding the collaboration of multiple services was the duplication of work.

Participant 1: ‘Either that or there’s complete duplication. So, we have the team around the school meetings we go to, so that family, that student is already on the [...] on the school agenda, and there’s already loads of agencies working there, so it is duplication a lot.’

Participant 2: ‘Because a lot of these families get very confused when they have a lot of people working with them, you know, like they might have, yeah [...] you know, Think Families, they might have...’

Participant 1: ‘...CAMHS [Child and Adolescent Mental Health Service], they might have somebody within the school – like, in my case, they’ve got [...] work, which is around sexual behaviour. He’s got somebody working with him on that. So, you know, they’ve got [...] so many people, and they get confused as to who’s doing what and who they contact for what requirement. So, I mean, either, under the heading of Think Families, it either needs to be Think Families that just run with the whole thing and do everything and we step in if there’s a crime element, or we don’t be involved at all.’ (Focus group 2)

‘Quite a lot of work that they’re asking us to do, it’s already being done by other people, and it – you just find [...] you’re being pushed in a direction, and we keep saying, “But why are you asking us to do that because they’re doing it?” and “Why are you asking to do that because they’re doing it?” and I think it’s working [...] finding out what other people are doing and what other agencies are doing, so you can work together rather than all repeating, just doing the same thing.’ (Focus group 3)

4.2.2.6.2. Data sharing

A further stumbling block in the multi-agency approach was reported to be the sharing of information. Participants discussed how they found it difficult to support families because they were not given all the information they needed.

‘And in this role at the moment, I’ve found that social workers do not like to exchange any kind of information. Even though we’re all open to disclosure in our role with information, social workers are very cagey, I think, in disclosing any information to the police. We’re quite happy to hand it over to them. We’re meant to be working together – we’re a multi-agency profession, but they don’t like to come to us [...] in regards to information, and information that we should know if we’re going to one of those families [...] in my experience [laughs]...’ (Focus group 3)

Some of the criteria to be eligible for TFEI involve LA criteria. However, the police do not have access to this information, relying on collaboration with other agencies in the context of data sharing.

‘The last three, the worklessness [...] health problems and school – sorry, not the last three, the school is the second – are all local authority criteria, so that’s why the police programme works really closely with the local authority, and the local authority actually fund our programme in the police because, without them, we wouldn’t be able to get that data. School data, health data and financial exclusion isn’t on police systems, obviously, because it’s not a crime [laughing], unless, eh, the social worker tells somebody in the police that the child isn’t attending school and is therefore going missing, etc.’ (Interview 2)

Health data was reported to be one of the gaps in information sharing that participants reported would be highly beneficial in helping them better support families.

‘But it’s still a real issue around the whole NHS, and especially GP data – that’s really, really difficult to get hold of. And it’s [...]

it's frustrating [...] is probably the best word, because from a [...] a professional point of view in terms of referring families on, it would be absolutely ideal to know every element of information that we could about these people. Quite a lot of the time [...] children are linked to really serious cases, such as CSE, which is child sexual exploitation, and we can see that they're going missing regularly, and, eh, let's just say, if they were to get pregnant or if anything was to happen to them physically, it's not just the mental health you have to worry about – GP data is so important, and health data is so important, because although we actually would know that they're pregnant, we wouldn't know unless they've had the baby, because they wouldn't then be going into hospital, and it's everything like that. So, if we had full data-sharing from every aspect, that would be absolutely brilliant [...] because our intelligence packs and our information on the local authority system would be completely up to date, there'd be no worries about [...] anything like that, but it just [...] it unfortunately doesn't happen, and, as frustrating as that is, we just have to accept it and try the best that we can to get as much information as possible. But, yeah, it's the accuracy element of it as well.' (Interview 2)

4.2.2.7. Views on the impact of TFEI

Generally, participants were quite negative about the impact of TFEI. However, some found it positive and recognised that the success of TFEI would vary among areas and families.

'Our opinion, my – you can probably tell, there's four people around this table [...] that have said it doesn't work. I don't think it does. We were told, three years ago, at some training, that we're each going to have a Think Family plan each. We've only had Think Family in Taunton in the last six months.' (Focus group 2)

Participants discussed that TFEI has the potential to reduce crime, but it has to be implemented and applied effectively to accomplish this.

‘And that’s the key, isn’t it, really, is just that tool being used effectively and correctly, instead of just, oh, you know, plug that in that hole just to make it work, to make it skim over so they can go to the next bit because, actually, most of us care about our communities and really want to use tools to fix it, not just patch it up, if that makes sense.’ (Focus group 1)

‘Yeah. Nothing has [...] nothing positive has come out of it. Yes, I’ve spoken to other agencies and things like that, but not necessarily have we made any change to that, how that family is as a nucleus, whether it’s, you know, a single parent or two-parent or [...] looked-after children – do you see what I mean? So, yeah...’ (Focus group 3)

‘Yeah [sighing]. I think, sometimes, I think, looking at it, like I say, in theory, it’s a brilliant idea, but I think the percentage – if you look at the percentage of families that are referred to the percentage of families that actually [...] have worked with it and have come away with a positive experience and a positive outcome, it’s [...] financially, I wouldn’t say it was worth it.’ (Focus group 3)

