Evaluation of the Dundee Families Project

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EXECUTIVE SUMMARY

Introduction: The project and the research

1. This report describes an evaluation of the Dundee Families Project undertaken by staff at the University of Glasgow (Centre for the Child & Society and Department of Urban Studies) from May 1999 to May 2001. The research was jointly funded by the Scottish Executive, Dundee Council and NCH Action for Children Scotland.

2. The Dundee Family Project was established with Urban Programme funding to assist families who are homeless or at severe risk of homelessness as a result of ‘anti-social behaviour’\(^1\). Previous ways of tackling this problem were seen as expensive and ineffective. The Project is run by NCH Action for Children Scotland in partnership with Dundee Council Housing and Social Work Departments.

3. The Project works with families deemed to have exhibited a range of anti-social behaviour, with the aim of enabling them to avoid eviction or be restored to satisfactory tenancy arrangements. This also helps to prevent the breakdown of vulnerable families, and to re-unite separated families.

4. The Project follows a systemic approach to family difficulties and offers a range of services through individual and couple counselling, family support and group work. The service makes available support 24-hours a day all year. Staff run after-school and young persons’ group activities, while groups for adults have covered cookery, parenting skills, anger management and tenancy issues.

5. Users access the service in 3 main ways:
   i. by residence in a ‘core block’ comprising accommodation for 3-4 families
   ii. in dispersed tenancies,
   iii. on an outreach basis

6. The staff currently consists of the following: Project Manager, 1 Depute, 7 Social Care Workers, 4 Relief Social Care Workers, 1 Administrative Assistant, and 1 Domestic.

7. The Project established an admissions panel, which assesses referrals and reviews cases. The membership includes representatives from the Project, NCH and Dundee City Council Housing and Social Work. A Project Advisory Group was also set up to provide guidance and feedback from service users and local residents.

8. This study of the Dundee Families Project was intended to evaluate the processes, outcomes and costs of the Project, using primarily qualitative methods. Data were gathered from case records, adult and child service users, Project staff, and key stakeholders. In addition, due to the initial controversial response by the media and local people, the views of residents in the immediate vicinity of the Project were also obtained. Finally, a partial cost benefit analysis of the Project was conducted.

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\(^1\) See Scottish Office (1998) definition of anti-social behaviour
Residents’ survey

9. The findings of the residents’ survey, carried out 3 years after the Project opened, served to highlight that the St Mary’s area is a stable and committed community, since the average length of residence was more than 20 years. Moreover residents’ views of the Project were largely positive, often despite initial misgivings. Two thirds of the 23 residents interviewed had felt originally that the St Mary’s area was an inappropriate location for the Project to be based. However, by the time of the interviews, only 3 residents retained negative attitudes of the Project. Most residents admitted that they had never come in contact with a resident of the Project and just 2 said they had encountered any difficulties with Project residents.

Project staff and their views

10. Project staff came from diverse backgrounds, but a significant level of cohesion was noted. Turnover in the first 5 years of operation was small. Workers welcomed the challenge that was involved in working with the families. Several staff disliked the term ‘anti-social behaviour’. They found it too broad and stigmatising.

11. The staff group identified a large number of different behaviours that either contributed to or resulted from families’ situations. They were as follows: poor anger control, alcohol and drug misuse, social exclusion, lack of parenting skills, issues of instability, lack of routines, low self-esteem, isolation, learning disabilities, health related issues, poor hygiene and nutrition, mental health problems, traumatised behaviour, offending/criminal behaviour and negative attitudes.

12. Staff viewed the assessment process as the underlying strength of their work. It was described as structured and consistent, with the dual aims of assessing each family’s needs and their willingness to take part. The approach was regarded as equitable in that everyone was afforded the same opportunity and quality assessment.

13. The Project staff emphasised that they were proactive in preventing families from being evicted, and they chose to deal with families in a holistic way, since housing difficulties did not exist in isolation. An area of on-going debate within the Project concerned the balance between their residential service (core block) and preventative work. Staff views were mixed, but most believed some change was required.

Nature of referrals and case progress according to Project records

14. A case record analysis was undertaken of 126 closed cases that the Project had worked with from November 1996 to October 2000. It was found that the number of referrals to the Project was highest in 1997, and then dipped for 2 years followed by an increase in referrals in 2000.

15. More than half of the referrals came from housing services (including the Lily Walker Homeless Person’s Centre) (55%) and nearly all the remainder were made by the social work department (42%). The proportion of referrals from these two altered markedly over the first 4 years. At first housing referrals were greater than social work referrals. By 1998-99, housing referrals had dropped, leaving social work with the
majority of referrals (58%). However, in 2000, the pattern reversed dramatically when social work referrals declined while housing referrals roughly doubled, accounting for 78% of the referrals. The reasons for these shifts require exploration.

16. Families referred to the Project were virtually all on low incomes and many were headed by a lone parent. The most common forms of ‘anti-social behaviour’ they had engaged in were neighbour disputes and poor upkeep of property. In most instances, professionals also had concerns about parenting and care of the children.

17. During the 4 years, slightly over half the referred cases (55%) were accepted and actively worked with. One third (34%) of the referrals were deemed ‘inappropriate’ in that they did not fit the Project’s criteria, and the remainder (11%) ‘did not engage’. These figures indicate that the Project spent quite a lot of time on families who were not ultimately offered a service. While this might be seen as wasteful, workers and other agencies indicated that it was important to have a careful system for ensuring the work was well-targeted on appropriate and motivated families.

18. Among the active cases, 33 (59%) were deemed successful according to the Project records, in that the work goals were completed. Just under one fifth of the cases were unsuccessful (18%). The main reasons were that the family lacked commitment or ‘did not engage’. The other families either had moved home or came to be viewed as ‘inappropriate’ referrals (23%).

19. Whilst the numbers were small, differences were found between the types of service received and outcome. The core block and dispersed service had a considerably higher success rate than the outreach cases.

Case follow-up information

20. In order to obtain information about families’ progress after ceasing contact with the Project, local housing and social work staff were asked to complete a questionnaire regarding closed cases that had been worked with. They were asked if they had had any recent contact with the family, the nature, reasons and frequency of contact and their views. Social workers were still in touch with more families than housing staff. The majority of families were thought to have improved following involvement with the Project, though many still had serious problems – more with respect to child-care than housing. A few had deteriorated markedly.

The experiences of families using the Project

21. A central element of the research was an in depth analysis of a sample of 20 families served by the Project. The sample included each service type (core, dispersed, outreach) and stage of intervention (closed, current, and new). Whenever possible, parents and children were all interviewed. Members of 10 of the current and new families were seen a second time, about a year later, in order to assess changes and progress.

22. Nearly all family members spoke warmly about Project staff, whom they saw as supportive and understanding. They believed they had been helped by the Project. Parents appreciated their access to better housing and to facilities and activities for
their children. Most also recognised changes in their personal development and family relationships. The children welcomed improvements in their accommodation and described gains in family functioning. Some parents indicated difficulties in adjusting after the project’s very structured support had ended.

The perspectives of key stakeholders

23. Interviews were held near the start of the study and again towards the end with senior personnel of NCH and members of other agencies in touch with the Project. Overall, these stakeholders’ views were very favourable.

24. Nearly all the external stakeholders thought that the intensive service was unique in Dundee and led to significant change in many of the families. In addition, the work the Project undertook was valued for being time limited and clearly focused on its goals. The Project was also praised for its flexibility in dealing with the needs of each family individually. Several outsiders saw the Project manager’s high level of competence as a crucial ingredient in its success. The Housing service wanted the project to sustain its concentration on a small number of families with major tenancy difficulties. Social work staff liked the way the Project avoided clustering vulnerable families together (except for the small core block).

25. The Project was not viewed as a soft option by either the key stakeholders or service users. Rather, it was seen as supportive yet challenging, in that families had to face up to their difficulties and expectations were clearly outlined in care plans.

26. Stakeholders believed the project benefited from being run by a voluntary agency. This was seen as making it more acceptable to family members. Parents also reported a more positive quality in their relationships with staff, compared with their previous experiences with statutory agencies.

27. The Project has worked hard to achieve good inter-agency communication and involvement. In most respects and with most agencies, this was seen as successful from both sides. The main exceptions concerned co-operation with some front-line social workers and drug specialists. No systematic arrangements existed for co-operation with health services.

Cost effectiveness

28. Detailed figures for the resource inputs to individual cases were not readily available. Stakeholders in housing and social work departments were confident that the Project usually helped stabilise families’ housing situation, thereby avoiding short-term costs associated with eviction, homelessness administration, supported accommodation and rehousing. In some of the successful cases, major long-term savings were achieved by preventing the need for children to be placed in foster or residential care. In addition, there would be likely to savings to other agencies such as the police and the Reporters to the Children’s Panel, in some cases.

29. The estimates suggested that the project saved agencies approximately £117,600 of savings per annum. At worst, the Project can be assumed to cost no more than the conventional way of dealing with these families. However, it is more likely that the
Project actually generates real cost savings, particularly when long-term costs are taken into account.

**Conclusions**

30. The Dundee Families Project has succeeded in producing change in many of the families it serves, in overcoming local opposition and in co-operating with a range of other agencies. Among the key ingredients of its success have been:

- the commitment to inter-agency partnership at strategic and case levels
- the systemic, intensive and supportive yet challenging approach in its direct work
- an array of specific intervention types that are tailored to individual families’ needs
- good management.

31. Some matters merit consideration in relation to this Project and potential imitators. These include:

- the need for financial security
- use of the term ‘anti-social behaviour’
- the lengthy assessment process
- relationships with social work, health and drug misuse services
- the balance of residential and preventive work.

32. Overall, the research demonstrates the value to families and other agencies of the model adopted by the Dundee Families Project.
CHAPTER 1 THE PROJECT AND THE STUDY

INTRODUCTION

1.1 This report gives an account of a longitudinal study\(^2\) carried out from 1999-2001 to evaluate the Dundee Families Project, which was established to tackle ‘anti-social behaviour’. This introductory chapter gives a brief outline of the nature and functions of the Project. That is followed by a short review of previous evidence about anti-social behaviour and family-based interventions. The final section of the chapter gives details of the design of the evaluation. Subsequent chapters present the main findings of the research.

THE DUNDEE FAMILIES PROJECT

1.2 The *Dundee Families Project* was established with Urban Programme funding to assist families who are homeless or at severe risk of homelessness as a result of ‘anti-social behaviour’. The Project is run by NCH Action for Children Scotland\(^3\) in partnership with Dundee Council Housing and Social Work Departments. The Project operates from premises in St Mary’s, Dundee. It provides a range of individual, couple, family and group work interventions. The service is offered in 3 main ways:

- Admission to the *core block*, which comprises accommodation for up to 4 families. Residents receive intensive support, often involving daily contact. The premises are immediately adjacent to staff offices.
- Support to a small number of *dispersed* flats run by the Project, mainly for families to move into from the core block.
- An *outreach service* provided to selected families in their existing accommodation, where they are at risk of eviction by the City Council due to anti-social behaviour.

1.3 The Project provides an all year 24-hour a day service (Dundee City Council, 1999). In May 1999 its staff were as follows: Project Manager, 2 Deputes, 7 Social Care Workers, 4 Relief Social Care Workers, 1 Administrative Assistant and 1 Domestic. Recently one Depute left the Project and, instead of replacing her, 2 staff were promoted to become Seniors.

1.4 An Admissions Panel comprises representatives from the Project, NCH and Dundee City Council. As its name suggests, this panel makes decisions about which families should be admitted to the project. It also reviews cases and provides advice and support. A Project Advisory Group includes service users and members from the local area and provides guidance, feedback and community links.

1.5 Besides offering individual and family support or counselling, the Project offers a range of group activities. These include:

\(^2\) i.e. a study that gathers data as events unfold at different points in time

\(^3\) For convenience, in this report NCH Action for Children Scotland will sometimes be referred to simply as NCH.
• After school groups
• Young persons group
• Cookery group
• Parenting group
• Parenting skills group
• Craft group
• Anger management group
• Residents support group
• Tenancy workshops

ANTI-SOCIAL BEHAVIOUR AND FAMILY-BASED INTERVENTIONS

1.6 The Project was set up explicitly to tackle anti-social behaviour, which is a long-standing and multi-stranded concept given prominence by Government crime and housing policy in the 1990s.

Definitions and meanings

1.7 Anti-social behaviour has 2 main meanings:

• Behaviour by families (adults and/or children) which causes difficulties to their neighbours and/or landlords (See e.g. Scottish Office, 1998)

• Behaviour by young people which threatens or harms other people. This includes crime and other actions like aggression and disruptiveness in school (See e.g. Lahey et al, 1998)

1.8 The Dundee Families Project was set up to deal with the first type of anti-social behaviour and this will be the sense in which the term is used in this report. In some cases, the second type contributes to the first, as when young people threaten or attack neighbours.

1.9 The Scottish Office (1998) supported the Shelter definition of anti-social behaviour as ‘behaviour by one household or individuals in an area that threatens the physical or mental health, safety or security of other households or individuals’ (p. 4). A more neutral term to describe such conflict is ‘neighbour dispute’. Whereas anti-social behaviour implies that an individual or family needs to learn control or even to receive punishment, the notion of dispute suggests that mediation is an appropriate action to take (Atkinson et al, 2000).
1.10 Distinctions can be made between criminal acts and less serious nuisances or breaches of social norms. Some actions disturb immediate neighbours, while others affect the wider neighbourhood, e.g. dumping rubbish (Scott and Parkey, 1998). Therefore, Bannister and Scott (2000) suggested that 3 types of anti-social behaviour be differentiated, though they noted that these may overlap and change:

- Neighbour problems
- Neighbourhood (public space) problems
- Crime

**The scale of anti-social behaviour**

1.11 Estimates have been made that housing staff spend between 5 and 40 per cent of their time dealing with neighbour complaints (Scottish Office, 1998). Local authorities are more likely to perceive anti-social behaviour as a big problem than other social landlords (Atkinson et al, 2000).

1.12 A survey of 2000 public sector tenants found that one fifth had experienced problems or nuisance from one or more neighbours over the preceding year (Clapham et al, 1995). The most common reasons for these were noise, violence and verbal abuse and difficulties associated with children and teenagers.

**Causes of anti-social behaviour**

1.13 Like most social problems, anti-social behaviour reflects an interaction between social-environmental conditions and individual or family influences. Most families who exhibit anti-social behaviour are poor and lack an employed person in the household. The concentration of disadvantaged families within the same area often fosters problems (Scott and Parkey, 1998). There may be a difference between factors affecting ‘low level’ nuisances and very serious anti-social behaviour, with life-style and perception differences being more important in the former and severe mental health or addiction issues figuring to a greater extent in the latter.

**Policy responses at local and national levels**

1.14 Broadly 5 main types of measure can be used to prevent or combat anti-social behaviour:

- Housing or neighbourhood design (e.g. door entry systems, play areas)
- Housing management strategies (e.g. vetting and letting systems)
- Legal action
- Mediation (between neighbours)
- Family interventions
1.15 During the 1990s, it was recognised that many housing and other agencies were ‘devoting significant resources to dealing with neighbour nuisance and anti-social behaviour’ (Scottish Office, 1998, p. 1). Most complaints were dealt with successfully by housing management action (Atkinson et al, 2000). Although a range of legal remedies are available to landlords, the most common response to severe cases has been to commence action for eviction. However, landlords consider that this is slow and expensive and may simply displace the problem. Legal alternatives such as interdicts have seldom been used (Scott and Parkey, 1998; Atkinson et al, 2000). The Crime and Disorder Act 1998 introduced Anti-Social Behaviour Orders, but these have only been used in any number by a few councils in Scotland (O’Carroll and Scott, 2001).

1.16 The Scottish Affairs Committee Report recommended a range of measures to avoid punitive legal action and multi-agency working was identified as being particularly important (SAC, 1996). Within local authorities, housing, social work and legal services have been identified as key departments, while police and procurators fiscal were seen as the principal external ‘partners’ (Scottish Office 1998). The responsibilities of key people or agencies are affected by the type of problem (Scott and Parkey 1998; Bannister and Scott, 2000) (See Table 1.1).

Table 1.1 Agency responsibilities for anti-social behaviour problems

<table>
<thead>
<tr>
<th>Person or Agency Responsible</th>
<th>Type of problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neighbours, mediators</td>
<td>Minor disputes, noise, pets etc</td>
</tr>
<tr>
<td>Landlord</td>
<td>Tenancy breaches, persistent problems</td>
</tr>
<tr>
<td>Environmental health</td>
<td>Noise, rubbish, dog’s mess</td>
</tr>
<tr>
<td>Social work</td>
<td>Children at risk, mental health problems</td>
</tr>
<tr>
<td>Police</td>
<td>Illegal drug use, damage to property, assault</td>
</tr>
</tbody>
</table>

Source: Bannister and Scott, 2000

1.17 The broad approaches taken by councils to anti-social behaviour have been classified as minimalistic, traditional (reactive) and innovative (preventive) (Scott and Parkey, 1998). Many individual local authorities have developed new policies and practices to deal with anti-social behaviour and improve neighbour relations. The measures have included codes of conduct, special tenancy agreements, resident involvement, estate action plans, community mediation schemes and intensive housing or social work support services (Scott et al, 2001).
Family-based interventions

1.18 The idea of influencing the lives and behaviour of working-class people through management of their housing is not a new one. Nineteenth century housing associations such as those run by Octavia Hill in London provided housing for tenants as well as facilities for parents and children. Many of the earliest social programmes combined attention to housing and social work issues, with a strong emphasis on the personal relationship between the worker and the tenants (Morrell 1998; Kendall, 2000).

1.19 Nevertheless, in the modern context the Dundee Families Project is a rare example of an intensive intervention targeted at families deemed to have exhibited anti-social behaviour. While there are no precise precedents for such a scheme, many services have been set up over the years aimed at improving family functioning. These have included a wide range of projects and a diverse set of methods and underpinning principles or theories. They have ranged along a continuum of universal to targeted and covered various stages of intervention. The most relevant to the DFP have been at the tertiary or even quaternary stages of ‘prevention’ (Hardiker et al, 1996), seeking to prevent the breakdown of high risk families, to re-unite separated families or to optimise experiences of separation.

1.20 Previous research on family projects has suggested that families benefit when there are a range of options available, whether from within the same service or from a combination of services (Gibbons et al, 1990; Hill, 1999). Also disadvantaged families tend to respond well when there are structured programmes, presented in a non-stigmatising way alongside informal support (Holman, 1988; Lloyd, 1999; Jack, 2001). Cognitive-behavioural and multi-disciplinary approaches have also been effective with problems in relation to both parenting and adolescent behaviour (Pugh et al, 1995; Sutton, 1999, 2000). Group and family work have been shown to be useful, although not necessarily having a lasting impact (Elliott and Place, 1998; Vetere 1999). These findings accord with the multi-method and collaborative approach of the Dundee Families Project. However, research has also shown that families with the greatest difficulties may be hardest to gain co-operation from (Hill, 1999; Corby, 2000).