‘Obviously, it is difficult because, you know, my colleagues have had different experiences, and I know some of them have had some really positive [...] work out of it, in terms of like really [...] really turning around mainly sort of young people who are looking at going down that path of criminality, that they’ve really been able to sort of engage with that family and really support them and stop them getting into trouble. So, yeah, I know that there has been some really good examples [...] but I sort of haven’t had anything that dramatic.’ (Interview 1)

4.2.3. Summary of findings from Phase 2

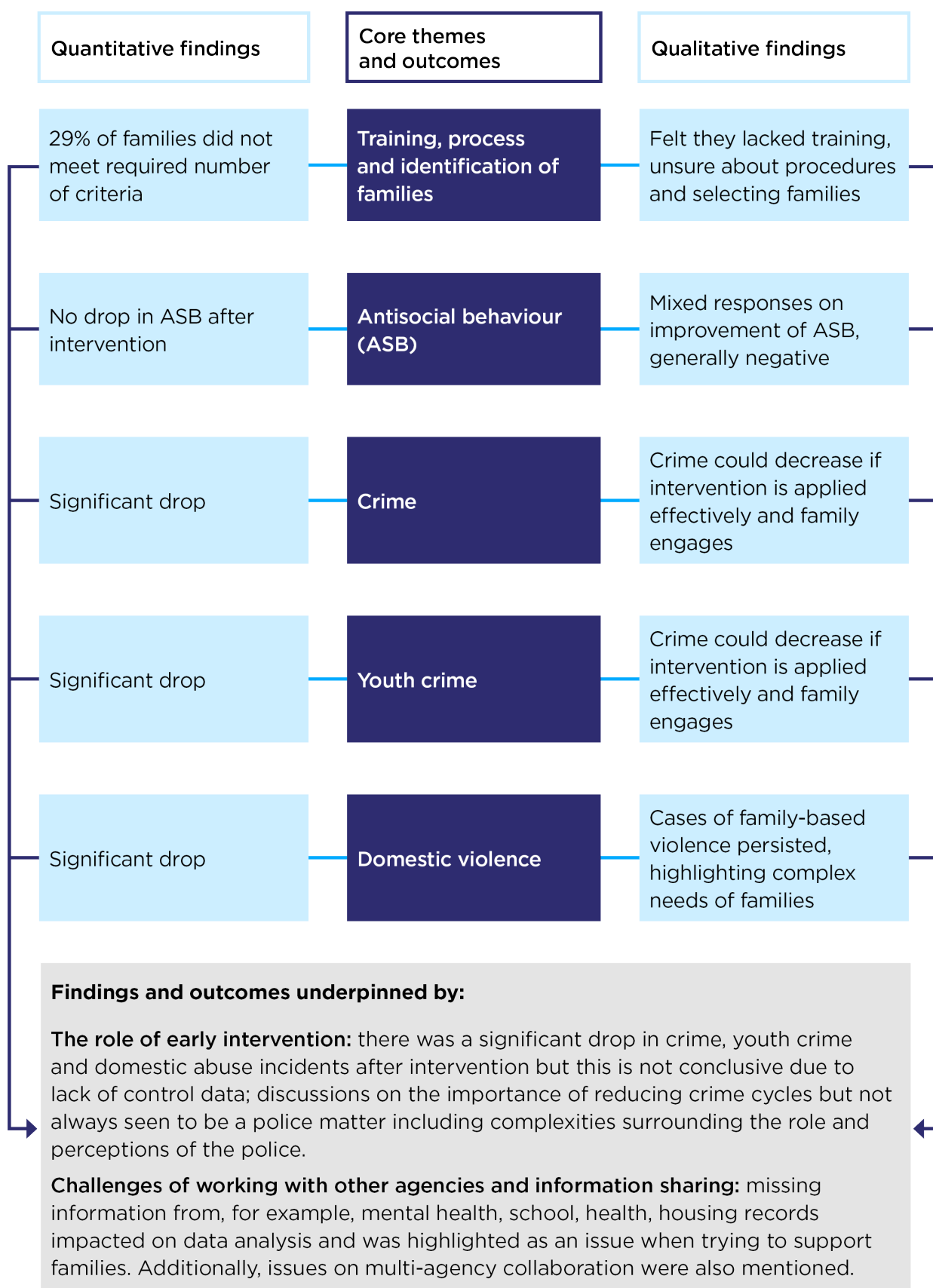
Phase 2 has outlined the findings from the interviews (n=2) and focus groups (n=3) conducted with individuals (n=18) involved in the provision of TFEI in Avon and Somerset. The participants had various levels of involvement with the intervention

and offered their experiences and views of TFEI. The aim of the interviews and focus groups was to gain an insight into the views and experiences of those involved in applying TFEI. The discussions explored their views on training, the relationships they had with the families, the impact they felt TFEI had, along with the general benefits and challenges of TFEI. It would also have been highly beneficial to speak to family members to understand their experience of TFEI, however we were unable to do so.

Some PCSOs felt underqualified and out of their depth supporting some families with complex needs. This raised some issues with the selection of families and the level of support PCSOs can offer. Additionally, there were general concerns about the procedures and training, with many PCSOs struggling to remember what the training and procedures are, subsequently making them generally reluctant about the programme. It was also challenged whether this type of intervention should sit with the police and the level of responsibility other agencies have in contributing to supporting families or even taking the lead on cases. TFEI could help reduce the workload experienced by police and help reduce intergenerational crime cycles. However, to accomplish this it is critical to tackle some of the challenges faced by PCSOs delivering the programme and ensure that the intervention is effective and not cumbersome to those involved.

4.3. Phase 3: Data integration

Data from both phases was integrated into a joint data display, depicted in Figure 3, to inform the overall findings and recommendations. It was noticeable that the qualitative findings were highly critical of the intervention, which contrasted with the quantitative results. In this section we explored how these findings can be integrated and inform a better understanding of the overall intervention and highlight some of the discrepancies present.

Figure 3: Joint data display

4.3.1. Training, procedure and selection of families

Qualitative findings showed that training was not the same across the force and that more training would have been preferred by the practitioners. There were also comments around difficulties with the procedural side of things, which were linked to the lack of training. Issues around meeting the threshold for some families were highlighted, and that practitioners ended up using professional judgement in identifying families that needed help but did not necessarily meet the official criteria. Data analysis showed that 29% of families met none or one criterion before being put on the intervention, although formally families had to meet at least two criteria to qualify, which supports qualitative findings. The reasons for this are unclear, but may indicate that PCSOs were supporting families that would otherwise have come under the remit of other services. This resulted in PCSOs dealing with more complex families and individuals to support than had been initially envisaged as part of the intervention.

Overall, more training and better managed training for this intervention would be advisable. Increased procedural awareness and more guidance and oversight about identifying the families who need support is necessary. Our findings show that in some cases too much support was given all at the same time, while in some cases families who received support did not necessarily meet the official criteria. This suggests that better overall management of the intervention in terms of its allocation to families could lead to increased efficiency in how these services are delivered. The use of the Think Family Database (TFD) in Bristol for case identification and tracking, as outlined above, could be rolled out to the rest of the county.

4.3.2. Crime, youth crime, ASB and domestic violence findings

On the main outcomes of crime, youth crime, ASB and domestic violence, findings from both qualitative and quantitative findings seemed to mainly agree with each other. Data analysis reported significant drops in crime and youth crime. However, this does not establish a causal impact of TFEI. Reductions in offending can be expected simply due to the passage of time, as involvement in offending tends to reduce over the life course, a relationship known as the 'age-crime curve'. This shows that offending tends to start in early to mid-adolescence, peaking around 18 years and then, for most, stopping around 25 years (McMahon and Jump, 2018).

The quantitative data from this study shows a larger decrease in levels of crime 12 months after TFEI compared to 12 months before among families as a whole rather than those members aged under 18, who will be coming to the peak of their offending (Outcome 1 means reduced by 1.62 over this period compared to Outcome 2 for youth crime where means reduced by 1.28 over the same period). However, beyond this, interviews suggested many PCSOs believed engaging the family with the intervention could cause crime, including youth crime, to drop. This reflects the findings of the desistance and assisted desistance literature, which emphasises the role of supportive individuals in an offender's process of desisting from crime and creating a new non-offending identity (Maruna and Mann, 2019; Sapouna et al., 2016). This applies to both adult and youth offenders (Hampson, 2018; HM Inspectorate of Probation, 2016; Morris et al., 2008).

While the quantitative findings show a significant drop in domestic abuse incidents after the intervention, findings from the interviews and focus groups showed that violence was often directed towards guardians and siblings and incidences seemed to persist. This highlights the complexity of the needs of the children involved and possible mental health issues. This does not contradict the fact that there may have been a drop in average levels of domestic abuse while certain types of underreported family violence, for which we have no data recorded, continued.

4.3.3. Issues surrounding complex needs and lack of information

In the interviews, participants emphasised issues surrounding young people with complex mental health needs and that there was a need to train PCSOs on how to better engage with such families. Lack of data on these measures meant we could not provide conclusive evidence on the extent of this problem.

Interviews also highlighted the challenges in supporting families because of limited information and issues in collaborating with partner organisations. There was an overall lack of information available to the PCSOs from other agencies, such as: schools, council/housing for issues around mental health, suicide attempts and pregnancies, which led to missing episodes from home. Data analysis was also limited because of the lack of data on outcomes, which were not of a criminal nature.

Therefore any changes that could have happened due to the intervention, such as improved school attendance, could not be analysed.

4.3.4. Early intervention and the role of TFEI

We found a drop in main criminal outcomes before and after the intervention, though the lack of control data meant we cannot say whether TFEI was the cause.