THE EVALUATION OF THE PROJECT

1.21 The research described in this report was funded by the Scottish Executive, Dundee Council and NCH Action for Children Scotland. It was carried out by staff at the University of Glasgow. The study took place between May 1999 and May 2001.

1.22 The research was intended to evaluate the processes, outcomes and costs of the Project, using primarily qualitative methods\(^4\). The objectives of the study were to examine the work carried out by the project, obtain the perspectives of service users and other key stakeholders within and outside the Project and to assess the progress and outcomes for families served by the Project. Given the initial controversial response by the media and local people to the Project, a further component was to ascertain the opinions of local residents about the Project. In addition, information was to be gathered about the costs associated with the Project.

\(^4\) See for example Guba and Lincoln 1989; Patton 1990; Chen 1993; Shaw 1996; McCurdy and Jones 2000.
1.23 The study was planned to be longitudinal in 2 respects. First a sample of families would be assessed initially and followed up approximately one year later in order to identify changes in individual and family functioning, as well as in attitudes to the Project. Second, the views of stakeholders were to be obtained shortly after the start of the study and again towards the end, partly to examine how their views might have changed, if at all.

Research activities

1.24 The multiple objectives of the study required gathering data from a range of sources, sometimes more than once. Also contacts with family members and Project staff often served more than one purpose at the same time. Information was gathered on the basis that the anonymity would be preserved of parents and children served by the Project, while professionals would not be individually identified.

1.25 The following list outlines the main research activities and is followed by a table indicating sample sizes, where appropriate:

- interviews with the Project Manager and Senior Managers in NHC Action for Children Scotland
- interviews with external stakeholders (at least one representative each from local authority councillors, housing, police, education, social work, tenants group, Children’s Reporter’s Administration, drug counselling project)
- a residents’ survey
- analysis of Project case records on all families assessed or provided with a service
- interviews with 7 Project staff about their roles and work
- short questionnaire to project staff
- interviews with family members attending the Project (parents and children seen separately)
- interviews with a small number of families in difficulties not served by the Project
- discussion of vignettes (brief case scenarios) with staff in Dundee housing and social work departments
- a questionnaire survey of staff in Dundee housing and social work departments concerning the subsequent circumstances of closed cases
- examination of Project reports and financial figures
- observation of work of the Project.
Table 1.2 Numbers of interview and questionnaire respondents

| Data source                                 | Methods                                      | Number of respondents
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Stakeholders</td>
<td>In depth interviews</td>
<td>12</td>
</tr>
<tr>
<td>Final Stakeholders</td>
<td>In-depth interviews</td>
<td>9</td>
</tr>
<tr>
<td>Project staff</td>
<td>In-depth interviews</td>
<td>7</td>
</tr>
<tr>
<td>Project staff</td>
<td>Short questionnaire survey</td>
<td>7</td>
</tr>
<tr>
<td>Local residents</td>
<td>Short interview survey</td>
<td>23</td>
</tr>
<tr>
<td>Parents served by the Project</td>
<td>In-depth interviews (twice whenever possible)</td>
<td>31</td>
</tr>
<tr>
<td>Children served by the Project</td>
<td>Interviews (twice whenever possible)</td>
<td>22</td>
</tr>
<tr>
<td>Comparison families</td>
<td>Interviews</td>
<td>3</td>
</tr>
<tr>
<td>Initial Project case record analysis</td>
<td>Data collection</td>
<td>73</td>
</tr>
<tr>
<td>Final Project case record analysis</td>
<td>Data collection</td>
<td>124</td>
</tr>
<tr>
<td>Follow-up survey of social workers</td>
<td>Short questionnaire</td>
<td>51</td>
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<tr>
<td>Follow-up survey of housing workers</td>
<td>Short questionnaire</td>
<td>63</td>
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</table>

1.26 Interviews were normally tape-recorded. Quotes in this report from interviews or written questionnaires are therefore verbatim.

STRUCTURE OF THE REPORT

1.27 The remainder of the report presents the results of the evaluation as follows:

- The nature and history of the Dundee Families Project
- Referral and assessment processes and the service provided
- A review of all cases referred to the Project
- An in depth account of the experiences, progress and outcomes for a sample of families served by the Project
- Inter-agency relationships and the perceptions of key stakeholders
- Cost and value issues
- Conclusions

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5 Occasionally two or more people were seen together: this counts as one ‘respondent’ contact
6 Not all family members were willing to be seen in the second round of interviews
CHAPTER 2 DEVELOPMENT AND AIMS OF THE DUNDEE FAMILIES PROJECT

INTRODUCTION

2.1 To set the scene for the main results of the evaluation, this chapter outlines the way in which the Project developed, largely drawing on the interviews with the stakeholders in other agencies and with NCH managers. This includes attention to expectations of what it was hoped the Project would achieve. As we shall see, perceptions of its aims and focus shifted in response to external factors and internal changes.

2.2 In its early days, the Project was subject to much criticism by local residents and the media. Hence it was important to assess recent attitudes within the local area. A small survey of local residents was conducted and the findings follow the stakeholder information.

THE ORIGIN OF THE PROJECT

2.3 Dundee City Council has a large public sector housing stock of around 23,000 properties. The authority has a decentralised housing service with a number of neighbourhood offices. Like any significant public sector landlord, Dundee has problems with the behaviour of some of its tenants. Complaints were initially handled by neighbourhood officers, who attempted to resolve complaints themselves without recourse to legal action. If the behaviour persisted the council would consider court action. In practice, the council said that housing officers resolved the great majority of complaints. However, if the behaviour leading to a complaint continued despite several warnings, notices were issued seeking possession.

2.4 To give some idea of the scale of the problem, in 1996/1997 the council received around 800 complaints about neighbour nuisance. It took the first step in legal action (service of a notice seeking possession) in around 150 cases. This rate of around 20 per cent is fairly typical for a city authority (Atkinson et al, 2000).

2.5 During the early 1990s, the Housing Department responded to pressure from tenants and councillors to take action on people who were causing a nuisance to neighbours. The council treated anti-social behaviour as a major priority, and began to use legal remedies to take action against tenants who were the subject of repeated neighbour complaints. The council also had a policy of evicting tenants who had been convicted of using the house for drug-dealing. By the mid 1990s, the council had a high rate of court action for eviction and had also pioneered the use of interdicts to stop behaviour which caused concern. In 1993, 20 families were evicted for anti-social behaviour (Dundee City Council, 1999).

2.6 Although the council maintained its firm policy, there was evidence that the enthusiasm for legal action was declining. In 1996/97, 13 were taken to court and 7 tenants were evicted for anti-social behaviour. Interviewees said part of the reason for this fall in evictions was that the legal process was slow and the outcome uncertain,
because the Sheriff had to be convinced that the action was reasonable. In the meantime, the families were still living in council housing and often continued to cause havoc and misery to their neighbours. Sometimes neighbours were afraid to act as witnesses due to fears of reprisals. In a number of cases, no legal action was taken and the problems continued. There was agreement that the costs of the policy were high:

*You’ve got a ripple effect of these families... that are causing anti-social behaviour and time involvement ( ) As we’ve found out, it only takes one bad family to clear a block, ( ) and that’s all costing, you know. (Councillor)*

2.7 There was general agreement from the interviewees that arrangements for families who were facing eviction for anti-social behaviour left much to be desired prior to the establishment of the Dundee Families Project. Up to 1996, public sector housing was a district responsibility and social work was a regional council responsibility. The District Council had a very firm policy on anti-social behaviour, which aimed to pursue legal action to evict the perpetrators. The social work department, meanwhile, would not provide accommodation where a family had been made homeless from council accommodation. The families who were facing eviction fell through the gap created by these opposing policies:

*You have to appreciate at the time we were talking about different Councils here, District Council and Regional Council. Social Work were involved with the family and Social Work had a policy that they would not take children into care for reasons of homelessness. So, there was basically a stand-off between Housing and Social Work at the time. ... It went up to Director level and both fell to their own policies. (Housing said:) ‘We don’t re-house anti-social families’ and Social Work stated that ‘we don’t take children into care’. (Housing)*

2.8 There was general agreement that many families ended up in the private rented sector, bed and breakfast accommodation or temporary housing. In some cases evicted families would move in with friends or relatives in the same area or rent a flat in an ex-council property. Their problems remained and they would eventually cause further complaints:

*They go into private rented sector usually. Initially they go to the homeless centre but they can only stay there for 28 days and then they are deemed intentionally homeless. Then they either go to relatives or they get social work help to get a deposit on a private rented sector flat. ...They may move in with another council tenant - a friend or relative and the problem, may resurface (Housing).*

*One of the things that struck us way back at the time of the project starting was the fact that you can have a firm anti-social policy but that only goes so far. You can have sanctions against people, you can evict people but those people don’t disappear. (Housing)*

2.9 Many lost touch with other agencies and hence no longer had the potential to benefit from their support:
People who were placed in temporary accommodation and they moved on fairly quickly, or were not helped at all and were referred out to private housing. So if you like, many of the people who you would describe as anti-social tenants or anti-social families probably were nudged out into the wider public, well, private sector. Or were just kind of cast adrift, that we didn't really have any way of tackling them or trying to tackle them. (Education)

2.10 In some cases, the housing department would reconsider families who had previously been evicted, using the provisions of the Homeless Persons Legislation. Even where a decision was made to rehouse a family, area housing offices had to be persuaded to accept them. This had time and resource implications:

\[\text{It is difficult to actually say "X" amount of staff time was spent on issues around anti-social families. But what used to take up an awful lot of time was when we had a family who were homeless who we had assessed as statutory homeless, and whom we were fairly clear that we had a duty to re-house, but we knew that we could likely encounter opposition and an awful lot of time was spent in negotiation with our colleagues in area offices. (Housing)}\]

2.11 Typically, the housing officers would want assurances that the family had reformed or that there were social work support packages in place. In some cases, it was alleged, social work would promise support and then, due to other commitments, would not deliver the support agreed. If further problems arose, the housing office would be more reluctant to accept the next case.

2.12 In short, the policy of threatening and implementing use of the law and eviction had proved cumbersome, did not solve the underlying problems and did not necessarily diminish the demands made on housing and other services.

THE IMPETUS FOR THE FAMILIES PROJECT

2.13 Against this background of dissatisfaction with existing arrangements, the catalyst that sparked the idea for the Families Project was a set of problems surrounding one family with a history of severe anti-social behaviour in council tenancies. In 1992, the family was evicted for anti-social behaviour and presented as homeless to the Housing Department’s Homeless Unit. The homelessness staff deemed the family to be intentionally homeless, offered temporary accommodation, and gave them 28 days to find their own accommodation. Social workers involved with the family intervened on their behalf but the Housing Department were reluctant to rehouse. Eventually a compromise position was reached, as a housing officer explained:

\[\text{The proposal was put that Social Work should take on a house and manage this house and put in the support and, after a period of time, if things went well, Housing would consider housing this family on a permanent basis. Now at that point the Social Work refused to take on the house saying that they were not landlords and it is not their}\]

\[\text{Education Support Services}\]
responsibility… So it got kicked about for a bit longer and then another compromise was reached in that we would invite a third party to take on tenancy of the house. Barnardos agreed to take on the property... Various supports were put in from Barnardos and from Social Work and some of the housing issues were addressed in terms of the anti-social behaviour… plus debt issues with the Housing Department. After something like about 6 months there had been a remarkable change in this family and everything was going well. The kids were at school and things were progressing and she had made payments towards the debt and it was then agreed... to re-house the family. ... So the long and the short of it was that this was seen to work. (Housing)

2.14 Following that successful precedent, the idea was developed to set up a larger and more permanent model. Both the Housing and Social Work departments were in favour of the idea because the situation was not unusual:

It was obviously seen as something that all parties wanted to get involved in because this particular case wasn’t a unique one although it was a more severe one than usual. (Housing)

2.15 The discussions resulted in an application to the Scottish Office for Urban Programme funding in 1993. Barnardos decided not to take part and NCH Action for Children Scotland became involved at an early stage. The Project was formally established in 1995 and officially opened in November 1996.

EARLY PROBLEMS

2.16 The reaction of local residents, and the adverse reporting of the project in the media, were a major problem that had important consequences in the early stages of the project. The decision to locate the core residential block of the Dundee Families Project on the St. Mary’s housing estate generated a considerable degree of adverse publicity. Resident concerns about the potential impact of the project were given a voice by the St. Mary’s Action Group and reported by the local media. In an attempt to defuse the issue, the partners in the project (Housing, Social Work and NCH, along with Dundee Tenants Federation) held a series of public meetings with the local community to explain what the project was all about. This had only limited success:

They tried to have public meetings…but all the people who were there were being heckled by this group of people who were against the project and it ended up just a free for all. So, they weren’t able to put their case across as well as they could. ... nobody had the chance to listen.... and I actually had to be taken home from them because I was more or less - spat at - victimised - people didn’t like me because I supported the project from day one. (Tenant)

2.17 The national media soon latched on to the dispute and began to coin terms such as 'sin-bin' and 'Colditz' to describe the core unit. At one point, both the local residents and the staff in the unit felt that they were 'under siege' from the press and television.
At the start the media were on the doorsteps almost 24 hours a day, 7 days a week. I mean, I had so many 'phone calls from Grampian Television to do programmes, 'come up and we'll interview you' and you knew it was just to trash the unit. (Tenant)

The local community also took a close interest in the initial stages of setting up the project:

*We actually had members of the community walking up and down the streets sometimes and watching people coming and going and counting the number of cars that were parked outside and things like that. .... I think for probably the first 6 months after we'd started to take families into that core block, we really felt we were walking on eggshells. (NCH)*

**Relationships with local residents**

By the time that this research began in 1999, the respondents in all the key agencies believed that the early problems in the relationship with local residents had been largely overcome. They said there were few complaints from neighbours about the behaviour of residents in the core block and those that did occur were quickly dealt with. The commonest complaint concerned the behaviour of children - but this was felt to be no worse than the normal level of complaint in housing estates.

*The complaints have been falling... I mean, in any housing estate you will get problems with children playing football, with various things - children will be children. But it's being dealt with in-house. If there's a complaint they go to the door of the unit, they complain and that person is brought into the office and told "Your son, or your daughter has done this - this is the person who's complaining, can you discipline them" - just the same as any other parent. (Tenant)*

In order to ascertain whether the anxieties of local people had been allayed, the research team carried out a survey of local residents in Autumn 1999. The primary aim of this exercise was to collate views about the impact (if any) of the project on the local community. To this end, a ‘random’ sample of 23 people, drawn from the residences immediately surrounding the project, were questioned in a doorstep survey.

**Residents survey findings**

**Attachment to the area**

Interviewees were asked to stipulate how long they had been resident in the St. Mary’s area and then to identify both the positive and negative characteristics associated with living on the estate. It is striking to note that whilst respondents had been resident for between 1 and 45 years, the average length of stay was 21 years. This finding is indicative of a stable community with a strong commitment to the area, an observation borne out by the identification of a broad range of positive features associated with the area.

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8 Doors were knocked on in a range of streets in the vicinity. Participation depended on who was at home and willingness to take part.

12
2.22 Respondents predominantly suggested that the area was ‘fairly quiet’ with ‘good houses’ and ‘good neighbours’. It was also seen as a ‘good area to bring children up’ and as being ‘close to the countryside’. Whilst half of the respondents suggested that there were no problems in the local area, the remainder variously identified drug/alcohol-related problems, disruptive neighbours/children and a decline in the upkeep of the area. Whilst the number of those interviewed was small, overall it was evident that the section of St. Mary’s which immediately surrounds the Dundee Families project is viewed favourably by its residents. As a result, they were likely to be sensitive to any perceived significant change in the character of their neighbourhood.

Perceptions of the Dundee Families Project

2.23 At the outset, the view held by the majority of respondents (16) was that the St. Mary’s estate was an inappropriate location in which to establish the Dundee Families Project. Thirteen respondents became members of, or attended meetings organised by, the St. Mary’s Action Group. This group actively opposed the opening of the Project. In general, residents were concerned that such a venture might lead to negative outcomes in the area. In contrast, a handful of respondents were not overly concerned by the placement of the Project and recognised that it ‘had to be established somewhere’. Despite these initial worries, it is important to note that 21 of the 23 respondents claimed that they had not encountered any difficulties as a result of the project being sited next to their homes. Further, the overwhelming majority reported that they now had no concerns surrounding the project’s continuance.

2.24 Of the two respondents who reported negative experiences, one perceived that the Dundee Families Project was indicative of the area ‘going downhill’, whilst the other stated that their child had been negatively influenced by children resident in the project. In fact, very few respondents said that they had come into contact with residents of the project. Of the small number that had, they generally commented that both adults and children had been pleasant to speak with and that some of the children had played with their own without incident.

2.25 Twenty respondents felt able to identify the purpose of the Dundee Families Project and did so with reasonable accuracy. They saw it as a scheme designed to give ‘anti-social’ tenants a second/last chance and to attempt to engage them in a ‘rehabilitative process’ so that they might become ‘good neighbours’ and consequently be able to re-enter mainstream housing. A small number felt that the project was intended to help bring families back together, help people cope with financial difficulties and/or help victims of violence. This suggests that the project had, ultimately, been successful in getting their message across.

2.26 Finally, respondents were asked to sum up their initial and current perceptions of the project as being positive, mixed or negative. The following table presents this data:

Table 2.1 Local residents’ views of the Dundee Families Project

<table>
<thead>
<tr>
<th>Views</th>
<th>Positive</th>
<th>Mixed</th>
<th>Negative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial view</td>
<td>6</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>Current view</td>
<td>13</td>
<td>7</td>
<td>3</td>
</tr>
</tbody>
</table>
2.27 On the reasonable assumption that the sample is broadly representative of local opinion, it is evident from this data that a significant transformation in local resident perceptions of the Dundee Families Project had taken place. There has been a clear decline in the number of people holding negative perceptions of the project and a corresponding increase in the number of people who regard the project positively. These findings reflect a common respondent perception that the Dundee Families Project has operated without incident or negative consequence on the St. Mary’s estate.

2.28 There was evidence from the second series of stakeholder interviews, carried out in early 2001, that the project had continued to operate quietly and discreetly in the St. Mary’s area.

_The project sits and runs away quietly itself, we have no problem at all…. There are never any complaints from any of the other residents about the unit._ (Police 2)

**Media reporting**

2.29 The turn around in local opinion was paralleled by a substantial change in the media coverage of the project. Whilst the early reporting suggested that the project was a retrograde step, by the 2001 the coverage was unanimously positive. A large number of people had also visited the project and some had carried out their own ‘evaluation’. This led to the project being cited in the Westminster Government’s Social Exclusion Unit report on Anti-social Behaviour as an innovative and ground-breaking idea that others were urged to follow (PAT 8, 2000). The Chartered Institute of Housing also conferred a ‘Good Practice’ award.

2.30 A social worker gave the credit for the image change to the Project Manager:

_I mean the fact that this project has managed such adverse publicity and survived is actually quite astounding. And okay, that's subsided now but that did have to be managed very well, very tightly in the early days and again I would give credit to G., the way she managed it tightly and then when it was possible to give a public profile, she did that extremely well._ (Social Work)

However, in fairness, senior staff in the Housing Department also appeared to have used opportunities to promote the project positively.

2.31 Interestingly, while the public profile of the project had changed positively, some of the stakeholder interviewees felt that image of the project to potential users had become more negative. A housing officer commented that some families who were referred to the project were reluctant to take part because they had heard things on the grapevine:

_What happens at the moment is that word about the project gets around and sometimes the family go off the idea They might hear things from other people that put them off….. It's about the amount of intrusion into people’s lives. That the project is like a prison – they lock you up._

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9 ‘2’ after the designation of a respondent indicates that the quote is from the second round of interviews
whole merit of the project is that they are not a statutory agency and they
don’t have power. But its not perceived that way by some of the clients.
Stories circulate - arms and legs get added. (Housing 2)

PURPOSE OF THE PROJECT

2.32 The purpose of the project has changed over time. The initial purpose of the
unit, as set out in the Urban Programme application submitted by the Housing
Department, was to deal with families who had been evicted - only families, and only
after eviction. The Housing Department staff recognised the limitation of this, since
waiting until a family was evicted took up time and resources, with the situation likely to
be deteriorating in the interim:

So, obviously you are setting up that hurdle - people have to go through
that process which is often long, time consuming and traumatic and all
sorts of things. But one of the things in that was that we felt that we didn't
want to abandon our anti-social behaviour policy. We always had a
relatively firm anti-social behaviour policy. We would take action on
certain issues; we would use the sanction of eviction where appropriate.
(Housing)

2.33 NCH had a different though compatible perception of the aims that they were
seeking to achieve, especially since the remit of the overall organisation is focused on the
needs and rights of children:

I suppose at the end of the day, we had to marry what the council wanted
and what we believed in. We certainly knew, the research is quite clear
about what happens to children who are moved around from pillar to
post, from bed and breakfast establishment to bed and breakfast
establishment. So our primary concern was to help children who were
very vulnerable..... and that remains our priority. ... Our motivation
wasn't to have "happier communities" which is what the Council wanted -
our motivation was about safeguarding the welfare of children. But, those
different kinds of approaches are okay, as long as the ends are the same.
(NCH)

2.34 NCH also had concerns about several fundamental aspects of the original
submission, in particular the large residential component and the staffing plans:

The project was set up to provide residential accommodation for up to a
dozens families who were evicted because of their anti-social behaviour. I
felt almost immediately that the project was quite flawed because it was
going to be staffed by unqualified staff, paid at fairly low level. I couldn't
see what they would be able to do to affect change in the families in order
to rehabilitate them into the community. (NCH)

2.35 Instead, NCH proposed to develop family support services, which would aim
to change behaviour. They also argued that the project should take on a more preventive
and early intervention role. This led to the proposal for 3 elements to the service, which
have been largely implemented. First, staff would work with families before they were
evicted. Second, support would be given to families who had been rehoused and were in
the first stages of rehabilitation. Finally, a very small residential component would be retained for those families who were most vulnerable, particularly where there were possibly child protection issues. NCH also wanted to increase the numbers of staff and the rates of pay ‘because we wanted to get a better quality of staff; we wanted to hire people who could actually make some difference to families’.

2.36 These ideas were immediately attractive to the Social Work Department:

_Their vision of it was very different to the Housing Department and the Council’s vision. ... I had a sort of sense (that) what NCH was talking about is better, in terms of the satellite houses and the dispersed accommodation, because everything I knew about managing vulnerable people was that if you cluster them all together then that sometimes exacerbates the problem. So we shifted the emphasis of the project away from, I suppose, reacting after the eviction to more prevention._ (Social work)

2.37 The Housing Department also accepted that the wider concept was better. One of the reasons for this was the original submission in 1993 occurred at a time of relatively high levels of evictions for anti-social behaviour (20), but these had fallen to 8 by the time that the project was due to start in 1996 (Dundee City Council, 1999).

_What we found was that targeting solely the people who had been evicted was leading to us ignoring the fact the loads of people were going through that process and wouldn't all be evicted but would need support to maintain the tenancy they were in.... to make them address the problems of their behaviour or their children's behaviour was causing._ (Housing)

2.38 There was also some indication from the interviews that the initial press and local reaction had had an impact on the council and had assisted in changing the focus of the project from purely residential unit to greater outreach work. Now the preventative aspect has become one the key aims of the work:

_I think the aims and objectives have always remained the same but we've broadened them out.... more comprehensive... We have set up dispersed flats for families at a far earlier stage and that's for families who have not come through the core block._ (NCH)

**THE APPROACH TAKEN BY THE PROJECT**

2.39 NCH staff emphasised the preventive nature of the Project’s purpose and approach. They stressed that they were proactive in preventing families from being evicted and in enabling them to return to mainstream housing and live harmoniously. Whilst the main purpose was to help families with problems to be included back into ordinary neighbourhoods, it was remarked that ‘difficulties with housing do not happen in isolation’, so that other issues need to be tackled alongside.

2.40 Staff saw key elements of the Project’s approach to be the expectations for the family to accept responsibility for their behaviour and agree on the identified areas that need to be addressed. This was done by developing an honest and direct working
relationship with each family member. The work of the agency was premised on a systematic, holistic assessment process and joint ‘contracting’ about what is to be done.

What we did as a Social Work child care agency was draw from all the different services that we knew could make a difference to families in trouble. So we knew that we were going to be dealing with single parents with young children, single parents with adolescent children and young children. Sometimes newly cohabiting couples who had poor relationships with themselves, each other and their children. We knew we had all of that to deal with so we decided to take a very... holistic approach to whole thing, but that most of our energies would go into working families who weren't in the actual residential block although that was very intense.. (NCH)

The staff also felt that, as part of a voluntary organisation, they would be trusted with much valuable information.

2.41 The external stakeholders also emphasised what they saw as the key elements of the approach. There was general agreement that the project strengths were that it took a holistic approach and addressed a range of the families' problems:

The families project takes the holistic approach and addresses these root causes and it seems to have stabilised families (Housing 2)

2.42 The work was seen to be intensive and time-limited and therefore focussed very clearly on the goals:

I suppose the fact that they are attempting to take a targeted short-term approach. This isn't an approach where somebody comes in and is in for 6 years. (Social work)

It is a time limited and strongly focussed intervention that takes people over a crisis in their lives and allows them to develop their own supports if they can. I think that is what it is trying to do is not overly take over. It does actually try and build people's own capacities in a productive kind of way. (Social work 2)

2.43 The project was also praised, by several interviewees, for its flexibility in dealing with the needs of each family individually and adapting plans to suit emerging issues:

My understanding is that originally they would have a very clear kind of limit, it's something like 6 months and they have been a bit more flexible than that, but it hasn't been forever. And I think the project's ability to be flexible is probably quite a good thing about it. (Social work)

They are all extremely committed with these families and seem to take the ups and the downs, no problem, because there can be crises there, through no fault of the staff or anything like that - just the families they are dealing with. They seem to take that in their stride no problem and just crack on and look ahead all the time. (Police 2)
2.44 The only discernible difference between the comments in the initial interviews and those at the end of the research was perhaps that the later interviews made more comments about the systemic and integrated nature of the approach. This suggests that the project had honed and fine-tuned its methods as it had developed.

*We use a systemic approach to our work but I don’t know if it is about methods. I think it is about the model of work, if you see what I mean. I don’t think that they would do anything different from other people. I don’t think we have got a magic formula but I think that we bring it together.* (NCH 2)

**SUMMARY**

2.45 The chapter has shown that the Dundee Families Project developed in response to a number of factors. The council, with a large council housing stock, faced pressures to take action on people who caused problems to neighbours. Their initial response was traditional and reactive: using legal remedies to evict such families. However, having implemented a very firm policy, they found that response sometimes only displaced the problem. In this, the council was no different to many others in Scotland. However, following a successful attempt at rehabilitation with one family, they decided to establish a specialist intensive project.

2.46 The project was initially faced with a major problem of adverse reactions from local people and the press. However, over time, the worries of local residents dissipated, as there were few evident problems in the core block. Perhaps more remarkably, the wider public and political perception of the project was transformed from a very negative to a very positive image.

2.47 Since its establishment in 1996, the purpose of the project has changed. Initially, the aim of the project was to deal with families after eviction in a central unit. However, after discussions with their proposed partner, the emphasis changed to more preventive work with families who were facing eviction. The key elements of the approach however, have remained constant. The project aims to take a systematic and holistic approach to each family’s problems. It works intensively, in a time-limited and focussed way to address the problems.
CHAPTER 3 THE NATURE OF THE SERVICE OFFERED BY THE PROJECT

INTRODUCTION

3.1 This chapter presents details of how the Project recruited families and of the kinds of methods employed with the aim of helping to produce change in families and their circumstances. This process or input information is important to make sense of the outcome and cost-benefit data presented in subsequent chapters. As McCurdy and Jones (2000) point out, this descriptive detail about the any programme is often omitted from evaluation reports, but is necessary both to understand what led to any effects that are identified and to aid anyone seeking to replicate the service.

3.2 In the first section, an account is given from the perspectives of key stakeholders of the admissions procedures and forms of intervention used by the project. Data from both initial and follow-up interviews are drawn on for this purpose. The stakeholders comprised mainly representatives of other agencies, but also included NCH managers. The second part of the chapter provides the views of Project staff (other than the manager). Finally, the direct observations made by a member of the research team are reported.

STAKEHOLDER DESCRIPTIONS OF THE PROJECT'S WAYS OF WORKING

Referral and admission processes

Handling referrals

3.3 As noted in the previous chapter, the project has an admissions panel comprising representatives from NCH, Social Work and Housing. The panel may accept referrals from a range of sources, although in practice, the vast majority of referrals come from the Housing Department and the Social Work Department.

Referrals usually come from housing staff, social work staff or self-referral. They may on occasion come through other sources but it is fairly rare…. The odd ones might come to the attention of say a health visitor, possibly education department but they tend to be fed towards social work or towards housing and it would be social work and housing who made the referral. (Housing)

Most housing referrals for outreach support come from local area officers, while the Homeless Unit usually makes referrals for the core residential service.

Assessment

3.4 Prior to any agreement to accept the family, project staff carry out a detailed assessment of the families' needs and their willingness to take part. This assessment is very thorough, usually lasting around 8 weeks and involving up to 8 visits by a project worker to the family:
Something to give us the real clear picture about the family, where they come from and basically whether you can actually work with them and whether they want us to work with them. (NCH)

3.5 In addition, all the agencies involved with the family are asked to complete a referral form, which the family has to see and sign. Once all the information has been gathered, an initial meeting is held with all the agencies who are involved and the family

We talk through the assessment with the family... From that point in, it's about double-checking that the family really wants to work with us. If we say yes, it's about basically divvying up the work at the initial review meeting and looking at roles and responsibilities, (NCH)

**Criteria for acceptance in the Project**

3.6 The original criteria for involvement with the project were that the family must be evicted, must have a severe anti-social record, and must be willing to work with the project. However, in line with the changes in the purpose of the project, interviewees agreed that more flexibility had been introduced into referrals. Even so, the key focus was still on families who had exhibited anti-social behaviour. This view was strongly held by the Housing Department:

* I don’t think that there is any point in the project being there unless they are dealing with people who have concerns about anti-social records. So my main reason for arguing that a referral should not be accepted is if there is not some evidence of anti-social behaviour in the past. (Housing)

Although precise understandings of anti-social behaviour varied, this was broadly taken to mean behaviour that impinged on others outside the family.

3.7 There was some evidence that the Social Work Department had, at times, sought to broaden out the client group and seek referrals for cases with other problems:

* Particularly when there have been families where perhaps children have either been in the care system or are about to go into the care system and we feel some pressure is put on us by Social Work Department. We ... have, on occasion when we've had the capacity, taken a case which has been very much on the edge of what our criteria would be. (NCH)

3.8 On the whole, however, the interviewees thought that the vast majority of referrals were appropriate. Apart from not meeting the admission criteria, the other main reason for rejecting a family was if they did not wish to work with the project:

* I don’t recall an instance where we have considered a referral and it has been rejected on the grounds of this person is too anti-social or I don’t feel that the project has the ability to deal with this. The only sort of circumstances that we would probably reject a case like that would be if the family clearly were refusing to work with the project (Housing).
3.9 A critical viewpoint was expressed by one informant who thought that housing services sometimes refused tenancies or made moves to evict based on what people were likely to do rather than what they have actually done. Also decisions were said to be sometimes based on 'lifestyle judgements' rather than an objective assessment. This individual believed that the family he was dealing with had not needed the DFP and could have been dealt with better in other ways, whereas other 'more disruptive and difficult' families were not considered.

**Decisions about accepting families**

3.10 Formally the Admissions Panel makes the decision about whether to accept a family, taking into account the family's degree of commitment. In practice, the Panel may not take the decision to provide a service in every case. They are more likely to be involved in decisions about families who may require the facilities of the core residential block whereas their role in outreach work is more about monitoring cases and making decisions about the use of dispersed tenancies.

3.11 Stakeholders suggested that very few referred families explicitly refused to work with the project. One of the interviewees suggested that this was due to a combination or 'persuasion and coercion'. An example of this carrot and stick approach was noted by another person:

   *It was made pretty clear that if they wanted to get back into City Council housing then this was the way and their last chance and I strongly advised them to co-operate. They very reluctantly agreed to at least speak to Families project workers.... They are very skilled in engaging and befriending and talking through issues with people and gaining the confidence of families. .. It then became apparent that the family were really up for working with the family project and just very recently they moved into their own house and are as happy as Larry. (Housing)*

3.12 The analysis of case records in the next chapter will show that some families who agreed to use the Project, perhaps under duress, showed their resistance passively by not being available for contact or co-operating with plans.

**Duration and timing of the referral process**

3.13 One difficulty, highlighted by a number of the stakeholder interviewees at the beginning of the research, was that the detailed assessment system could mean that families would wait too long after a case was referred before the family was accepted. The project was generally unable to accept emergency referrals, which meant that some families had to wait in unsuitable accommodation or split up for several months waiting for a place. 'So you'd have the children in care, waiting for a place in the core block for 6 or 9 months'. At times, there were further delays because referral forms were not returned quickly. This problem was acknowledged by NCH.

   *Sometimes in the past we haven’t been able to meet the demands of our partner agencies because we have a set assessment process. (NCH)*

   *We need to be sure, the families need to be sure that they're up for it and yes, it takes a long time.. sometimes it's not quick enough. And sometimes*
there are hiccups in the system depending on getting hold of other professionals, and getting referral forms back can be slow. (NCH)

3.14 Over the period of the research, the Project had introduced more flexibility into the assessment process on an ah-hoc basis, to carry out assessments more quickly for urgent cases:

What we have done I suppose is introduce probably a bit more flexibility so that if for example like well one family that just got referred to us on 6th February from housing who said this family needs ... an assessment done very very quickly, and we need to get them into dispersed accommodation. This is a repeat homeless applicant. That is the assessment complete on 28th February. Twenty-two day assessment and it appears to be very comprehensive. So I think that we have probably allowed or introduced more flexibility in recognition that different families will need different responses. (NCH 2)

3.15 Towards the end of the study period, this ad-hoc arrangement was in the process of being formalised into a Direct Access agreement with the Homeless Persons Unit. This would allow the Unit to make direct referrals without going through a lengthy assessment stage with respect to families whose problems were well-known to them through repeated homeless applications. The fine detail of the agreement was still being worked out but a housing officer explained that it might apply where:

We know they have problems and we are fairly sure, in our own minds, that they need support and could not sustain a tenancy. Where it would help to address our responsibilities in terms of the Children Act, where there are parenting difficulties, and there is involvement from the welfare agencies. … In those repeat cases, we'd like to refer them and have them accepted and housed in the project right away- and for the assessment to be carried out in-house. In practical terms, given the limited space in the core block, it might not happen. It might be a bit hit and miss – it would depend on whether there was space available. So how it would work in practice, I don’t know. We might have to have the project working with them while they stay in the homeless persons supported unit. (Housing 2)

3.16 Although the Direct Access arrangement was broadly welcomed by the project staff, one interviewee expressed concerns that the families would not have a clear understanding of the nature of the project or what was expected of them, and they might therefore be disruptive. It was suggested that such families might need heavy initial staff input, so they had less time for other work.

3.17 A further proposed change was to make automatic referrals to the project at a much earlier stage: either when a notice of proceeding was served for anti-social behaviour or when a summons to court was issued. Project staff, who felt that such referrals would allow the project to assist at an earlier stage, also welcomed this. Automatic notification would also ensure that all cases were referred to the Project rather than at the discretion of housing staff:

One of the things I have been concerned about previously was that families were sometimes being referred to us too late. It shouldn’t be
about an individual officer’s perception of events and it shouldn’t be about whether an area manager is a hang them and flog them type or whether they are another type. It is about what is needed. (NCH 2)

3.18 However, one housing interviewee was concerned that an automatic referral system would increase the workload of the project substantially:

Part of that has been looking at automatic referrals and the stage when we issued a summons for court. That would increase the number of referrals by quite a bit. If we introduced it at the notice seeking possession stage – that might be quite a lot more cases. Bearing in mind that the project is about anti-social behaviour and we serve quite a lot of notices for ASB. But it’s not finally agreed and implemented yet. Whatever way it cuts, it will be an increase in the workload – without an increase in staffing or resources. (Housing 2)

Planning and review

3.19 Decisions about the type of service that would be offered were said to be made according to a combination of the families’ housing circumstances and their needs. Families would usually only be placed in the core residential accommodation if they were homeless. Again, some flexibility had been introduced in to the criteria for entry to the core block. Initially, this was confined to families who had been evicted for anti-social behaviour, but as the number of the evictions reduced this was broadened to ‘families who really cannot function in mainstream society and normal council housing’ - regardless of their eviction status. Outreach work would be offered where families already had a council tenancy or where it was felt that they could cope with a tenancy, provided that they had some support.