Qualitative findings showed the complexities of the families worked with and the need for training so that engagement with those families could be improved. PCSOs mostly appreciated early intervention was critical in reducing crime cycles but felt it was not the role of the police, and others did not see the link between intervention and crime reduction. This reflects findings from the research, which underpins the 'Think Family' or whole family approach (Morris et al., 2008) that it challenges traditional professional boundaries, which can make it controversial among those employing it who require new professional knowledge and frameworks, training and shared objectives. Even when acknowledging the role of supporting families, some PCSOs felt that the TFEI paperwork was burdensome and in fact they were already supporting other families in a similar way but not under TFEI.

4.3.5. Overall data integration findings

While the initial data analysis suggests some encouraging signs in working with families and there is a reasonable amount of understanding and awareness of the value of intervening early and supporting families, it is not clear that TFEI was fully understood by the PCSOs and those that did engage faced a number of challenges. Data analysis would require a longer follow-up time on outcomes. Confirming desistance from offending has long been a challenge for research, especially involving children and young people, as it is a process enacted over the life course. However, any additional follow-up period can add to the strength and reliability of findings. In addition, the availability of control data for families who were not worked with but faced similar issues would allow for an understanding of the precise impact of early intervention. It would also be useful to compare families that were similarly supported, but not as part of TFEI, to understand whether any positive changes are due to TFEI or whether it is mainly the early support that is important. This has implications in assessing how such early intervention programmes can inform the work of other forces. Clearly, an understanding of this needs sharing of agency data

and better information sharing of how referrals by the PCSOs are followed up. Building the evidence base on precisely what works in terms of early prevention and better managed training would increase the awareness and understanding of how early intervention and crime prevention are linked together and would lead to better engagement with families in delivering the intervention.

4.3.6. Limitations

One of the main limitations of this study was our inability to speak with families and hear about their experiences of TFEI. This was due to ethical approval taking some time and challenges from the TFEI side to distribute our recruitment requests to families. For the other qualitative interviews, PCSOs were not very responsive and were based on particular areas that did show an interest, therefore may not be representative of how all officers feel about TFEI. Our TFEI contact did state that some areas were more negative about TFEI than others and had less contact with their team. Another key limitation was the lack of control data received from the force, which would have helped uncover the impact of TFEI in contrast to other interventions.

Conclusion and recommendations

The TFEI evaluation showed mixed findings. The quantitative phase showed a significant reduction in domestic violence, crime and youth crime for families after the intervention, but not for ASB or missing person episodes (although numbers were lower after intervention for these as well but the change was not statistically significant). This indicates that families in this intervention had a reduced number of domestic violence incidents, crimes (including youth crime) recorded as well as ASB and missing persons episodes. However, we could not compare their outcomes with the suitable control group to analyse any causal effects. Thus, the analysis cannot distinguish between the normal reduction in criminal behaviour for young people that the literature has found (see discussion in 3.4.2, 3.4.4 and 3.4.5) and reductions arising from the intervention. While control group data was sent after the period of this project, it appeared to be the case that this 'control' sample was also subject to interventions (and it included all the families from our 'treatment' sample, who were subject to the TFEI) and we have no details on the type and nature of these interventions. There was no data provided on non-police outcomes and the crime data was not broken down into crime type. Hence, even if we assumed the drops in police-related outcomes were due to TFEI, it was not possible to do an economic evaluation.

Participants in the qualitative phase told us that early intervention is crucial, and they believed this to be an important philosophy of TFEI. They reported, however, that they could not always achieve such early intervention. The reasons for this are complex and include families coming to officers' attention too late, and that officers did not have the tools to handle some complex issues such as mental health. The majority of participants in the qualitative phase reported that, while early intervention is important, there was less agreement on whether the police should be taking the lead in early intervention. There were also concerns around getting feedback from other agencies on their referrals and a lack of data sharing across agencies. Some PCSOs did have positive experiences suggesting cooperation between agencies varies across localities.

There are two elements of the intervention that are being delivered in an inconsistent manner.

1. In the qualitative findings some PCSOs reported that they had received inadequate training. They reported that this impacted negatively on their knowledge of TFEI and how it should be implemented.
2. The quantitative results showed that some families had been referred onto TFEI without meeting the threshold of two criteria.

The findings from this report have informed the recommendations as follows:

1. Provide a refresher training for PCSOs involved in delivering TFEI.
2. Ensure supervisors of PCSOs have an understanding of what is expected of PCSOs involved in TFEI.
3. Ensure other agencies involved in supporting families are aware of what TFEI can offer and make sure that it is clear who will take the lead on supporting families and that relevant information is shared across agencies.
4. Ensure the appropriate selection of families onto TFEI.
5. Ensure that families know what they will get out of TFEI.
6. Consideration needs to be given to the families that are selected and a PCSO's ability to support that family.
7. Have regular communication between PCSOs and intervention leads.
8. Recognise the need to adapt to areas. Replicating programmes designed for (say) an inner city may not be appropriate in a rural area.
9. Consider whether TFEI is an appropriate tool for PCSOs to be using with limited resources and time.
10. Be aware of sustainability issues of the intervention, especially in forces where PCSO numbers may be subject to reduction.