3.20 The initial assessments of the families led to the creation of a care plan with agreed targets and goals. Specific responsibilities were determined for both the family and the agencies involved with the family. Each member of the family is assessed individually and often the work is tailored to each family member too:

Certainly some people are more in need than others within a family setting... It might be, for example if we have a family - ... we did work with the mum and dad, we did work with each individual children, we worked with the children, the whole family. We did work with Dad individually and a lot of work with Mum individually and that was because she was left to manage the family situation because Dad would disappear. And I suppose our work with her was very intensive and that was around building up responsibilities for her dealing with being left to cope alone and trying to cope with an alcohol dependency. You know, that’s a high level of need. But all of that filters down to an impact on the children and they were involved with that as much as we are involved with Mum. (NCH)

3.21 Following the establishment of the care plan, each family has a review meeting every 6 weeks to assess progress and revise the care plan if necessary. The review meetings include the families and all the agencies involved with the family.
There would be regular case conferences - if you like - where the project, the Social Work Department and ourselves and the family meet up and discuss where we are going and each just give their input as to what the sort of goals for this particular client would be. While this was going on, obviously they were assessing as to when they thought she would be able to go on, on her own. (Other agency)

Methods and types of work

3.22 Respondents emphasised that a key feature of the Project’s work was its ‘intensity’. One person described how staff had the time to ‘build relationships and find out root causes’, unlike most other agencies. NCH staff stressed that the particular techniques used were not particularly original, but they were applied in an especially holistic and structured way:

_In a sense there's nothing new about all of this, you know, we've taken ideas off the shelf and put them together and that's the beauty of it, that the whole is greater than the different programmes that we've taken off the shelf._ (NCH)

3.23 The project uses a wide range of methods to work with the families. Broadly, the emphasis of the project is on family support and behaviour change. However, this encompasses a wide range of activities that are specifically adapted for each family, and to each individual within the family:

_There's the tailored programmes, they've got a range a programmes that are quite often, they can tailor to individual families, so it might well be that you have an anger management programme, if that's an issue for the parents. They have a building up of assertiveness, if that's an issue for another parent, general parenting skills - and safety issues for children, that kind of thing. And then a lot of work with children, I suppose, trying to enhance their life chances and help make up for deficits that have been around because they're anti-social. Some of these kids, because they have been living in such an anti-social context, even at very young ages, aren't operating socially well enough to be, perhaps, included even in nursery school, etc. So my feeling is that some of their work is almost helping socialise some of these kids._ (Social Work)

3.24 Also families cannot simply choose what they would like to do, unless this fits with their assessed needs:

_The key workers have to assess the families that we are working with and whether they would actually benefit from the group and whether that's a need that the families are going to have in their care plan._ (NCH)

3.25 External stakeholders referred to the family work, examining roles, relationships and behaviour, and specific group options available for families such as the parenting, tenancy and children’s groups. It was pointed out that the Project was supportive, but not a soft option since it obliged families to face up to their difficulties and made plain that certain expectations must be fulfilled:
The tenancy agreements that we have, where we are very, very clear about the kinds of standards that are expected of people while they live here. And it seems sometimes a bit oppressive almost, a bit over the top. But when you think about the new behaviour that people have to learn, in order to become mainstream tenants who manage their own tenancy, then I think it is still important that we do all that work with them. We do, in a way, almost make them go through all sorts of hoops. (NCH)

A window got broken and the Police were called and the tenants charged. So they don’t wrap them in cotton wool. (Tenant)

They have a non-judgmental approach. So these families are hearing “It’s unacceptable to do A, B, C and D” - but I don't think they are hearing from the project - "You're an awful person because you've done A, B, C and D". (Social Work)

I recollect there is an expectation that children will attend schooling if the family is in the Family Project, which has probably not been the case prior to them going there (Reporter)

3.36 Many of the interviewees commented that the regime was fairly strict, especially for families in the core residential unit. Residents were expected to comply with the project’s detailed rules and guidelines.

We have a set of boundaries - we call them - and they are in the information pack that goes to everyone. We have basic rules and that's about visitors being out by 11 o'clock at night. You know, we're not chapping on the door at 11 o'clock at night, but that's something people sign up to when they come. And that's around the needs of the children and them not being disrupted and them being in their bed and all that kind of stuff. Some families have additional guidelines imposed such as, if we think you are using alcohol inappropriately when your children are there, then an additional condition is that we will come at all times, or at variable times and check. But that's all up front and families know that. (NCH)

I don't think NCH run an easy ship. I think they've got rules, they've got regulations and in the case I told you about they were saying - "Look, you're going to have to go to this area. We're going to take you on, we are going to have to go for this area". NCH were totally in support of what I was saying - "You can't go back to that area, you'll have to go here". (Housing)

3.37 Families in the core block received frequent observation visits:

Yes, generally when a family first comes in we will do observation because we need to establish what the family's pattern of living is. So that might be at breakfast time, tea-time, and bed time. () That would be time limited and agreed with the family. (NCH)
3.38 Most of the interviewees thought that such regulation was both necessary and fair. They did not think that it caused a problem for most residents. Generally, the balance was felt to be about right.

From the families who talked about the project to me, ( ) they aren’t resenting in a way that they feel they are being monitored or scrutinised all the time (Other agency).

3.39 However, one or two said that some families resented the amount of supervision, especially in the core block:

The family left a few months afterwards and F. felt that their stay there ‘did not turn out terribly well’. The family did not like being there and found the staff ‘overly intrusive’. For instance, they were having what they regarded as a ‘normal row’ which any family might have and a staff member came banging on the door. The family expected the work to be focused on their housing situation not their personal relationships. (Other agency 2)

3.40 The NCH managers stated that the range of methods used had not changed substantially since inception, though a few new techniques had been added to the repertoire, such as Home Video Training. Also the tenancy workshop had been extended from parents to young people.

Younger people are placing their parent’s tenancy at risk. They are out of the control of the parent or whatever and it is about giving the young people a wake-up call (NCH)

3.41 The Project’s work was reported as having become formal and structured. Training courses attended by staff had encouraged them to adopt a more systemic approach. Project staff also undertook indirect work on behalf of families, such as advocacy, liaison and applying for financial assistance:

If it is not available from the people who are running the project they will seek out the advice that the people are needing. (Health)

3.42 Having considered the views of external stakeholders and NCH managers, we now turn to the perspectives of the staff working in the Project.

PROJECT WORKER INTERVIEW FINDINGS

3.43 Nearly all the Project staff were interviewed early in the research about their roles and views of the project. The issues covered in the interviews included: previous work experience; training; the nature and purpose of the Project; definitions of anti-social behaviour and the main issues they have to deal with. Towards the end of the study, staff completed short questionnaires, whose contents are reported after the interview data.

Staff attributes
Previous work experience

3.44 The staff members came from diverse backgrounds (e.g. housing, field social work, community work, residential care), but they reported a significant level of cohesiveness within the staff group. This could be due to the fact that the most of the current staff had been working at the Project since its inception. This enabled the group to work through any initial difficulties, to develop a positive group identity and to become well grounded in their practice.

3.45 Although only 2 members of staff had previously worked primarily with homeless people, all had considerable experience with vulnerable young people or families. They had dealt with ‘antisocial’ behaviour, even if in some cases it was not identified as such.

Training

3.46 All of the staff had received some form of training before starting their post with NCH. Some had done further or higher educational courses but others had only received in-house training. All of the staff commented that they received an unusually large amount of training since starting with NCH. The following are some of the areas in which staff had received training:

- mental health
- first aid
- report writing and recording
- rape crisis training
- drugs and alcohol
- assessment techniques
- child protection.

Staff qualities

3.47 Staff were asked what qualities they brought to their job. The main element common to all was a desire to work with children and families. They welcomed the challenge that it posed and they wanted to be involved in the change process. Otherwise each member of staff listed slightly different qualities. Collectively these represented a wide range of competencies. They included:

- knowledge and skills in dealing with homeless people;
- good knowledge of social work legislation
- skills to identify problems;
- good counselling skills;
- instilling confidence;
- knowledge of how to deal with different people;
- skilled in group work;
- expertise in working with children;
- good grounding in family dynamics;
- prior experience of working with families;
- experience of working with families in a systemic way;
- good core values;
- understanding of anti-discriminatory practice
Staff views on the Project

Admission processes and definitions of antisocial behaviour

3.48 The criteria for admittance were reported consistently by staff and there was an overwhelming agreement amongst the project workers that at least 90 per cent of those admitted to date had been appropriate referrals.

3.49 There was a consensus amongst the staff that the term anti-social behaviour (ASB), as used by the referring agencies, was too broad and problematic. They indicated that ASB could be an externally visible issue falling into the public domain or an invisible one within the private domain. Staff believed that often the ASB reported by the referring person was a manifestation of other problems in the family or their circumstances, which only became apparent when further information was gained after the referral. Similarly, such factors as drug and alcohol misuse, mental health difficulties or marital breakdown were either a direct or indirect cause of the family becoming homeless.

3.50 Staff also expressed concern about the impact of applying the label anti-social behaviour, which families understandably experienced as stigmatising. It was expressed that ASB is like a form of ‘racism’ with the consequences being very hard to live down. Whether the term is applied explicitly or not, families feel they have to prove that they are not anti-social, rebuild trust and improve their reputation. Removing the stigma is very difficult and even when improvements occur they may be hard to demonstrate. One staff member remarked that ‘with an alcoholic you can readily see the change but with someone that is ASB you cannot readily see change’. Another comment was that the term could apply to anyone at some point, even herself as she occasionally shouts at her children. Most staff said that it was not helpful or appropriate to use the term outside the staff group, but recognised there was a need to name what they were dealing with. One suggestion was to place a time limit on the application of the term to a particular family.

The main behavioural issues

3.51 The staff group identified a very large number of different behaviours that either contributed to or resulted from the families’ situations. The majority related to the parents or family as a whole. These included:

Poor anger control, alcohol and drug misuse, social exclusion, lack of parenting skills/role models, issues-instability, lack of routines, low self-esteem, isolation, learning disabilities, health related issues, poor hygiene and nutrition, mental health problems (notably depression and anxiety), traumatised behaviour, offending/criminal behaviour, negative attitudes.

In relation to children, educational issues were prominent, including truancy, difficulty concentrating and school exclusion. Offending and behaviour issues were also common.

Assessment process

3.53 The assessment process was identified as the cornerstone of the work. A formal assessment procedure was introduced roughly one year after the Project was opened. The process was described as structured and consistent, yet flexible. Maximum
participation by the family was seen as an essential element. Time is required to build trust, give the parent(s) a chance to comment and disagree on the assessment undertaken.

3.54 All the staff spoke very favourably about the assessment process. They said that it enabled them to gather their own information on each family in a very thorough way. The approach was deemed to be very professional and collaborative. Gaining the perspectives of the family and all relevant agencies helped ensure the validity of information. A further advantage of the standardised process was that it led to equity, in that everyone is afforded the same opportunity and quality of assessment.

Project staff follow-up survey

3.55 In order to obtain a more recent overview of staff perspectives, they were asked to complete a questionnaire at the end of the research fieldwork, in December 2000. Seven of the 8 distributed questionnaires were filled in and returned, although in some instances not all the questions were answered. The Project Manager was not included as she was interviewed as a key stakeholder. It is pertinent to note that this mini-survey occurred just at the end of a period where the manager had been on maternity leave and also one Depute was leaving, so the team situation was somewhat less settled than usual, which may have affected certain responses.

Staff knowledge and training

3.56 Five of the 7 staff members (71%) felt that since they had been employed at the DFP their skills and knowledge had been enhanced. It was noted above that access to training was seen as an important strength of working for an NCH project. Nevertheless it was valuable to assess if staff wanted training on certain aspects of their work. The results are presented in Table 3.1. Most staff thought they had sufficient understanding of child development, parenting and family violence, but the majority wanted further training on more specialised issues, notably to do with mental health issues.

Table 3.1 Training wanted by staff

<table>
<thead>
<tr>
<th>Topic</th>
<th>Definitely or probably wanted</th>
<th>Not wanted</th>
<th>No response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult mental health</td>
<td>5</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Child and adolescent mental health</td>
<td>5</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Special needs</td>
<td>5</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Child protection</td>
<td>4</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Drug issues</td>
<td>4</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Alcohol issues</td>
<td>3</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Child development</td>
<td>2</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Family violence</td>
<td>1</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Parenting skills</td>
<td>1</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

(N=7)
Source: Staff survey

Views on the aims and working of the Project

3.57 Asked if the staff group had common objectives, all but one replied that they ‘mostly’ did have. There was less consensus about the effectiveness of the project. Four staff members (57%), felt that the Project’s work had been successful. Two had mixed views, and one member felt that their work had been unsuccessful.
3.58 Staff were then asked to rate multi-disciplinary work in relation to 7 separate services. Table 3.2 presents their views. On the whole, most relationships were seen as good or very good, but the striking exception was social work, which nearly everyone regarded as poor. This perception of social work contact was not held by the Project Manager (though she was aware of staff views) or social work management, suggesting a difference between managerial and front-line contacts. The positive relationships with housing staff are in line with the changes in referral patterns, which will be described in Chapter 4.

### Table 3.2 Project staff views on relationships with other services

<table>
<thead>
<tr>
<th>Service</th>
<th>Very good</th>
<th>Good</th>
<th>Not very good</th>
</tr>
</thead>
<tbody>
<tr>
<td>Voluntary child &amp; family</td>
<td>3</td>
<td>4</td>
<td>-</td>
</tr>
<tr>
<td>organisations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housing department</td>
<td>2</td>
<td>5</td>
<td>-</td>
</tr>
<tr>
<td>Alcohol agencies</td>
<td>2</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Mental Health</td>
<td>2</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Drug agencies</td>
<td>-</td>
<td>6</td>
<td>-</td>
</tr>
<tr>
<td>Health services</td>
<td>-</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Social work services</td>
<td>-</td>
<td>1</td>
<td>6</td>
</tr>
</tbody>
</table>

(N = 7)
Source: Staff survey

3.59 Staff were asked to determine what they felt to be the desirable length of time for work with most families (in months). Three staff did not wish to specify, arguing that the duration of service should be based on needs of the individuals involved. One person indicated that the work should take 6 months on average, while another felt that 3 months was a desirable length of time. Differentiating by service type, staff provided the following recommended time scales that they thought appropriate:

- Core/residential: 6-9 months
- Dispersed: 6 months
- Outreach: 3-6 months

3.60 In view of the ongoing debate that has taken place about the balance between the residential and preventive work of the Project (see chapter 2), staff were asked about their views regarding the 3 types of service provided. They were provided with 5 options to choose from. The responses with regard to the core block were that it should be:

- Changed: 3
- Expanded: 2
- Maintained: 1
- Discontinued: 1
- Reduced: 0

3.61 Evidently, views ranged widely from wanting expansion to recommending cessation of the core block, with the most common opinion being that change was required. On the other hand there was near unanimous support that the other services should be expanded. Everybody wanted this for the outreach work and all but one were in favour of expanding the dispersed service.
**Work satisfaction**

3.62 Staff provided a list of the positive and negative aspects of working for the DFP. The positives were:

- New challenges
- Better understanding of families living in poverty
- Families successfully being re-housed and gaining autonomy
- Giving vulnerable people a second chance
- Being part of a successful service
- Being part of a developing service
- Different challenges
- Direct work with complex families

3.63 The negatives were as follows:

- Development of dependent families
- Social work not doing their work
- High number of absences due to sickness and unsatisfied staff
- Dysfunctional team for lengthy period, but now feels this has changed
- Too much paper work
- Unsociable hours and how this effects the clients’ access to professionals outside of normal working hours

3.64 As noted at the start of this section and stated in one of the comments above, some of the dissatisfactions related to a period which was now seen to be over with the return of the Project manager.

**Changes wanted by Project staff**

3.65 Staff were asked ‘What changes, if any, would you like to see in the DFP objectives?’ Five staff gave an answer to this question. Three people said that they would like clear rehabilitation plans with families. One member of staff requested clarification between funders and the Project about expectations and definitions. This person referred to confusion as to whether anti-social behaviour refers to tenancy difficulties, problems arising from drug and alcohol misuse or child welfare issues. Another member of staff said that they would like more earlier intervention in order to prevent homelessness.

3.66 Staff were also asked if they wanted any changes in the kinds of families worked with. Four felt that no changes were required. The others replied mainly in term of stages of intervention, rather than family types. One suggested that they should have an automatic referral service at the first sign of any anti-social behaviour i.e. prior to a notice of proceedings being served. Another member of staff also supported earlier intervention, advocating a multi-agency approach specifically for long-term dependency. Finally, a third person suggested that they maintain the needs led work but that they try to prevent any blurring between dealing with anti-social behaviour and helping to re-unite separated families.

3.67 None of the staff felt that the assessment process could be improved in any way. Six of the 7 staff shared their thoughts about alterations they would like in methods
of working. Three staff members felt there should be more group work and focused programmes. The other suggestions were for more outreach work, better feedback between social care workers and management, with more emphasis on the success of good practice, and changing the use of the core block to providing emergency placements.

3.68 Staff were invited to give their views on what change(s) in the Project would be most helpful to their work. They mentioned a range of matters related to communication, support, training and external co-operation:

- In depth family support
- Personal development through further training
- Case management support
- Better and more in depth training
- Clear communication
- Change in team dynamics
- Less paper work
- More partnership involvement

3.69 Staff made proposals for additional resources or services to be made available to DFP. Some of the suggestions were as follows:

- Additional space for group work and larger accommodation
- Better funding
- Possibly joint team meetings between DFP and Stopover
- Greater community links, transport for groups, outings, and clear social work input

OBSERVATIONS OF THE PROJECT AT WORK

3.70 The resources for the study did not allow for extended observations of the Project’s direct work with service users. However, in order to gain an impression of how certain elements of the service were delivered in practice, one member of the research team attended 4 groups as a non-participant observer. These were: a young person’s group, an after school play group, and 2 tenancy workshops.

3.71 The Young Person’s Group was designed to focus on topics that were felt to be relevant to the needs of the young people. The topic under consideration at the observed session was communication. Three young people attended, their ages ranging from 13-16. Two staff members facilitated the group.

3.72 As an introductory exercise, the young people were asked to describe one good thing and one bad thing that happened to them over the week-end. The group then discussed various forms of communication (e.g. body language, listening, non-verbal cues) and how these are used to interact with other people. Next, the facilitators asked each of the young people to provide an instance of good and bad communication. The young people quickly identified examples. The focus then shifted to why people need communication e.g. to express feelings. Finally, the group discussed the importance of adapting communication styles to different kinds of people (e.g. parents, teachers, neighbours and peers). At the end

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10 Another nearby NCH Project
of the session, the young people gave extremely positive feedback about the group. It was
evident that the young people enjoyed having the opportunity to air their views within a
structured and yet flexible forum.

3.73 The After School Play Group consisted of 2 facilitators and 5 children, aged 5-9. The
group was structured in order to provide the children with a range of activities to meet their
varied interests and to be developmentally appropriate. Within this framework, the children
were given choices about what they would do. Initially, the group broke into 2 groups in
order to complete a craft task. Later the play consisted of individual and small group
interaction and nearer the end the group came together as a whole for juice and biscuits. Staff
explained rules of interaction for the group. The children were expected to wait their turn to
speak, listen to other children when they were speaking and avoid swearing. The group
appeared to be a big success with the children. However, it was apparent that the 2 staff
members had a very difficult task in maintaining group order (e.g. keeping things on track)
and meeting the needs of the children. There were some children who made strong demands
for the attention of staff.

3.74 On separate occasions the researcher attended 2 tenancy workshops. The first
workshop was attended by 4 adults and the second by 3. The adults attending were waiting to
receive their tenancy. Housing officers were asked to speak to the groups, both coming from
the Happy Hillock office. In the first workshop, discussion took place about missives, and
emphasis was given to ensuring that the proper guidelines and procedures are followed. Next
the current state of available housing was discussed. Some tenants expressed their anxieties
about having to wait to get re-housed due to the current demolition situation. The housing
officer explained that there is a system of priority for people with medical problems,
homeless priorities, and people on the waiting list. The housing officer emphasised the
importance of clearing up any rechargeables or rent arrears in order to be placed on the
waiting list. In addition, she stated that if people had previously abandoned their tenancies
they would be classified as anti-social. The workshops lasted for roughly an hour. It was felt
that the adults benefited from the informal discussions and they were able to share with the
group some of their previous housing experiences, for better or for worse.