In summary, early intervention to support troubled families is undoubtedly a laudable idea. But operationalising such support requires better working across agencies. PCSOs currently do not have the capability to deal effectively with the complexity of cases without the expertise of other agencies. An effective coordination across relevant agencies is a prerequisite for such programmes to achieve success.

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Appendix A: Information for PCSOs

What is Think Family?

As a PCSO or PC you may have been asked by your Neighbourhood Manager, Sergeant or Beat Manager to work with a family under the Think Family Early Intervention Programme.

The Think Family Early Intervention Programme is an Avon and Somerset initiative which aims to help reduce anti-social behaviour, domestic violence and crime within families. It is a scheme that aims to utilise the skills and knowledge of PCSOs and PCs to help even more vulnerable families.

It pairs either a PCSO or PC with a Family, who then work with them to identify what their key difficulties are and how they may help them with them.

PCs and PCSOs already have the skills and are carrying out most of the actions the initiative is promoting; The Think Family Early Intervention scheme offers a framework for this.

Being Allocated a Family

The Think Family Team are receiving referrals for and finding families across Avon and Somerset. They are then researching these families, creating intelligence packs, which are then sent to either to your Neighbourhood Manager, Sergeant or Beat Manager to see if they are thought to be suitable for support by a PC or PCSO.

When you are assigned a family your supervisor will make the TF team aware. The TF team will then set up a Niche occurrence ready for you to populate with the work you are doing with the family. They will also send you some useful information and links.

Introducing yourself to the Family

Positive relationships with the family are a key part of the Think Family scheme. The first thing you want to do is introduce yourself to the family, your role and the scheme.

Familiarise yourself with the family. You will have been sent an intelligence pack when you were assigned a family. This details their most recent and relevant

incidents as well as other useful additional information. This information can help you to figure out how you can offer support to your family.

You will also have been given or sent a Think Family Leaflet. This asks the family to consent to working with you. Please get them to sign this. It both gives the family some more information about the process and also confirms that they are happy to work with you.

Working with the Family

You are the **Professional Lead**. You will be responsible for problem solving any police related issues in the family.

You will be provided a toolkit of soft skills to support your engagement with the family as well as a directory of third party agencies to contact as you like.

Some of the families will already be getting support from other agencies such as the YOT or may be having additional support in school. You may decide to bring a few agencies together to discuss issues and agree next steps depending on the circumstances.

You are **not** a Key Worker and are not expected to have the same skill set. ASC work in close partnership with all of our Local Authorities. They are available to offer further advice and support.

You can also ask for advice from your Think Family supervisor, the TF team as well as look on the intranet for examples of what other officers have done.

In-house duties

Report, at least once a month, to your Supervisor about the progress of the family. This is a really good time to review what you have been doing with the family and to get some advice.

Update Niche with the latest information and any actions you have taken on the family.

Success and Support

Once you have been working with your family for a little while, the TF team will begin to regularly check the progress of the family. If you feel that the family has really

made some progress you can chat with your supervisor to see if you feel the family should leave the Early Intervention scheme. If you agree that they should, contact the TF team and they will file the Niche.

On the other hand you may feel that you are getting nowhere with the family. If that is the case chat to your supervisor again and then make a decision about whether the family is appropriate for the Early intervention scheme. If this is the case notify the TF team and they may look at escalating the family and close the occurrence on Niche.

What next?

You may be given another family to work with. Proactively tackling the issues of vulnerable families helps cut future demand, saves costs and puts a stop to the habits of intergenerational crime.

More help is available in the form of FAQs on the [**Think Family! intranet page**](#).

If you have any further queries or suggestions, please email [**#Think Family**](#).

Appendix B: Best practice examples

Family wishes to engage:

Scenario:

“An Officer has been allocated to a Family. Upon contacting that family they have met with them and explained what Think Family is. The Family is happy to engage with the scheme.”

Examples of Good Practice:

- Meets with the family to assess and develop an action plan around the needs of the family
- Keeps regular contact with the family
- Keeps an eye on any incidents associated with the family.
- Liaises with other organisations associated with their care.
- Looks into what activities/organisations could be useful and sign-posts the family to them.
- Supervisor regularly reviews the niche occurrence and gives advice on action plan.
- Attends multi-agency meetings.
- When family and officer feel they are fully supported discuss ending this with Supervisor and contacts Think Family team.

Family does not wish to Engage

Scenario:

“An Officer has been allocated to a Family. Upon contacting that family they have explained what Think Family is. The Family does not want to engage with the scheme.”

Examples of Good Practice:

- Leaves contact details with family in case they want to contact at a later time.
- When family is unsure, regularly checks in to see if can offer any support.

Family becomes more Complex

Scenario:

“A family who an Officer has been working with is finding an escalation in the behaviour and complexity of the case”

Examples of Good Practice:

- Liaises with and makes referral to Early Help or Social Care.
- Looks for advice and support from the Think Family Team.
- Discusses support with Supervisor.
- After putting in referrals to higher level support closes occurrence.

Family is more settled

Scenario:

“A family who an Officer has been working with is more settled. There have been no recent incidents and concerning behaviour has reduced significantly. Family members feel supported and are on a more positive trajectory”

Examples of Good Practice:

- Talks to family about whether they feel they want more support
- Discusses with Supervisor about withdrawing from the case.
- Liaises with Think Family team about closing the case.

Appendix C: Nature of PCSO engagement

Think Family!

Supporting Families with Multiple and Complex Needs

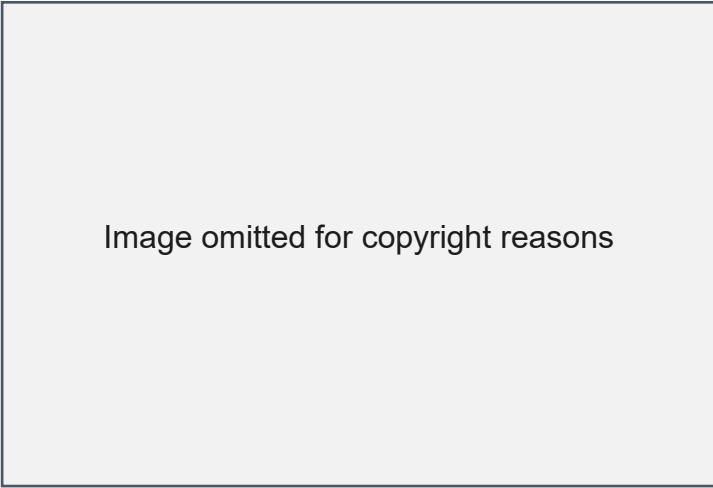


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All families have similar goals

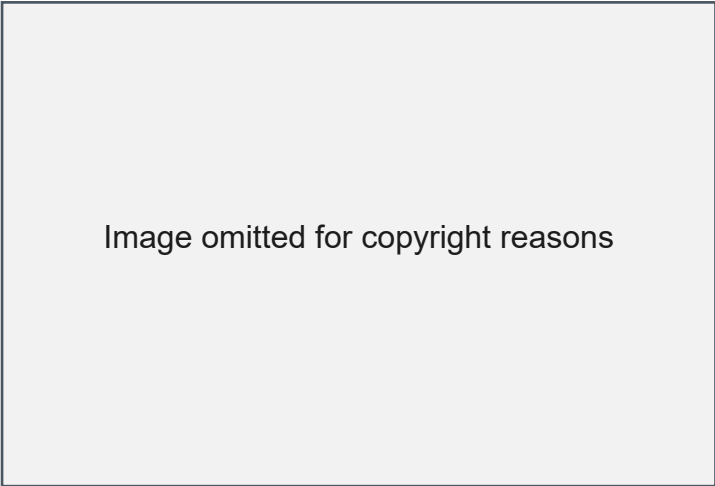


Image omitted for copyright reasons

- All parents across different cultures and diverse communities have similar goals.
- Many families struggle.
- No family is completely self-reliant and independent.
- We all need support.
- Some families may need intervention.

Key principles of family support

- Prefer to first seek out help and support from family, friends and community networks.
- Benefit from additional knowledge, strategies or practical resources.

- May use leaflets, books, newspapers and magazines, the internet and television to guide them.
- Use universal services to gain professional help and support.

- May need short or long term help and support from additional services when they face life's difficulties or challenges.
- Want this support to be practical and professional.

- Want workers to listen to their views and be emotionally supportive.
- Want workers to work with them in partnership, sharing power and decision making.




Image omitted for copyright reasons

Parents...

Partnership working

Appreciating diversity and difference

Reflective practice

Evidence based




Image omitted for copyright reasons

Noticing strengths and protective factors

Trust building

Safeguarding

Strengths based approach

A strengths based approach is when helpers place a positive emphasis on resilience and protective factors, assets and strengths.

- Communicating a sense of hope.
- Establishing expectations for success.

- Promoting self reliance and self-esteem.
- Setting in motion forces for improvement.

- Identify and build on family strengths and resources that empower families
- Take a family centred approach to individual problems
- Emphasise prevention and early intervention
- Build community-based and early intervention

- Assumes that all families want good outcomes for the children and will use whatever is available to them to achieve that goal.




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Value Clashes

- We tend to choose social networks and professional contexts with others who **share our value and belief system**.
- When others disagree or hold a different values base, we can feel both **threatened** and the need to defend or enforce our position.
- We can find it easiest to work with families that share our own value systems as they validate what we think is **important and true**.

- **Lead Professionals need to ask questions** to help us understand family value systems even if those are different to our own or they believe may lead to poor family outcomes.

What Works?

Essential for improving outcomes:

- Consistent worker
- A persistent, assertive and challenging approach
- Use of a multi-agency meeting – Team Around the Child/
Family
- Clear whole family plan

- Coordination of multi-agency support using keyworker/
lead professional model
- Solution focused approach
- Practitioner-service user relationship
- Information sharing between practitioners

Appendix D: Think Family! Leaflet

We aim to help your family

Make positive lifestyle changes

Tackle issues like drug and alcohol use, crime and anti-social behaviour

Stay safe and play an active role in the community

Build more supportive family relationships and manage conflict


Your family may benefit from some extra support for a number of reasons, for example:

- Difficult family relationships
- Housing or financial problems
- Keeping your family out of crime
- Tackling health, drug or alcohol issues.