3.75 Finally, throughout the evaluation observations were made of various fragments of
one to one work with adults, children, and young people. Interactions between staff and their
client group were generally very supportive. Any positive changes in behaviour or attitude
were always encouraged. There were many interactions between staff and young people that
were unplanned, yet staff always found the time to spend with the young people.

SUMMARY

3.76 The Project receives referrals mainly from the Dundee housing and social work
departments. Before a family is accepted, a thorough assessment is carried out, typically
lasting 2 months. The Homeless Persons Unit negotiated a shorter arrangement for its direct
referrals.

3.77 Stakeholders agreed that on the whole families accepted by the Project did fit the
criterion of serious anti-social behaviour. A second important factor for acceptance was the
family’s motivation. Since families often had little alternative, some were likely to have
shown willingness to co-operate even though their commitment to change was shallow.
3.78 The Project workers agree a care plan with each family, which usually includes goals for each person. Every family also has a package of interventions tailored to its needs and normally combining individual, family and group work. In general, other agencies saw the Project’s work as firm but fair.

3.79 The staff at the Project have diverse professional backgrounds. Considerable stability and cohesion was established in the staff group over the first 3 years. Information and views obtained from the staff showed that they were fully supportive of many aspects of the Project’s aims, procedures, assessments and work. They were also positive about the training available, though most recognised their need to learn more about certain issues (such as mental health difficulties). Relationships with other agencies were said to be good, except for social work. Individual staff recommended some changes to the Project, but there was no single matter that all agreed on. There was, though, considerable support for reviewing the role of the core block.

3.80 Observations were made of 4 group sessions at the Project, as well as incidentally during the course of the fieldwork. This could only give a flavour of the work of the staff, but nearly all the interactions with service users were seen to be positive. It was also evident that staff were operating a clear programme with specific goals, yet were very attentive to the individual needs and wishes of participants.
CHAPTER 4 OVERVIEW OF CASES DEALT WITH BY THE PROJECT

INTRODUCTION

4.1 This chapter examines data about all the cases dealt with by the Project in its first 4 years of operation. All the cases on which the Project held a record were examined and certain core details abstracted for the purposes of analysis. The cases were of 2 types:

- considered but not worked with
- actively worked with

Thus the records made it possible to examine and compare referred families who were accepted and not accepted by the Project. Also information was available about family characteristics, duration of service, types of service offered and outcomes. The wealth of information in accepted cases was itself a tribute to the Project and there was not time for the research team to use all of it.

4.2 Most of the cases were already closed by the time of the analysis, but 13 were still active at the time of final data gathering (October 2000). This Project workload represented a low-point, as previously and subsequently the numbers of families worked with at any one time has been higher.

4.3 In addition to examining the case outcomes at the point of closure, the research team sought up to date information on the families by means of a brief questionnaire sent to housing and social work offices. This provided some indications of longer-term developments in these cases. The findings of this survey are reported in the final part of the chapter.

4.4 A more in depth picture of families’ progress and views was obtained from 20 families by interviews. Their situations will be described in the next chapter.

THE CASE RECORD ANALYSIS

4.5 The Project keeps very detailed records on those cases with which it has significant involvement. Referring agencies are asked to complete a lengthy structured referral form. In addition, files on cases with extended contact typically contain most or all of the following Project documents:

- Family details sheet
- Care plan(s) and care plan weekly timetable
- Report(s) for Admission Panel
- Admission Panel minutes
- Network meeting minutes
- Review Form
- Contact sheets
- Detail record sheets
• Case closure form

4.6 Files may well also include correspondence, relevant housing documents (e.g. breach of tenancy interview or checklist), social work documents (e.g. *Looking After Children* records\(^{11}\)) and, where applicable, child protection or children’s hearings reports and minutes. A minority of families (mainly in the core) are visited up to 2-3 times daily for a period to observe and monitor care of the children and/or home: this is recorded in detail. Some files contain other papers such as a tenancy agreement or exercises carried out with a child.

4.7 Overall, it was felt that file information was well maintained, with records updated as appropriate, though naturally the frequency and detail of entries varied. It was observed that staff spent much time on maintaining records, particularly the daily records of communication and visits. Noticeable gaps were evident in some of the more recent cases during a period of higher than usual staff absences.

4.8 The analysis of the case records was completed for 126 cases that were referred during the period from November 1996 up to and including October 2000. In order to undertake the analysis, information was taken from the closed files, Project register and open files. In some cases, file information was missing and it was only possible to undertake an analysis based on the available information. Thus, some areas in the case record analysis are incomplete. In addition, time constraints meant that certain case aspects were examined in relation to only part of the total number of cases.

**Numbers of referrals and rates of acceptance**

4.9 The rate of referral was highest in the first year after the Project opened, then dipped for 2 years – probably reflecting the greater experience and awareness by both Project and external staff that some early referrals had been inappropriate (Table 4.1). However, the numbers of referrals rose again in the year 2000:

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of referrals</th>
</tr>
</thead>
<tbody>
<tr>
<td>1996 (Nov-Dec only)</td>
<td>6</td>
</tr>
<tr>
<td>1997</td>
<td>39</td>
</tr>
<tr>
<td>1998</td>
<td>31</td>
</tr>
<tr>
<td>1999</td>
<td>23</td>
</tr>
<tr>
<td>2000 (Jan-Oct only)</td>
<td>27</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>126</strong></td>
</tr>
</tbody>
</table>

Source: Project records

4.10 There was no obvious seasonal pattern in numbers of referrals. The 2 months with the highest numbers of referral over the 4 years were October (16) and July (15), while April was the lowest month (4).

4.11 During the 4 years, somewhat more than half the cases (69 or 55%) were accepted and actively worked with. In the Project’s statistics, all the other cases were categorised as inappropriate referrals. However, examination of the individual records revealed that these fell into 2 types. The larger group were inappropriate in the sense that, either quickly or

\(^{11}\) See Wheelaghan and Hill 2000
during assessment, the Project decided that the family did not fit their criteria. These inappropriate referrals made up about a third of the total (43 or 34%). The research team also recognised a third category of case, namely those where the family did not engage. This took the form of expressing unwillingness to take up the offer of assistance or, more commonly, of not being available (either not at all or after initial contact). These instances of non-engagement accounted for about one tenth of referrals (14 or 11%).

4.12 This distinction between ‘inappropriate’ and ‘did not engage’ cases seems an important one. As the former did not fit the formal criteria, this sometimes indicated that their problems were not serious enough to qualify as anti-social behaviour and could, by implication, be managed by routine services. In other cases, though, the family difficulties were severe but simply did not have an ‘anti-social’ dimension. The ‘did not engage’ group were thought to be in need of the special opportunities the project offered, but for various reasons did not want it. The combination of problems and lack of motivation suggests that this small group were likely to continue to pose significant problems for other agencies.

4.13 With regard to the ‘did not engage’ cases, information on 11 of these indicated that these were formally in touch with the Project for an average of 3-4 months. The cases were open for periods ranging from 6 weeks to 11 months. The lack of sustained involvement meant that the information on the families was often very limited, so it was not possible for the research team to identify characteristics that distinguished these families from the majority who did engage. The profile of difficulties (homelessness, parent-child problems, violence) was similar to that of other accepted referrals.

4.14 Arguably it is difficult for any agency dealing with this clientele to predict those who will not engage, so inevitably some time will be spent on families who do not ultimately make use of the service. On the other hand, ‘inappropriate referral’ could perhaps be avoided if referring agencies had a clearer idea of the criteria. With low numbers and limited information, no major difference was apparent in the broad kinds of problems the ‘inappropriate referrals’ exhibited, compared with accepted cases. The Project records were examined for further details of why one third of referrals were deemed inappropriate, but often the reason given in the record was very brief. The main stated reasons are summarised below:

Table 4.2 Reasons why cases were considered inappropriate

<table>
<thead>
<tr>
<th>Stated reason in case record</th>
<th>Number of cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Not fit criteria</td>
<td></td>
</tr>
<tr>
<td>Did not fit criteria for anti-social behaviour</td>
<td>17</td>
</tr>
<tr>
<td>No fixed address/homeless with friends</td>
<td>7</td>
</tr>
<tr>
<td>Did not meet the needs of the family, in need of social work</td>
<td>2</td>
</tr>
<tr>
<td>Insufficient evidence to support AS claim</td>
<td>2</td>
</tr>
<tr>
<td>Relevant family issues already being worked on</td>
<td>1</td>
</tr>
<tr>
<td>Only minor ASB concerns</td>
<td>1</td>
</tr>
<tr>
<td>b. Changed circumstances</td>
<td></td>
</tr>
<tr>
<td>Moved into private accommodation/outside area/rehoused</td>
<td>8</td>
</tr>
<tr>
<td>Anti-social concerns settled down/resolved</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>42</td>
</tr>
</tbody>
</table>

(N=42)  
Source: Project records

4.15 From Table 4.2 it is clear that in most instances it was thought that there was no anti-social behaviour, though there might be significant family or housing issues. In one sense
such referrals ‘wasted’ the time of Project staff, but they may have served secondary purposes like educating other agencies about referral criteria and preventing families acquiring the label of anti-social. With respect to more than a quarter of inappropriate cases (12), circumstances had changed since the initial referral, which may well have been appropriate at the time. The changes mainly resulted from the family moving, though in a few cases the family problems had been alleviated.

**Broad type of service provided**

4.16 The largest number of cases that the Project actively worked with were offered the less intensive, more preventive options of outreach (to existing tenancies) or support in the Project’s own dispersed tenancies. However, about one sixth of the families were admitted for highly intensive work in the residential core block (Table 4.3):

<table>
<thead>
<tr>
<th>Service</th>
<th>Number of families</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core</td>
<td>11</td>
</tr>
<tr>
<td>Dispersed</td>
<td>16</td>
</tr>
<tr>
<td>Outreach</td>
<td>42</td>
</tr>
<tr>
<td>Total</td>
<td>69</td>
</tr>
</tbody>
</table>

(N=69)  
Source: Project records

4.17 The overall pattern of service responses to the referrals is shown in Figure 4.1:

**Figure 4.1 Responses to referrals**

(N= 126)
Re-referrals

4.18 A high proportion of cases were referred more than once, so it was felt that some attention to this area was warranted. Included in the 126 referrals, were 25 re-referrals, accounting for 20 per cent of the overall referrals. These resulted from 12 families being referred twice and one family on 3 separate occasions. Interestingly enough, in 5 out of the 13 cases, the family had first been referred by Social Work and then re-referred by Housing or vice-versa. Usually re-referred cases had not been accepted first time round. Of the 13 families re-referred, 11 were deemed either ‘inappropriate’ (8) or ‘did not engage’ (3) on their first referral. The 2 other families had been worked with and regarded as successful after their first referral, but were nonetheless referred again. Most of the re-referrals were accepted, but in 4 instances the inappropriateness or lack of engagement was confirmed again second time round.

Source of referral

4.19 Nearly all the referrals came from housing or social work services (Table 4.4). Rather more than half the referrals (69 or 55%) were made from housing staff, most often from housing offices, but also from the Lily Walker Centre, which has a specific remit for homeless families. Most of the remainder were made from the local authority social work department (42%), but 2 people referred themselves and referrals were made by voluntary organisations, Barnardos and Children 1st.

Table 4.4 Sources of referral

<table>
<thead>
<tr>
<th>Referring agency</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social work department</td>
<td>52</td>
</tr>
<tr>
<td>Main housing offices</td>
<td>51</td>
</tr>
<tr>
<td>Lily Walker Centre</td>
<td>18</td>
</tr>
<tr>
<td>Voluntary organisations</td>
<td>2</td>
</tr>
<tr>
<td>Self</td>
<td>2</td>
</tr>
<tr>
<td>Not known</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>126</td>
</tr>
</tbody>
</table>

(N=129)
Source: Project records

4.20 Analysis by date of referral showed that the balance between housing and social work altered significantly over the first 4 years (Table 4.5). At first housing referrals were in the majority, but they fell away in 1998-9, leaving social work in the majority with 58 per cent of the referrals in 1998. However, the position reversed dramatically in 2000, when social work referrals declined while housing referrals roughly doubled, so they accounted for 78 per cent of referrals. A significant factor in the rise of the housing referrals in 2000 was the upsurge in referrals from the Lily Walker Centre (up from 4 to 9), perhaps reflecting greater pressures there from homelessness.
Table 4.5  Referral source: November 1996-October 2000

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Social work*</td>
<td>0</td>
<td>20</td>
<td>18</td>
<td>10</td>
<td>6</td>
</tr>
<tr>
<td>Housing**</td>
<td>6</td>
<td>18</td>
<td>13</td>
<td>11</td>
<td>21</td>
</tr>
</tbody>
</table>

* Includes the 2 voluntary organisations.
** Includes Lily Walker Centre
Source: Project records

4.21 A higher proportion of social work referrals were worked with by the Project (61%) than housing referrals (51%), with referrals from the Lily Walker Centre particularly likely to be deemed inappropriate (over half, see Table 4.6).

Table 4.6  Cases worked with or not, by referral source

<table>
<thead>
<tr>
<th></th>
<th>Housing</th>
<th>Social Work</th>
<th>Lily Walker Centre</th>
<th>Self</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inappropriate referral</td>
<td>18</td>
<td>13</td>
<td>10</td>
<td>1</td>
<td>42*</td>
</tr>
<tr>
<td>Did not engage</td>
<td>5</td>
<td>8</td>
<td>1</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>Worked with</td>
<td>28</td>
<td>33</td>
<td>7</td>
<td>1</td>
<td>69</td>
</tr>
<tr>
<td>Total</td>
<td>51</td>
<td>54</td>
<td>18</td>
<td>2</td>
<td>125</td>
</tr>
</tbody>
</table>

* One referral source was not known.
Source: Project records

Family characteristics and needs

4.22 Information was obtained for the Interim Report on the 34 closed cases at that stage (late 1999). This provided some additional information on families at the point of referral. When referred, about one fifth of the families (9) were in local authority homeless accommodation and 2 more were staying with friends or relatives. Most of the others had a local authority tenancy, with 2 being in private accommodation and 3 living in other forms of housing (e.g. sheltered accommodation). Nine of the families were identified as having significant rent arrears and 2 were recorded as overcrowded. Less than a quarter of the cases (9) had actual homelessness as a reason for referral, though 14 were to a greater or smaller extent under threat of eviction.

Anti-social behaviour

4.23 In two thirds of cases, anti-social behaviour (ASB) was given as at least part of the reason for referral. The nature of this was not always specified. Where details were given, anti social behaviour took various forms.

Table 4.7  Nature of anti-social behaviour

<table>
<thead>
<tr>
<th>Type of behaviour</th>
<th>Number of cases</th>
<th>(N=24)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Violence/damage to property</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Conflict with neighbours</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Verbal abuse</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Neglect of property</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Stealing</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Noise</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

Source: Project records
4.24 In more than half of the 24 cases where the perpetrators of the ASB were identified, it involved children in the family and in exactly half one of the adults was implicated. Male visitors to the home of young mothers caused difficulties in 4 instances.

**Table 4.8 Person or pet committing anti-social behaviour**

<table>
<thead>
<tr>
<th>Perpetrator of anti-social behaviour</th>
<th>Number of cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teenage children</td>
<td>9</td>
</tr>
<tr>
<td>Pre-teen children</td>
<td>6</td>
</tr>
<tr>
<td>Both teenage and pre-teen</td>
<td>1</td>
</tr>
<tr>
<td>Mother</td>
<td>7</td>
</tr>
<tr>
<td>Father (-figure)</td>
<td>5</td>
</tr>
<tr>
<td>Visitors to the home</td>
<td>4</td>
</tr>
<tr>
<td>Dog</td>
<td>2</td>
</tr>
</tbody>
</table>

(N=24)  
Source: Project records

4.25 For the most part the ASB had been reported by neighbours, but housing staff, concierges and the police were other informants. In 2 cases, the families were victims of intimidation by others.

4.26 Besides housing and ASB, the other main factors prompting referral were related to family relationships and care of children. Only 3 referrals were explicitly about preventing family breakdown or re-uniting families, but in most others concern was expressed about the care or control of the children. Domestic violence to women was mentioned in 7 cases. School non-attendance was present in 7 cases.

**Family characteristics**

4.27 Two thirds of the households were headed by a lone parent (22 mothers and 1 father) and one third were two-parent households (11). However, in at least one third of the lone mother households a male partner was around some of the time during the course of the service. Four fathers spent time in prison during that period.

4.28 Virtually all the families were poor. Where information was available on family income, this almost always indicated reliance on state benefits. Only 2 parents were stated to be in paid employment.

4.29 Eight families had drug misuse reported and 7 others alcohol misuse. This applied to 12 mothers and 8 fathers. Just over half the families had no problems in this respect recorded.

4.30 The ages of the children in the families covered a broad range, indicating that the Project was not concentrating on any particular family stage. At the time of referral 4 of the families had all their children living away from their parents. A further 12 families had at least one child living away – with relatives or looked after by the local authority. Households were evenly divided between those with 1-2 children (15) and those with 3 or more (15). Rather more boys than girls were in the families (58%), which may reflect the greater likelihood of boys to exhibit behaviour difficulties.
**Needs**

4.31 Case closure forms have a section on the needs to be met. Typically 3 to 5 needs were recorded. These were expressed in various ways, but broadly corresponded to housing and family issues to be worked on. The need to be rehoused or have eviction prevented was often taken for granted. The most common categories of need identified were:

- **Housing needs**
  - Budgeting/rent payment: 11
  - Home maintenance: 10
  - Cleanliness: 5

- **Family**
  - Parenting: 12
  - Control/managing children: 12
  - Routines/boundaries: 10
  - Drug/alcohol issues: 10
  - Children’s behaviour: 8
  - Child safety/protection: 4

- **Other**
  - Personal counselling/grief: 9
  - Neighbour issues: 5

**Length of contact with the Project**

4.32 The approximate length of time families were actively dealt with by the Project were assessed for 56 cases. Out of the 126 cases that were included in the overall analysis, 43 were deemed inappropriate at referral, in that they did not fit the Project’s criteria (i.e. insufficient evidence of ASB), and 14 ‘did not engage’ or lacked commitment, so that the question of contact duration was not relevant. Of the remaining 69 cases, 11 were still open at the time of the analysis and information was missing from 2 cases. This left 54 cases where active work had been undertaken and contact completed. The figures are set out below according to the type of service received.

<table>
<thead>
<tr>
<th>Table 4.8</th>
<th>Length of contact with the Project</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core (n=11)</td>
<td>Dispersed (n=13)</td>
</tr>
<tr>
<td>Range (months)</td>
<td>4 to 30</td>
</tr>
<tr>
<td>Mean (months)</td>
<td>19</td>
</tr>
</tbody>
</table>

(N =56)
Source: Project records

4.33 The data clearly show that families who resided in the core block tended to receive the service for the longest time, just over a year and a half on average. Outreach cases had the shortest duration (a mean of about 8 months) and dispersed cases were in between (13 months). The figures refer to the total duration of the service, so that for some of the core block cases this also includes time they spent before or after in other accommodation.
PART FOCUSING ON OUTCOMES FOR FAMILIES ACTIVELY WORKED WITH

4.34 The Project closing summaries provide assessments of work achieved and perceptions of the degree of success, so these were used at the end of the study to assess outcomes of all the closed cases actively worked with. These numbered 56. It was not possible to assess the closure position of the 13 active cases from the records, but many of these are included in the family interview sample discussed in the next chapter. It should be noted that omission of the active cases is likely to diminish the proportion of good outcomes, since lack of progress often leads to early case closure.

4.35 The information in the records on outcomes varied in specificity, so it was only possible to make crude categorisations based on this. Cases were treated as ‘successful’, when the record indicated that all the goals or the main ones were achieved, even though a few issues might still need further change. On this basis, just under two-thirds the total cases (59%) had ‘successful’, outcomes (Table 4.7). Just under one fifth of the cases (18%) were ‘unsuccessful’, in that major goals had not been met. The main reasons for lack of success were lack of commitment by the family, sometimes expressed in an abrupt fashion (e.g. abandoned tenancy, assault on staff member). The rest of the cases had either moved house (6) or came to be seen as inappropriate (7), often on account of changed circumstances.

Table 4.9 Project record indications of success in closed cases

<table>
<thead>
<tr>
<th>Classification</th>
<th>Number of cases</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Successful</td>
<td>33</td>
<td>59%</td>
</tr>
<tr>
<td>Unsuccessful</td>
<td>10</td>
<td>18%</td>
</tr>
<tr>
<td>Moved or inappropriate</td>
<td>13</td>
<td>23%</td>
</tr>
<tr>
<td>Total</td>
<td>56</td>
<td>100%</td>
</tr>
</tbody>
</table>

(N = 56)
Source: Project records

4.36 A comparison of cases referred by social work or by housing showed that the patterns of success were broadly similar (Table 4.10).

Table 4.10 Outcome of closed cases by referral type

<table>
<thead>
<tr>
<th>Referral agency</th>
<th>Successful</th>
<th>Unsuccessful</th>
<th>Other12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Work</td>
<td>19</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Housing</td>
<td>11</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Lily Walker Centre</td>
<td>3</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Self</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

(N = 56)
Source: Project records

4.37 Although numbers were small, there was however a noteworthy difference in the proportions of successful cases according to type of service. This was considerably higher for the core block (83%) and dispersed cases (82%) than for the outreach cases (56%). The exact number of each outcome category by type of service is shown in Figure 4.2.

---

12 Relocated, change of circumstances or inappropriate case
A survey was carried out to assess the progress of families after they had ceased contact with the Project, by obtaining brief details of current knowledge of the case from housing and social work departments. The names of 70 families were identified, which had been in contact with the Project and where the case was closed. A one-side self-completion questionnaire was prepared and sent to the social work and housing teams last known to have had responsibility for the family. The number and types of questions were kept as simple as possible to encourage a good response rate. The respondents were given the name and last known address of the family.

The 70 cases included a range of Project involvement from brief contact to residence in the core block. The length of time since the case was closed varied considerably. Before going on to the analysis of the questionnaires some basic details about the cases, based on information in the case files, is presented below. This data was used to compare with the responses from housing officers and social workers.

Types of service provided

Table 4.11 shows the type of service that the Dundee Families project provided for each of the 70 closed cases. For the purposes of analysis, these were divided into 2 sets, depending on whether the Project had significant contact. The table shows that 26 cases (37%) were closed after brief contact with the families. In a further 2 cases, the type provided was unclear.
4.41 In a larger group of 42 cases it was clear that the project had carried out work beyond the initial assessment stage. Of these, 32 were supported as outreach accommodation; usually in their own home or in the Housing Department’s Homeless Supported accommodation. Five were supported in dispersed tenancies and 5 in the core block. These 42 cases were examined in greater detail (see below).

Table 4.11 Type of service provided to closed cases

<table>
<thead>
<tr>
<th>Type of accommodation</th>
<th>Number of cases</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core</td>
<td>5</td>
<td>7.1</td>
</tr>
<tr>
<td>Dispersed</td>
<td>5</td>
<td>7.1</td>
</tr>
<tr>
<td>Outreach</td>
<td>32</td>
<td>45.7</td>
</tr>
<tr>
<td>Initial contact only</td>
<td>26</td>
<td>37.1</td>
</tr>
<tr>
<td>Unknown/missing</td>
<td>2</td>
<td>2.9</td>
</tr>
<tr>
<td>Total</td>
<td>70</td>
<td>100</td>
</tr>
</tbody>
</table>

(N = 70)
Source: DFU case files

Outcomes recorded by the project for families who had received a service

4.42 Table 4.12 shows the outcomes recorded by the project for the cases where the families received a service. It can be seen that a positive outcome was recorded for all 5 of the closed cases that had received a service in the core block. Four of the 5 families who were given a service in dispersed accommodation also had a good outcome while the fifth was recorded as an inappropriate referral. The picture was more mixed for the families who received an outreach service. In 2 cases the outcome was unclear or unknown and in 3 cases the family did not engage with the project. A further 6 cases were recorded as an inappropriate referral. A clear outcome was recorded in 21 of the outreach cases. Of these, 19 (90% of those with a clear outcome) were felt by the project to have achieved all their objectives, one had a mixed outcome (some tasks achieved) and one had a poor outcome.

Table 4.12 Outcomes of cases recorded by the project, by type of case

<table>
<thead>
<tr>
<th>Type of service</th>
<th>Core</th>
<th>Dispersed</th>
<th>Outreach</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good-most tasks completed</td>
<td>5</td>
<td>4</td>
<td>19</td>
<td>28</td>
</tr>
<tr>
<td>Mixed</td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Poor</td>
<td>1</td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Family did not engage</td>
<td>3</td>
<td>3</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Outcome unclear</td>
<td>1</td>
<td>1</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Inappropriate referral</td>
<td>1</td>
<td>6</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>5</td>
<td>5</td>
<td>32</td>
<td>42</td>
</tr>
</tbody>
</table>

(N = 42)
Source: DFU case files

4.43 Overall this suggests that, of the families that clearly received a service from the project (30 cases), 28 had a very positive outcome. Thus the majority of families with significant contact were perceived as having made important gains, though in a few instances this was qualified.
Questionnaire responses

4.44 Local staff in the housing and social work departments were asked to complete a questionnaire on each of these 70 closed cases. This asked whether they had had recent contact with the family, the nature, reasons and frequency of the contact and their views on the family situation. In total, 113 questionnaires were returned, including a response on every family. This included 51 from Social Work (a 73% response rate) and 63 from Housing (a 90% response rate). In 44 cases, information was received from both Housing and Social Work.

<table>
<thead>
<tr>
<th>Response</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social work</td>
<td>7</td>
<td>10.0</td>
</tr>
<tr>
<td>Housing</td>
<td>19</td>
<td>27.1</td>
</tr>
<tr>
<td>Both social work and housing</td>
<td>44</td>
<td>62.9</td>
</tr>
<tr>
<td>Total</td>
<td>70</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: Questionnaire to housing and social work staff

Current location of the family

4.45 The questionnaire gave the last address listed by the Dundee Families project and asked respondents to indicate whether the families’ current whereabouts was known. Where information was provided by both housing and social work, we combined the information to reduce the number of 'don't knows'. In 3 cases, the respondents provided different information and this was recorded as 'don't agree'. In 12 cases, neither housing nor social workers knew where the family was living. Table 4.14 shows that 52 of the 70 families were thought to be still living in Dundee and 6 were thought to have moved elsewhere. Of those in Dundee, most (36 out of 52) were living in a local authority tenancy.

<table>
<thead>
<tr>
<th>Type of accommodation</th>
<th>Area</th>
<th>Local authority tenancy</th>
<th>Private sector tenancy</th>
<th>Homeless accommodation</th>
<th>Other</th>
<th>Don’t agree</th>
<th>Don’t know</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In Dundee</td>
<td>36</td>
<td>8</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>52</td>
</tr>
<tr>
<td></td>
<td>Outwith Dundee</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td></td>
<td>2</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Don’t know</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td>12</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>38</td>
<td>9</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>16</td>
<td>70</td>
</tr>
</tbody>
</table>

(N = 70)
Source: Questionnaire to housing and social work staff

Contact with agencies

4.46 The survey found that social workers had contact with 29 families and housing officers had contact in 18 cases in the last 6 months. In 6 of these cases, there had been contact by both departments. There had been no contact by either agency in 29 of the 70 cases. Most of these were families that were thought to be living outwith Dundee or where the location of the family was unknown.
Table 4.15  Contact by housing or social work staff

<table>
<thead>
<tr>
<th>Contact by:</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social work only</td>
<td>23</td>
<td>32.9</td>
</tr>
<tr>
<td>Housing only</td>
<td>12</td>
<td>17.1</td>
</tr>
<tr>
<td>Both</td>
<td>6</td>
<td>8.6</td>
</tr>
<tr>
<td>No contact</td>
<td>29</td>
<td>41.1</td>
</tr>
<tr>
<td>Total</td>
<td>70</td>
<td>100</td>
</tr>
</tbody>
</table>

(N = 70)
Source: Questionnaire to housing and social work staff

4.47 Table 4.16 shows that most of the social workers who were in touch with the families, saw them frequently, at least weekly or every 2 to 3 weeks, so they had close knowledge of the circumstances. In contrast, the housing officers had been in touch with most of their families much less frequently.

Table 4.16  Frequency of contact by social work and housing

<table>
<thead>
<tr>
<th>Frequency of contact</th>
<th>Social Work</th>
<th>Housing</th>
</tr>
</thead>
<tbody>
<tr>
<td>At least once a week</td>
<td>11</td>
<td>0</td>
</tr>
<tr>
<td>Every 2-3 weeks</td>
<td>9</td>
<td>2</td>
</tr>
<tr>
<td>Monthly or less</td>
<td>6</td>
<td>15</td>
</tr>
<tr>
<td>Assessment only</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Not known</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>29</strong></td>
<td><strong>18</strong></td>
</tr>
</tbody>
</table>

(N = 47)
Source: Questionnaire to housing and social work staff

4.48 The main reasons for contact in the 29 active social work cases were statutory requirements in relation to the children or support, assessment and monitoring. In the cases were there had been contact with housing officers, the main reason for this was to request repairs. Six families had been visited due to complaints about anti-social behaviour in the last 6 months and 3 had been contacted about rent arrears or housing benefit problems.

Table 4.17  Reason for contact

<table>
<thead>
<tr>
<th>Reason for Contact</th>
<th>Social Work contact</th>
<th>Housing contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statutory requirement in relation to the children</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>Statutory requirement in relation to a parent</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Other (e.g. support, assessment, monitoring)</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Repairs/ damage to property</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Complaints about ASB</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Rent arrears/ housing benefit</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Application for housing/rehousing</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><strong>Total cases</strong></td>
<td><strong>29</strong></td>
<td><strong>18</strong></td>
</tr>
</tbody>
</table>

(N = 47)
Note: Numbers may add up to more than total number of cases if families have been contacted for more than one reason.

Source: Questionnaire to housing and social work staff
Views on problems in the families

4.49 Respondents were asked if they were aware of problems in the families in the previous 6 months. The results are shown in Tables 4.18 and 4.19. Not surprisingly, social workers were more likely to be aware of family-related difficulties and housing officers were more aware of housing-related difficulties. The most common family-related difficulties were poor care of the children and poor control of children. The most common housing related difficulties were rent arrears.

Table 4.18 Social work views of problems

<table>
<thead>
<tr>
<th>Problem</th>
<th>None</th>
<th>Minor</th>
<th>Serious</th>
<th>Not Known</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent(s) disturbing neighbours</td>
<td>13</td>
<td>4</td>
<td>-</td>
<td>34</td>
</tr>
<tr>
<td>Child(ren) disturbing neighbours</td>
<td>10</td>
<td>9</td>
<td>-</td>
<td>32</td>
</tr>
<tr>
<td>Complaints from concierge</td>
<td>19</td>
<td>1</td>
<td>-</td>
<td>31</td>
</tr>
<tr>
<td>Homelessness</td>
<td>18</td>
<td>1</td>
<td>4</td>
<td>28</td>
</tr>
<tr>
<td>Not maintaining property</td>
<td>17</td>
<td>3</td>
<td>1</td>
<td>30</td>
</tr>
<tr>
<td>Rent arrears</td>
<td>11</td>
<td>3</td>
<td>2</td>
<td>35</td>
</tr>
<tr>
<td>Any other housing related problem</td>
<td>15</td>
<td>-</td>
<td>3</td>
<td>33</td>
</tr>
<tr>
<td>Poor care of children</td>
<td>5</td>
<td>10</td>
<td>6</td>
<td>30</td>
</tr>
<tr>
<td>Violence in the home</td>
<td>15</td>
<td>3</td>
<td>3</td>
<td>30</td>
</tr>
<tr>
<td>Poor control of children in the home</td>
<td>7</td>
<td>9</td>
<td>6</td>
<td>30</td>
</tr>
<tr>
<td>Drug, alcohol or substance misuse</td>
<td>17</td>
<td>1</td>
<td>2</td>
<td>31</td>
</tr>
<tr>
<td>Any other family related problem</td>
<td>10</td>
<td>6</td>
<td>2</td>
<td>33</td>
</tr>
<tr>
<td>Criminal violence outside the home</td>
<td>17</td>
<td>1</td>
<td>2</td>
<td>31</td>
</tr>
</tbody>
</table>

(N=51)

Table 4.19 Housing views of problems

<table>
<thead>
<tr>
<th>Problem</th>
<th>None</th>
<th>Minor</th>
<th>Serious</th>
<th>Not Known</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent(s) disturbing neighbours</td>
<td>28</td>
<td>4</td>
<td>1</td>
<td>15</td>
</tr>
<tr>
<td>Child(ren) disturbing neighbours</td>
<td>25</td>
<td>3</td>
<td>5</td>
<td>16</td>
</tr>
<tr>
<td>Complaints from concierge</td>
<td>19</td>
<td>1</td>
<td>0</td>
<td>29</td>
</tr>
<tr>
<td>Homelessness</td>
<td>31</td>
<td>0</td>
<td>2</td>
<td>16</td>
</tr>
<tr>
<td>Not maintaining property</td>
<td>24</td>
<td>6</td>
<td>3</td>
<td>16</td>
</tr>
<tr>
<td>Rent arrears</td>
<td>14</td>
<td>9</td>
<td>10</td>
<td>16</td>
</tr>
<tr>
<td>Any other housing related problem</td>
<td>28</td>
<td>2</td>
<td>1</td>
<td>18</td>
</tr>
<tr>
<td>Poor care of children</td>
<td>26</td>
<td>1</td>
<td>2</td>
<td>20</td>
</tr>
<tr>
<td>Violence in the home</td>
<td>26</td>
<td>1</td>
<td>0</td>
<td>22</td>
</tr>
<tr>
<td>Poor control of children in the home</td>
<td>24</td>
<td>1</td>
<td>3</td>
<td>19</td>
</tr>
<tr>
<td>Drug, alcohol or substance misuse</td>
<td>24</td>
<td>0</td>
<td>2</td>
<td>22</td>
</tr>
<tr>
<td>Any other family related problem</td>
<td>23</td>
<td>3</td>
<td>0</td>
<td>22</td>
</tr>
<tr>
<td>Criminal violence outside the home</td>
<td>19</td>
<td>0</td>
<td>1</td>
<td>28</td>
</tr>
</tbody>
</table>

(N = 48)

Source: Questionnaire to housing and social work staff

Problems among families who had received a service

4.50 We were particularly interested in the problems in the families who had received a service beyond assessment from the Dundee Families Project. Table 4.20 therefore shows a breakdown of the 43 families known to either housing or social work, along with the agencies views on their problems.
4.51 Overall, 26 out of 43 families were still thought to have serious problems by at least one agency while 17 were thought not to have serious problems. Social workers were aware of serious problems with respect to 15 families, i.e. about half those they were in contact with. Housing officers were also aware of 15 families with serious problems. However, there were only 4 families that were thought to have a serious problem by both agencies. This partially reflects the fact that sometimes responses to the questionnaire were only returned by one agency. However, it also indicates that the housing and social work may not be aware of the problems being dealt with by the other.

Table 4.20 Breakdown of serious problems by type of service

<table>
<thead>
<tr>
<th></th>
<th>Core</th>
<th>Dispersed</th>
<th>Outreach</th>
<th>Initial contact only</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thought a serious problem by social work</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>5</td>
<td>11</td>
</tr>
<tr>
<td>Thought a serious problem by housing</td>
<td>1</td>
<td>1</td>
<td>6</td>
<td>3</td>
<td>11</td>
</tr>
<tr>
<td>Thought a serious problem by both</td>
<td></td>
<td></td>
<td>3</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Not thought a serious problem by either</td>
<td>1</td>
<td>2</td>
<td>8</td>
<td>6</td>
<td>17</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3</strong></td>
<td><strong>4</strong></td>
<td><strong>21</strong></td>
<td><strong>15</strong></td>
<td><strong>43</strong></td>
</tr>
</tbody>
</table>

(N = 43)
Source: Questionnaire to housing and social work staff

4.52 Responses were received on 3 of the 4 families that had been in the core block. Of these, social work thought one still had serious problems while housing thought another had serious problems. A similar pattern emerged for the 4 families that had been in dispersed accommodation. There were responses on 21 families who had received outreach services and, of these, 13 were still felt to have serious problems by at least one agency. Among the families in which there was only initial contact by the Dundee Families Project 9 out of 15 were said to have serious problems and 6 had no serious problems. The numbers, particularly in the core and dispersed blocks, are too small to draw meaningful conclusions. However, assuming that all the families were perceived to have had serious problems when they were referred to the project, it can be inferred that there was a positive improvement in a substantial minority of cases. This was tested further in the final questions in the survey.

Views of current family situation

4.53 Both the social work and housing respondents were invited to give a crude evaluation of the current functioning of the families. Social work respondents judged the situation at least satisfactory in 19 out of 25 cases and housing officers felt that the situation was at least satisfactory in 26 out of 30 cases.
Table 4.21  Views on current functioning of families

<table>
<thead>
<tr>
<th>Rating</th>
<th>Social work</th>
<th>Housing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very good</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Good</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Satisfactory</td>
<td>11</td>
<td>18</td>
</tr>
<tr>
<td>Poor</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Very poor</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Mixed</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Children looked after</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>25</strong></td>
<td><strong>30</strong></td>
</tr>
</tbody>
</table>

(N=55)

Source: Questionnaire to housing and social work staff

4.54  It should be noted that the 2 agencies did not necessarily have the same views in each family. Table 4.22 shows that there were only 8 families for which both housing and social work expressed an opinion on this question. In 5 of these cases, both agreed that the family was at least satisfactory. However, there were 2 families where social work regarded the situation as poor but housing thought it was satisfactory and one family which housing thought poor but social work thought satisfactory.