Contact details for PCSO/NPT





Think Family!

Think Family!

What will happen now?

- A police officer will visit your family for an introductory meeting. This may include a PCSO or Beat Manager
- The officer will ask you and your family questions to better understand your family
- Together we will develop a clear plan to help you understand what you need to do
- The action plan will be reviewed regularly to check on progress
- The officer will work closely with you and your family to help you make positive changes. With your permission most visits will be in your own home.

Expectations

What you can expect from us:

- Practical assistance and advice
- Honesty and respect
- Support to access the services you need
- Regular communication
- Attend meetings and co-ordinate support from other professionals

What we expect of you:

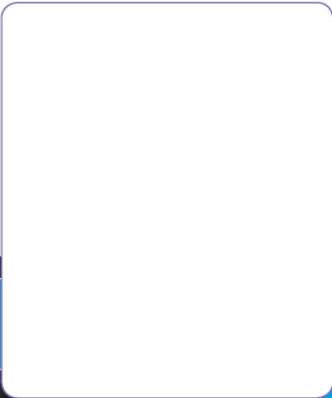
- The whole family gets involved
- Honesty and respect
- Your family attends and contributes to meetings
- Motivation and openness to learn and change
- Keep in contact with any professionals (e.g. schools, Youth offending team)

Working together

If you have understood everything in this leaflet and are willing to work with us, please sign below.

1. You are able to withdraw consent at any time.
2. We may share information with partner agencies or professionals in order to better support your family.
3. Full details on fair information processing are available on the force website.

Please sign and date below



Appendix E: Participant information



LOT 2.1 THINK FAMILY EARLY INTERVENTION EVALUATION

Evaluating the Think Family Early Intervention programme:

Interviews with service Providers

Participant information leaflet

You are being invited to take part in a research study that examines the Think Family Early Intervention (TFEI) programme. Please read this information leaflet carefully before deciding whether you wish to take part in the study. This leaflet contains information about why the study is being conducted, and what your participation in it would involve.

Aim and purpose of the study

This study is evaluating the Think Family Early Intervention programme. The study involves working with Avon and Somerset Police Force. It includes an impact evaluation which investigates whether the use of the intervention is associated with improved outcomes (e.g., reduced crime, increased school attendance) and a process evaluation, which investigates how the implementation of the intervention has gone/is going.

Who is involved in organising this research?

This research study was commissioned by the College of Policing and is conducted by researchers at the University of Birmingham; the Principal Investigator for the TFEI evaluation is Dr Caroline Bradbury-Jones.

What will the study involve?

Once you have asked questions you would like to raise and have had these answered satisfactorily, and decided that you would like to participate, you will be asked to sign a consent form. This is needed to take part in the study. You will then be invited to take part in a one-to-one interview with a member of the research team involved in the evaluation at a time convenient to you. It is likely that this will take around one hour. You can stop the interview at any time without giving a reason. The researcher will have a list of possible questions to ask you, but they are only a guide. If you are asked a question that you do not want to answer, please say so and the interviewer will move on to the next question. We would like to discuss any aspects of Think Family Early Intervention programme that you feel are important to highlight to the researcher.

When the interview is finished, the audio-recording will be kept securely for two weeks after which it will be sent securely to a transcriber who will anonymise it during transcription. We will keep what you say as confidential. It is likely that quotations from your interview will be included in write-ups from the research. If this happens, all quotations will be anonymous so that nothing you say can be traced back to you.

Consent: do I need to take part?

It is up to you to decide whether or not to take part. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part, you are still free to withdraw at any time during the interview without giving a reason and up to two weeks after our meeting (date to be inserted). Withdrawing from the study will have no negative consequences for you or the people who come to visit you. If you do decide to take part you can pull out of the interview at any time, and you can ask to skip questions if you don't want to answer them.

Withdrawal: what if I want to leave the study?

Even after consent has been granted, you can request to withdraw from the study and for your research data to be destroyed. If you start the interview and then decide to stop part way through, we will ensure that any information you have provided us with will not be used in the evaluation. You can also withdraw certain statements or

sections if you would like to. If you later on decide you do not want us to use your data for any reason you can simply contact the Principal Investigator for TFEI Caroline Bradbury-Jones (email: C.Bradbury-Jones@bham.ac.uk) up to 2 weeks after completing the interview and she will ensure your contributions are not included.

Where will data be stored?

For transcription purposes the interviews will be audio recorded. All information collected during the study will be confidential, and will be kept in locked, encrypted or password protected storage at the University of Birmingham that only members of the research team will have access to. All information gathered about you will be stored separately from any information that would allow someone to identify who you are (such as your full name and your contact details). No names or identifiable data will be published in any reports or shared with other organisations. Information will be treated as strictly confidential and handled in accordance with the provisions of the Data Protection Act 2018. When the research is completed all personal information will be destroyed.