Table 4.22  Comparison of housing and social work views on current behaviour

<table>
<thead>
<tr>
<th>Social work view</th>
<th>Very good</th>
<th>Satisfactory</th>
<th>Poor</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very good</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Satisfactory</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Poor</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1</strong></td>
<td><strong>6</strong></td>
<td><strong>1</strong></td>
<td><strong>8</strong></td>
</tr>
</tbody>
</table>

(N = 8)

Source: Questionnaire to housing and social work staff

4.55  The follow-up data on perceived outcomes were compared with the position at the Project’s case closure. Housing officers expressed views on 19 of the families for which the project had recorded a positive outcome. Of these 16 were thought to be at least satisfactory and 3 had poor functioning. Social workers only expressed a view on 12 cases. Of these, 9 were satisfactory and 2 were poor. One was considered only to be satisfactory because the children were away from the parents in permanent alternative placement. Although these figures are small, they suggest that the majority of families who had received significant input by the project and were judged to be successful had maintained satisfactory behaviour subsequently.

Table 4.23  Comparison of housing and social work views where the Project recorded a positive outcome

<table>
<thead>
<tr>
<th>Agency view of current functioning</th>
<th>Very good</th>
<th>Good</th>
<th>Satisfactory</th>
<th>Very poor</th>
<th>Poor</th>
<th>Children looked after</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing view</td>
<td>2</td>
<td>3</td>
<td>11</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>19</td>
</tr>
<tr>
<td>Social work view</td>
<td>2</td>
<td>2</td>
<td>5</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>12</td>
</tr>
</tbody>
</table>

(N=31)

Source: Questionnaire to housing and social work staff
Views on changes

4.56 Finally, the respondents were asked to assess, from their knowledge of the families, how the current circumstances of the family compared to the situation prior to referral to the Dundee Families Project. Social workers commented on 23 families. From their knowledge, half the social workers judged the present situation to be little changed, compared with the situation prior to referral to the Dundee Families Project. However, half thought the situation was better, though 2 commented that this was because the family had split and the children were in good alternative placements. Housing officers commented on 28 cases and were inclined to a more positive view: in the majority of cases (24 out of 28) the situation was felt to be better.

Table 4.24 Views on changes in situation by type of service provided by the project

<table>
<thead>
<tr>
<th>View</th>
<th>Core</th>
<th>Dispersed</th>
<th>Outreach</th>
<th>Initial Contact</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social work view</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Much better</td>
<td>2</td>
<td></td>
<td></td>
<td>2</td>
<td>4</td>
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<tr>
<td>Better</td>
<td></td>
<td>1</td>
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</tr>
<tr>
<td>Little changed</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td>Children looked</td>
<td></td>
<td></td>
<td></td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>after</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>3</td>
<td>2</td>
<td>8</td>
<td>10</td>
<td>23</td>
</tr>
<tr>
<td>Housing view</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Much better</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>8</td>
</tr>
<tr>
<td>Better</td>
<td></td>
<td></td>
<td></td>
<td>12</td>
<td>16</td>
</tr>
<tr>
<td>Little changed</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Children looked</td>
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<td>15</td>
<td>8</td>
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<tr>
<td>after</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>28</td>
</tr>
<tr>
<td>Total</td>
<td>2</td>
<td>3</td>
<td>15</td>
<td>8</td>
<td>28</td>
</tr>
</tbody>
</table>

(N=51)
Source: Questionnaire to housing and social work staff

4.57 Examining the responses by the type of service provided by the project, it can be seen that there are mixed results for each type of service. Both social work and housing each thought that 2 families were much better after receiving project services in the core block. However, social work felt that another one was little changed. In the dispersed accommodation, there was a similar mixed picture. Housing officers were more likely to think that the situation was better for families who had received an outreach service than were social workers. To some extent this may be because the respondents were reporting on different families. However, it may also reflect the different issues on which the respective professionals were making their judgements. It may be that some of the families were maintaining their tenancies more successfully and causing fewer problems to neighbours without resolving some of their family related difficulties. If this is the case, then the outcomes can still be considered successful.

4.58 The questionnaire responses on perceived changes were also compared with the position at the Project’s case closure. Housing officers expressed views on 18 of the families for which the project had recorded a positive outcome. Of these 15 were thought to better and 3 were little changed. Social workers only expressed a view on 10 cases. Of these, 5 were thought to be better and 3 were little changed. Two were only considered to be better because the children were in permanent alternative placements. It appears therefore, that the
project has been more successful in changing the situation from the housing point of view than it has from the social work point of view.

Table 4.25 Comparing views of housing and social work staff on changes in the situation where the project recorded a positive outcome

<table>
<thead>
<tr>
<th>View of agencies</th>
<th>Much better</th>
<th>Better</th>
<th>Little changed</th>
<th>Children looked after</th>
<th>Don't know</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social work</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>13</td>
<td>23</td>
</tr>
<tr>
<td>Housing</td>
<td>5</td>
<td>10</td>
<td>3</td>
<td></td>
<td>4</td>
<td>22</td>
</tr>
</tbody>
</table>

(N=45)
Source: Questionnaire to housing and social work staff

General comments

4.59 A few of the social work respondents took the opportunity to provide favourable or critical comments on the work of the Project. Positive comments included:

‘The Project had a significant positive effect on Ms X. Their involvement contributed to her resuming care of her two sons.’

‘At the time I was involved with the family, the Families Project helped enormously’.

Negative comments included:

‘I was not impressed by the Project staff’s lack of consultation with social work prior to important decisions being made’.

‘The situation is now much better, but only as the children were (subsequently) removed from their parents' care. The Project had withdrawn indicating there had been improvement, but this observation would not be supported by information from other sources’.

SUMMARY

4.60 The number of referrals to the Project rapidly rose to a peak during the first year, then declined somewhat, but increased again in 2000. Over half (55%) of the referrals led to active working, one third were deemed inappropriate and one tenth were appropriate but did not engage. Two thirds of the families accepted by the Project were dealt with on an outreach basis; with the remainder dividing roughly equally into dispersed and core block cases.

4.61 Nearly all referrals have been made either by statutory housing or social work services, with slightly more from the former overall. Initially, housing services made more referrals to the Project, but in 1998 more came from social work. In the following 2 years, social work referrals dropped markedly, while housing referrals almost doubled. The main types of anti-social behaviour exhibited by the families accepted by the Project were violence, damage to property, conflict with neighbours and verbal abuse. These problems were equally likely to be caused by the adults or the children in the family. A significant minority of families had a history of homelessness and/or rent arrears. The majority of
households were headed by a lone parent and very few of the parents were in paid employment.

4.62 The Project case records indicated that about 60 per cent of closed cases had been successfully worked with, while 18 per cent were unsuccessful. The rest either had changed circumstances or were eventually classified as inappropriate.

4.63 Information from housing and social work staff about the progress of closed cases some time afterwards was often limited, but this indicated that a considerable number of the cases that the Project had worked with were still doing well. Some still had serious difficulties and in 2 instances the children had become looked after.
CHAPTER 5 FAMILY PROGRESS AND OUTCOMES

INTRODUCTION

5.1 The research aimed to assess in depth the circumstances, expectations, progress and views of a sample of families served by the Project. For this purpose 20 families were selected and agreed to take part. They were chosen to give a spread of service type (core, dispersed, outreach) and of stage of intervention (closed, currently worked with and new cases which began while the research was under-way). The closed cases had completed involvement with the Project when the research started, while current cases were still in receipt of the service. A small number of new cases were added to the research as they joined the Project. All the current and new cases were invited to take part in the study. The past cases were chosen on the basis of having a known contact address and to give a spread of outcomes according to evidence from the Project.

5.2 All 20 families were interviewed during the first half of the research fieldwork, with adult and child family members being seen separately. Apart from the closed cases, the intention was to interview everyone again approximately 6 months later in order to assess how the family situation had developed and how far earlier expectations had been met. This was mostly achieved, but a few individuals proved elusive at the follow-up stage despite persistent efforts to arrange interviews.

5.3 First the families are considered at the time of the initial interview and then the follow-up data will be presented. These sections include comments from both parents and children, but are then followed by a section which focuses on the perspectives of the children and young people on the Project and its impact on their circumstances. Finally an account is given of 3 families who refused to engage with the Project, to give a comparative perspective.

THE FIRST ROUND INTERVIEWS

5.4 The first round of interviews aimed to gather data about families’ views on the circumstances leading up to referral, their early understandings and expectations about the Project and their plans for change. Past clients were also asked to give a final appraisal of the Project’s work. Their views are incorporated with the feedback on the Project given by the majority of the families in the follow-up interviews.

5.5 The family interviews began in December 1999. Initially, there were 3 pilot interviews that were undertaken each with a different service user (i.e. core, dispersed, outreach). In most cases, the Project staff would speak to the family at the initial assessment stage about the evaluation, indicating that a researcher would be in touch to discuss the research in more depth and to ask if they would be willing to take part in the evaluation. This process was generally found to work well, in that service users were informed of the evaluation prior to being approached by this researcher, who then obtained written consent to participate from the parents and older children.

5.6 Twenty-two families were approached to take part in the research and only 2 families were unwilling to participate. Families initially appeared to be quite motivated to take part in
the research. As planned, the majority of the interviews were conducted with families currently receiving a service, some past and some new clients. A small number of new families were recruited to the sample in order to follow them right from the beginning, but the number of families available in this category was small owing to a low recruitment rate by the Project at the time.

5.7 The details of the sample are given in Tables 5.1 and 5.2. The majority of cases (12) were current, but 4 each were past and new. Just over half of the families were worked with on an outreach basis, as this type of service is the most commonly provided (See Chapter 4). It was important to ensure that core block cases were reasonably represented in the sample, since they are the most ‘needy’ and time-consuming.

Table 5.1 Types of family interviewed

<table>
<thead>
<tr>
<th></th>
<th>Past</th>
<th>Current</th>
<th>New</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core</td>
<td>3</td>
<td>1</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Dispersed</td>
<td>1</td>
<td>4</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>Outreach</td>
<td>3</td>
<td>5</td>
<td>3</td>
<td>11</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4</strong></td>
<td><strong>12</strong></td>
<td><strong>4</strong></td>
<td><strong>20</strong></td>
</tr>
</tbody>
</table>

(N = 20)

Table 5.2 Numbers of individuals interviewed

<table>
<thead>
<tr>
<th></th>
<th>Past</th>
<th>Current</th>
<th>New</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core</td>
<td>6</td>
<td>1</td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>Dispersed</td>
<td>1</td>
<td>13</td>
<td>2</td>
<td>14</td>
</tr>
<tr>
<td>Outreach</td>
<td>11</td>
<td>14</td>
<td>5</td>
<td>28</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>12</strong></td>
<td><strong>33</strong></td>
<td><strong>8</strong></td>
<td><strong>53</strong></td>
</tr>
</tbody>
</table>

(N = 53)

5.8 A total of 53 interviews were carried out with members of the 20 families, thus averaging 3-4 per family. Of the total interviews, 31 were conducted with adults: 17 females and 14 males. The number of interviews undertaken with children and young people was 22, equally divided between those aged under 12 and those who were older.

5.9 During the first round of interviews there were a total of 23 failed interviews, i.e. the people were not in at the arranged time. The 2 families who were unwilling to take part in the study accounted for 6 of these failed interviews. Even among families who did agree, only 9 of the 20 made themselves reliably available. The other 11 families had 1 to 3 failed interviews per family. This not only resulted in much lost time for the research, but served to emphasise the difficulties and frustrations experienced by the Project staff and others seeking to work with the families in a planned way, as well as the effort that is required to engage these families.

Findings from the first round of family interviews

5.10 This part of the study was primarily qualitative, so the interview transcripts were scrutinised to identify key themes and to chart the problem/service ‘careers’ of each family. The findings are organised as follows:

- key characteristics of the families
- previous housing situation
• family problems
• children’s perceptions of housing and family history
• reason for referral
• other family problems
• expectations and goals with regard to the Project’s service
• changes wanted, requirements for change, and housing aspirations
• specific services received from the Project and other agencies

Key characteristics of the families

5.11 The sample included 11 families with one parent in the home and 9 had two parents present in the home. Over half of the households in the sample (10) were headed by a lone mother and one by a single father. It is interesting to note that out of the 11 lone parent households, 5 had contact with the family home, where the partner remained. In 3 cases, this contact was very frequent (daily). One parent had been excluded from the family home but still had daily communication with their partner. In these particular families, the parents had long-standing relationships with the separated partner (on average 12 years) and the separation was fairly recent, generally in the past year. Thus although a little under half of the sample were currently ‘two-parent’ households, two thirds of the children had 2 parents whom they saw very frequently.

5.12 The number of children in the family ranged from 1 to 13. The average number of children per family was 3.9, which is considerably higher than the national average. In all, there were 83 children and young people in the families. The figures for boys were greater than for girls, accounting for 59 per cent of the total sample.

Previous housing situation

5.13 Most of the families had a complex and mobile housing history, so that piecing together the precise chronology was not always easy. The common experience for most was of several involuntary moves. Based on the available information (file and interviews), the total number of previous tenancies per family ranged from 2 to 11 with an average number of 5.2 (N=17). It is believed that this figure is an underestimate of the actual number of tenancies, as there were periods of time that were unaccounted for in the files. Also not included are the times when clients stayed in the Council’s homeless units (Lily Walker Centre, Honeygreen support unit and Clement Park House). This applied to 7 of the families, for periods ranging from 1-2 weeks up to 2 years.

5.14 Nine of the 20 families had been previously evicted and another family had agreed to sign off their tenancy to prevent eviction. Six families had a notice of proceedings served and stopped as a result of DFP intervention. Five families at some point abandoned their tenancy. In 2 cases it was due to intimidation from neighbours or a gang of youths and in another fleeing violence.

5.15 Eighteen of the 20 families had a previous history of anti-social behaviour, in the sense of actions (or occasionally inaction) that led to neighbour complaints or could be viewed as grounds for a landlord to evict. These included noise complaints, neglect of communal duties, allowing visitors to stay in the tenancy, visitors under the influence of alcohol or drugs, late night parties, children out of control, drug dealing, petrol bombing vandalism, fire raising and running a protection racket. The remaining 2 families with no
apparent history of ASB had experienced various forms of victimisation from neighbours. In both cases, the families were viewed as vulnerable by social workers.

**Family issues and problems**

5.16 While the families were referred to the Project primarily because of behaviour adversely affecting others, most had significant internal difficulties that were closely related to the external problems. Although the difficulties always involved family processes, most manifested themselves in the parents, but some represented children’s responses to their upbringing (e.g. school non-attendance). Also health issues figured highly in the families, which is interesting given that the Project’s formal links with health services appear less developed than those of other agencies (see chapter 6). We consider some of the main issues below.

**Children’s physical health problems**

5.19 Eight of the 20 families were identified as comprising individuals with physical health problems or impairments. The type and severity of health problem varied from individual to individual. There were however, clusters of health problems within certain families.

5.20 In one family, 2 sons had heart problems. One was born with 17 holes in his heart and the other with a heart murmur. Whilst the boys were able to have a normal life their condition had to be closely monitored. The daughter was born with a cleft palate and had had several operations to correct this, but it left quite a pronounced speech impediment, coupled with feelings of low self-esteem.

5.21 In a different family, one of the girls had been born with cerebral palsy. She required someone constantly present to help out with her daily routine and to monitor progress. Another girl developed kidney problems at an early age. She had had several operations to help overcome the problem, but these proved unsuccessful. The youngest daughter was born 7 weeks premature and suffered from nocturnal enuresis.

5.22 In another family, the youngest son was diagnosed with leukemia when he was 3 years old. As a result of the high level of care required, the son was looked after by the local authority for a period of several years. He was later returned to the family home when the cancer was in remission. The youngest daughter suffered from an eating problem, where she was unable to eat any solids.

5.23 In one of the families, the mother and her 2 daughters had epilepsy. This required regular medication and close monitoring. The youngest daughter was also acutely deaf and had to wear hearing aids. Finally, there were 2 other families identified whose children were believed to have epilepsy due to the blank spells they had experienced.

**School issues**

5.24 The families’ unstable housing history was evidenced by the fact that the average number of primary schools attended by each child was 4. One child had attended 9 separate schools. As a consequence of family instability, many of the children had significant school-related difficulties. Fourteen of the children and young people reported having behavioural problems at school. Twelve had a history of chronic non-attendance. Seven of the 11 young people interviewed had attended some kind of special school or educational unit.
Children and young people were asked about their experiences of bullying. Two young people chose not to respond. Fourteen young people interviewed (70%) stated that they had been bullied at school. Seventeen (85%) stated that they had never bullied anyone and 3 (15%) young people admitted that they had bullied someone else, as well as having been on the receiving end themselves.

Children’s behavioural problems

Information about behaviour difficulties exhibited by the children and young people was obtained from themselves, interviews with parents, and case records. Ten of the 22 children and young people interviewed admitted to being involved in offending behaviour. Of these, 9 were boys. The types of offences ranged from vandalism, theft, smashing windows, and slashing tyres to stealing cars. There were 6 known incidents of fire raising, all by boys. In 3 incidents, the fires were set in the family’s home. The other 3 involved a public house, a school and an empty house.

In 2 families, there were 3 separate cases of attention deficit hyperactivity disorder (ADHD). In one family, the youngest son was diagnosed and required constant supervision and regular medication. In the second family, one son aged 7 had been diagnosed with ADHD, and the older son, aged 13, was waiting to see a child psychiatrist to determine if he also had this disorder.

Adults’ mental health problems

Half the mothers (10 out of 20) were prescribed anti-depressants. The reason for the depression and anxiety varied from difficulty managing the children, post-natal reactions, difficulty coping in general, stress due to the housing situation and history of mental health problems. One mother said that she had been taking anti-depressants for 6 years and strongly believed that she had developed a dependency. In another case, the mother suffered from an extreme form of anxiety, agoraphobia, that she had had since she was in her teens. Lastly, a young mother stated that she had suffered from anxiety since her mid-teens, which resulted in a sleep disorder.

Four fathers said that they suffered from depression and 3 of them had been prescribed anti-depressants. In one case, the depression was a result of an assault from a neighbour and the other man claimed to have suffered a nervous breakdown as a result of his family’s housing situation. One father with epilepsy claimed to have a split personality that prevented him from controlling his behaviour. He likened himself to Jekyll and Hyde and believed his behaviour was a result of having witnessed 2 traumatic events. To date, he had twice attempted suicide.

Parents’ drug and alcohol misuse

A very high proportion of the adults were known previously or currently to have drug or alcohol problems. Among the 31 adults interviewed, 12 had misused alcohol in the past, and ten were drug dependent. Nine of the drug dependent users attended a methadone programme and were given a daily script (the amount varied anywhere from 40 to 85 mls., plus valium). They were monitored to ensure that they did not exceed their prescribed intake level. Three out of the 9 adults on methadone admitted to topping up on a regular basis. The main reason given was that they were unable to function on their prescribed level.
Interestingly, it was only couples that used drugs, never a lone parent. Some of the related problems associated with drug misuse were parents’ inability to care for themselves and an inability to cope and care for their children.