Are there any risks that individuals taking part in the study might face?

There is no known harm to you as a consequence of taking part in this study. Your responses will be kept confidential.

What will happen to the results of the research study?

The results of this study will be used to inform the police about their policy on early interventions for vulnerable families. In addition, it will form the basis of an academic study and will be used to write reports, academic articles, and inform presentations for conferences.

Who has reviewed this study?

The study has been reviewed and approved by the University of Birmingham STEM Ethics Committee.

What if there is a problem?

If you would like to complain about any aspect of the study, please contact the Principal Investigator for the TFEI evaluation Dr Caroline Bradbury-Jones (email: C.Bradbury-Jones@bham.ac.uk).

Thank you very much!

SERVICE PROVIDER INTERVIEW CONSENT FORM

Please put your initials in each box if you consent to the statement next to it.

1. I confirm that I have read and understood the information sheet for the Think Family Early Intervention study, and I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

2. I consent to take part in an interview with a researcher.

3. I consent to my interview being voice recorded. I understand that this recording will be transferred to a third-party professional transcriber to be transcribed. Once it is transcribed, the voice recording will be deleted. During transcription any identifying information (e.g. names) will be removed and replaced with a pseudonym or bracketed text describing the removed information (e.g. [name]). The transcript will be kept on an encrypted device.

4. I understand that my participation is voluntary, and that I am free to withdraw up until up to a week after the interview without giving any reason, and without being penalised or disadvantaged in any way.

5. I understand that all information collected during the study will be kept confidential. No names or identifiable data will be published in any reports or shared with other organisations. Information will be treated as strictly confidential and handled in accordance with the provisions of the Data Protection Act 2018.

☐

6. I understand that any information given by me may be used in the research team's future reports, articles, or presentations but that my name will not appear. I am happy for anonymised quotations from my interview to be included in write-ups of the research results.

☐

Name of Participant

Date

Signature

Researcher

Date

Signature

(When completed: 1 copy for participant and 1 copy for researcher file)

Appendix F: Topic guide

Topic guide for TFEI service providers

At the start of the interview thank the participant for agreeing to take part and check that they are still happy to go ahead with being recorded. Remind them that if they would like to take a break at any point or stop the interview, then that's okay. Inform the participant that if they are asked a question that they do not wish to answer, they should let me know and we will move on to the next question.

- Is there anything you would like to talk about or ask before we begin?

Interview

- In your own words, could you explain to me what the purpose of the Think Family Early Intervention is?
- Why do you think the force decided to implement the use of the Think Family Early Intervention?
 - What's your view on this decision?
- How does using the Think Family Early Intervention compare to other family based interventions?
- What has been your experience of using Think Family Early Intervention so far?
 - Probe: is it easy to use? Why is that?
 - Probe: do you always have the information you need? If not, what's missing and why?
- What is your relationship to the families?
 - Probe: do the families cooperate – what has been challenging?
- Do you think the Think Family Early Intervention is a useful programme?
 - Probe: could it be improved in any way?
- What do you think are the benefits of using the Think Family Early Intervention?
- What do you think are the challenges of using the Think Family Early Intervention?
 - Probe: human resources, systems that sit around risk assessment/management

- What did you think of the training you received regarding the Think Family Early Intervention?
 - Probe: is there anything you would change about the training you received?
 - Probe: is any new or follow-up training needed? If so, what should this focus on?
- Overall do you think more forces should use the Think Family Early Intervention?
 - Probe: why
 - Probe: if it was to be rolled out nationally, what things would other forces need to think about?

Wrapping up the interview

- Is there anything else you would like to add?
- Do you have any feedback on the questions I have asked you?
- Do you have any questions for me?

If it is okay with you I would like to end the interview here, thank you so much for taking the time to speak to me. Reconfirm consent at the end of the interview.

Appendix G: Coding framework

Code	Number of interviews	Number of references
Aim and purpose of TFEI	5	71
Being able to help families	5	13
Comparison of TFEI to other interventions	4	18
Defining TFEI	3	5
Impact of TFEI	5	14
In the long run could reduce workload	2	5
To help strengthen working relations with other agencies	2	3
Importance of early intervention and stopping intergenerational crime cycles	5	13
Process and challenges of TFEI	5	49
Identifying families for TFEI	3	15
Lack of resources to provide support for families	3	7
Not qualified to support families	1	7
General process of TFEI	4	20

Code	Number of interviews	Number of references
Relationships to families	5	26
Families not trusting the police	2	7
Families understanding of what they will get out of TFEI	5	9
Families' engagement with TFEI	3	10
The role of other agencies	5	47
Need more support from other agencies	4	23
Other agencies should be taking the lead	3	16
Too many services involved in one family	4	8
The role of the police	4	19
View on TFEI training	5	22

About the College

We're the professional body for the police service in England and Wales.

Working together with everyone in policing, we share the skills and knowledge officers and staff need to prevent crime and keep people safe.

We set the standards in policing to build and preserve public trust and we help those in policing develop the expertise needed to meet the demands of today and prepare for the challenges of the future.

college.police.uk