5.31 Ten adults were found to be misusing alcohol. Alcohol was identified as provoking relationship difficulties between couples. Disturbances while drinking (e.g. parties and fighting) affected parental care through the use of substitute carers or simply neglect. One father who was drug dependent was charged with drunk driving. In one extreme case, an adult male collapsed after consuming large quantities of alcohol. He ended up choking and his breathing stopped, resulting in a prolonged loss of oxygen. Consequently he had permanent brain damage. One female adult found that as a result of her prolonged misuse of alcohol, she suffered from paranoia and had liver and kidney problems.

5.32 Overall, 70 per cent of the adults interviewed misused either drugs or alcohol, and 33 per cent of the adults interviewed had a serious drug dependency.

**Adults’ criminal convictions**

5.33 Seventeen out of 31 of the adults’ interviewed had previous criminal convictions. Eleven of these were male and the remaining 6 were female. Most common were violent offences, with 14 assaults, including 2 police assaults and running the police off the road. There were 4 instances of theft, most of which were due to drug use, and 2 drug-related offences. The other convictions were for fraud, shoplifting, car offences, drunk driving, possession of an offensive weapon, threats to kill, petrol bombing, escaping from custody, housebreaking, smuggling drugs into prison, and a Schedule One offence. The disposals given included community service orders, fines, and custodial sentences ranging from 6 days to 2.5 years.

**Child abuse**

5.34 The information on this came mainly from case records with respect to the 83 children from the 20 families, i.e. not only those who were themselves interviewed. The 4 most common categories of abuse recognised in the UK are as follows: physical abuse, sexual abuse, emotional abuse and neglect (Corby, 2000).

5.35 Seven examples of physical abuse were identified across the sample. These were directed at 3 female adults and 4 children. There were 10 families where child neglect had been an issue. One parent had been convicted of leaving the children unattended. Overall, there was evidence of some kind of neglect or emotional harm inflicted on a high proportion of the children. Four children had been sexually abused, as had 3 adults (2 of these when they were in their teens). Three of the cases involved non-familial abuse. There were additional suspected cases of child sexual abuse but these were not proven.

5.36 In all, the number of children who had experienced some form of abuse or neglect was 40 out of 83 (48%) of the children. The overall figure for those that were sexually and physically abused was 15 per cent, and for those that were neglected, 41 per cent.

**Domestic violence and witnessing violence**

5.37 Based predominantly on the available file information and interviews conducted, 9 (53%) of the female adults’ had been involved in a relationship that involved domestic
violence. Of those cases, 5 were no longer with their previous partner. Each of the remaining 3 partners had been excluded from their family home, one for an assault on his wife and 2 for attacks on other family members. Only one partner was still residing in the family home, and he had previously admitted to hitting his wife and served 90 days. There were several other suspected cases, which were not confirmed.

**Reasons for referral**

5.38 As a result of a small number of re-referrals, the 20 families represented a total of 24 referrals. The table below provides a breakdown by source of referral. Two-thirds of the referrals were made by housing staff, so social work referrals were somewhat under-represented in this sample. Four of the 20 families had been re-referred. Two of the re-referrals had initially been deemed inappropriate and the other two ‘did not engage’.

<table>
<thead>
<tr>
<th>Table 5.3 Referral source of families interviewed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing</td>
</tr>
<tr>
<td>---------</td>
</tr>
<tr>
<td>12</td>
</tr>
<tr>
<td>(N=20)</td>
</tr>
</tbody>
</table>

5.39 The level of detail given in the case files as to the reasons for the family’s referral varied, so that sometimes it was simply recorded as anti-social behaviour. In 15 cases overall, the term anti-social behaviour was used directly, with or without further explanation of what that meant. More specific reasons could be grouped as follows:

*Accommodation issues:*  
E.g. homelessness, rent arrears, severe neglect of the home

*Neighbour issues:*  
E.g. drink disturbances, making excessive noise, victimisation by neighbours

*Family issues:*  
E.g. lack of parental control, domestic violence, drug involvement, concerns about the care of the children.

Some families confronted more then one of these issues, and it is clear that they were often interconnected. The average number of difficulties per family was two. More details are given in Table 5.4. This range of issues is similar to that for the somewhat larger sample of closed cases analysed in Chapter 4.

<table>
<thead>
<tr>
<th>Table 5.4 Factors in referral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Factor in referral</td>
</tr>
<tr>
<td>----------------------</td>
</tr>
<tr>
<td>Child care concerns</td>
</tr>
<tr>
<td>Alcohol misuse</td>
</tr>
<tr>
<td>Problems with/complaints by neighbours</td>
</tr>
<tr>
<td>Domestic Violence</td>
</tr>
<tr>
<td>Children out of control</td>
</tr>
<tr>
<td>Drug Misuse</td>
</tr>
<tr>
<td>Poor hygiene/living conditions</td>
</tr>
<tr>
<td>Noise issues</td>
</tr>
<tr>
<td>Rent arrears</td>
</tr>
<tr>
<td>Homelessness</td>
</tr>
<tr>
<td>(N = 20)</td>
</tr>
</tbody>
</table>

Source: Project records
5.40 Parents were asked to describe why they thought they were referred and for the most part there was a close correspondence with the official account. In a sense, this also entailed the family accepting responsibility for the circumstances leading up to the referral. Twelve of the families’ parents stated reasons that were similar to the project’s understanding, except that one of these did not agree with the formal reason for their re-referral. Six other families largely concurred with the formal reason for their referral, but did not accept one significant element. For instance, one family accepted responsibility for a range of difficulties but did not feel that living conditions were a problem. Another family agreed with most of the Project’s assessment but minimised the extent of their son’s anti-social behaviour.

5.41 Two families denied altogether that their own behaviour had contributed to the referral. One of these blamed all their problems onto others, even though there was considerable evidence to the contrary. However, the perception of the second family that they were victims in the situation was shared by the social work department, which classed the family as vulnerable.

Other problems in the family: Project assessments

5.42 As noted earlier in the report, the Project carries out a very thorough assessment. The assessment summaries naturally tended to include the matters specified in the referral, but also usually identified further or ‘underlying’ problems, which were not explicit in the referral details. Additional issues included partner relationship difficulties, minimisation and denial of behaviour, school exclusion, frequent changes of school, lack of social support, sexualised behaviour of children, and paternity issues. The assessments also pointed to needs for help and services with respect to particular skills, for example in relation to anger management, home management, dealing with neighbours, setting and maintaining routines, or communication within the family.

5.43 Family members were generally positive about the assessment processes. They were thankful that Project staff had taken the time to understand and help them. Some felt they had learned and benefited from the ways in which the Project framed the problems to be tackled.

Expectations and goals

5.44 The assessment procedure culminated in goals, which staff negotiated with families and endeavoured to make realistic. In interviews, parents were asked about the changes they wanted, the requirements for change and their housing aspirations. Usually there was a mix that broadly corresponded to the Project’s perceptions. The ways in which parents expressed their wishes for change included references to:

- **Personal or family problems that they would like to resolve**
  For instance one mother shared that, when she was stressed, she was unable to cope with her children and would then take it out on her partner. He was not able to cope either, so he would ‘top up’. Others mentioned wanting their children’s behaviour to improve.

- **Skills they wanted to gain**
  They spoke of wishing to tackle parenting issues, communication with neighbours, dealing with stress

61
Services they wished to engage with
These included groups for the children, anger management groups, an alcohol clinic

Things they wanted done for them
This particularly related to housing, i.e. a wish to be offered better accommodation

5.55 Families were asked to describe what housing situation they hoped to achieve after contact with the Project was over. The responses included having a house of their own, a place to live that was not overcrowded and moving nearer to a daughter in hospital.

5.56 Typically families stated that their objectives included a combination of different family, housing and service changes, reflecting the multiple nature of the family problems. A mother said that her family needed to work with the council in order to get moved to better accommodation, but also added that her children should attend groups so they could interact and play more successfully, as they were being bullied and felt isolated. Another parent listed her goals as to continue with alcohol counselling, learn to deal with stress, improve parenting skills, manage the children better and maintain her flat.

5.57 Children also listed things that they wished to change, though they were not always able to be precise about what this might entail. Some asked for changes in their parents (e.g. getting on better, stopping fights, the step-dad moving out). Several wanted a better house or neighbourhood. One spoke of her aspiration to live where children have a place to play and there are no nosy neighbours. A boy said he would like to move to a house in the country where it is quiet and then he would be able to attend a better school with better pupils.

Specific services received

5.58 As noted above, 4 families were receiving (or had received) the most intensive service from the Project in the core block. Five were living in dispersed accommodation, while 11 received an outreach service.

5.59 The Project staff had worked individually with 31 adults and children. Family sessions had been carried out with about a third of the families (5) and 8 sets of parents had couples sessions. Seven parents attended a group. The themes covered in the groups were anger management, relationship issues, parenting skills, cooking skills, social skills, and behaviour issues. 11 children and young people in the sample families attended after school/play groups.

5.60 The families were also receiving a service from other agencies. All except one of the 20 families had social work involvement, 2 of which were for health related reasons. Two adults attended for alcohol counselling and 9 adults had a drugs worker. Four mothers were in close touch with a health visitor, another had a mental health worker and one mother was receiving help from Home-start, the volunteer befriending scheme. Nine children attended a child and family centre on a daily basis. A mother and daughter attended counselling for sexual abuse.
INFORMATION FROM THE FOLLOW-UP INTERVIEWS

5.61 The second round interviews were conducted between August 2000 and March 2001. In some cases, repeated visits were necessary before the individuals were found at home and in a position to be re-interviewed.

5.62 The plan was to hold follow-up interviews with current and new families (16), but not the 4 ‘past’ families who had left the project at the first interview and so had already given their story about the whole period of contact with the DFP. For several reasons, it proved impossible to undertake interviews with 6 of the families. Three of them moved (2 out of Dundee), one family abandoned their tenancy, and 2 families who had been in the core block did not want further contact with the Project and, by extension, the research. Therefore, interviews were completed with individuals in 10 of the 16 families (63%), resulting in 24 follow-up interviews in all. In addition, 31 interview attempts failed.

5.63 The family members who participated in the interviews were as follows:

- 14 adults
- 5 young people (aged 11+)
- 5 children (aged up to 11).

Each adult interview took roughly 45 minutes to complete. The child and young person follow-up interviews took slightly less time, 30 minutes. The follow-up period ranged from 2 to 9 months, with an average of 5 months. This period was less for new cases, average 3 months.

5.64 A breakdown of the broad types of services provided, are presented in Tables 5.5 to 5.7. The families interviewed twice were mainly outreach (6), with 3 dispersed and 1 core. It may be significant that out of the 4 core block families seen in the first round, only one was willing and able to be interviewed a second time.

Table 5.5 Follow-up interviews - Types of families interviewed

<table>
<thead>
<tr>
<th>Service</th>
<th>Current</th>
<th>New</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core</td>
<td>-</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Dispersed</td>
<td>3</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Outreach</td>
<td>4</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td><strong>Total number of families</strong></td>
<td><strong>7</strong></td>
<td><strong>3</strong></td>
<td><strong>10</strong></td>
</tr>
</tbody>
</table>

(N = 10)

Table 5.6 Numbers of individuals interviewed

<table>
<thead>
<tr>
<th>Service</th>
<th>Current</th>
<th>New</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core</td>
<td>-</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Dispersed</td>
<td>9</td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>Outreach</td>
<td>9</td>
<td>5</td>
<td>14</td>
</tr>
<tr>
<td><strong>Total number of individuals</strong></td>
<td><strong>18</strong></td>
<td><strong>6</strong></td>
<td><strong>24</strong></td>
</tr>
</tbody>
</table>

(N = 24)
Table 5.7 Second round interview response by service type

<table>
<thead>
<tr>
<th></th>
<th>Interviewed twice</th>
<th>Second interview not possible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Dispersed</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Outreach</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>Total number of families</td>
<td>10</td>
<td>6</td>
</tr>
</tbody>
</table>

(N = 16)

5.65 The findings from the second round of interviews are grouped in the following way:

- Contact with and input by the project
- Progress in relation to housing and family difficulties
- Perceived benefits and changes
- The extent to which expectations and aspirations were fulfilled
- Views on the anti-social behaviour

Where they exist, differences in perspective among family members are reported.

Contact with and input by the Project and other agencies

Contact with the Project

5.65 At the time of the follow-up interviews, 7 of the 10 families still had on-going contact. One had limited contact and was waiting to sign over their tenancy, while 2 families no longer had any contact and their cases had been closed. Four families’ contact with the Project had been reduced since the first interview as a result of perceived improvements in the family situation. For example, one family had moved into dispersed accommodation and now that they were settled, the visits had been halved in frequency to about once a month. The family also maintained contact by telephone, roughly once a week.

5.66 Another family was still in the core block, and when they were first interviewed they had observations 3 times a day, for 7 weeks. At the time of the follow-up interview, the observations had been stopped, because the staff felt the family was doing really well. The family still saw the staff on a daily basis coming in and out of the building and the staff would still occasionally check in with the family.

5.67 Two families’ contact with the Project had increased since the first interview. One had recently moved into their dispersed accommodation and the key worker visited quite frequently during their settling in period. The second family had been living in dispersed accommodation for 7-8 months. As a result of increased problems with the neighbours, staff had increased their weekly visits from 3 times a week to almost daily, including weekends. Finally, contact with one family had remained fairly steady, with one visit by the worker every 1 to 2 weeks.

5.68 All of the families were very positive regarding the amount of contact that they had with the Project. The two no longer in touch with the Project both indicated that they felt positive that they had moved on and made a clean break.
Agency involvement

5.69 At the time of the follow-up interviews, all the families were still in touch with social work services and had contact with a child and family centre. Several were in touch with specialist agencies:

<table>
<thead>
<tr>
<th>Agency</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Work</td>
<td>10</td>
</tr>
<tr>
<td>Child &amp; Family Centre</td>
<td>10</td>
</tr>
<tr>
<td>Education</td>
<td>6</td>
</tr>
<tr>
<td>Polepark Counselling Service</td>
<td>3</td>
</tr>
<tr>
<td>Drug Problem Centre</td>
<td>3</td>
</tr>
<tr>
<td>GP</td>
<td>3</td>
</tr>
<tr>
<td>Children 1st</td>
<td>2</td>
</tr>
<tr>
<td>Health visitor</td>
<td>2</td>
</tr>
<tr>
<td>Home Start</td>
<td>1</td>
</tr>
</tbody>
</table>

5.70 Usually involvement by social workers was on a statutory basis. Only one of the families was working with social work on a voluntary basis. Six of the families had a family social worker; 2 young people had social workers for offending behaviour, one adult had a social worker, criminal justice and one family had a child health social worker.

DFP methods and services

5.71 All the parents had received individual help and some had attended groups. Children and young people from 5 of the 10 families had attended after school or individual sessions at some point during their involvement with the Project.

5.72 The feedback from both adults and young people about the services was positive. Generally the parents felt that the one to one sessions were more effective than the group work (9 out of 10). This was primarily because the work was tailored to their needs and it served to tackle practical issues (e.g. cooking). Several parents had also found the couple sessions helpful in improving their communication. Many parents contrasted the personal attention and personalised service they received from the Project with their previous negative experiences with statutory agencies.

5.73 The majority of the children and young people who took part in the one to one sessions said this assisted them to develop better relationships. They were also enthusiastic about the groups, as indicated by the observations reported in Chapter 3.

Views on the general operation of the Project

5.74 Seven of the 10 families expressed positive views in relation to the overall operation of the Project. A few examples of families’ views are as follows:

“Think that they do a pretty good job. You get to express your views. But I am not sure about the follow-up” (father)

“I think that they are doing well the way they are” (mother).
5.75 Family members did not express any overly negative comments regarding the operation of the Project, but they did give several suggestions where they felt improvements could be made:

“They could get more staff and deal with the families that they have taken on”
(father)

“Staff could be more consistent” (father).

“They should have a back up person in case someone is sick or on holiday”
(mother).

Views of the DFP staff

5.76 All of the ten families re-interviewed expressed positive views regarding the Project staff. Three mothers’ spoke of their helpfulness and willingness to listen:

“Nobody else is doing anything, they are the only one, the last hope”

“Staff are quite friendly, understanding and they actually listen to you and take on board your views”

“Very good team, they do their best to help you”

A father said:

“The staff live in the real world, unlike social workers”

5.77 Another father felt that overall the staff were really good, but that there were some that were more supportive then others. The easy availability was very important. One mother said support was always there: she just needed to ask and she would get a helpful response. Workers also conveyed a commitment to families. One mother said that at first she felt the staff only cared about the property, but she later realised she was wrong, because her key worker really cared.

5.78 Two more ambivalent views were given by 2 boys. The first said that the staff were all right and sometimes helpful. He then went on to describe a scenario that happened.

“Mum would call the DFP and the Project said to call the police. The police would not come. It does not help to get people lifted - does not show support”(12 year old boy)

“They don’t speed things up getting us moved and get us out of this poor house – it’s gets worse by the minute” (11 year old boy).

Progress in relation to housing and family difficulties

5.79 Family members were asked about changes and developments with respect to various aspects of their housing circumstances and family relationships and difficulties, which will now be reported. Their feedback on what they saw as the benefits and drawbacks of the service will be covered in later sections of the chapter.
Housing and family situation

5.80 Parents and children were asked for their views on whether their housing and family situations had changed, improved, stayed the same or got worse. Four families had moved since the first interview, 2 families into dispersed tenancies and 2 into mainstream housing. They all reported that both their housing and family situation had improved as a result of the move. Two other families receiving an outreach service also claimed that their situation had improved. One family stated that life had been quieter and that there had not been any problems with the neighbours.

5.81 Two families deemed their housing situation to be unchanged. One was still suffering from overcrowding, while another was still living in the core block waiting for appropriate housing to come available.

5.82 The 2 remaining families felt that things had become worse. One mother stated that “things have got so bad that we are like prisoners - afraid to go out”. A boy aged 12 in the same family felt that things were not as bad, though. He said “the kids across the road are not bricking the windows”.

5.83 Another family felt that “things might be starting to improve, slowly but surely” (mother). Her 8 year old daughter summed up her housing and family situation as follows:

“...we used to have 2 dogs and now we only have one... my room is tidier and my brother’s, my mum is tidying up more, she never used to...Things are starting to go back to normal, mum’s getting on better, she is putting on weight...dad’s not staying here anymore”.

The difference the Project made to the housing situation

5.84 Family members were asked what they thought their housing and family situation would be like if they had not become involved with the DFP. Eight of the 10 families’ felt that their housing situation would have been considerably worse had the DFP not become involved with them. Some of the views of these families were as follows:

“We would not have had a house and the kids would probably be in care” (mother)

“It would have been hell...Probably the same, the kids would have still been terrified if the neighbour situation had not died down” (mother).

“Would still be living in the Lily Walker Centre” (mother).

“Would still be homeless... Housing might not have reconsidered him and the children would have been in permanent foster care” (father).

5.85 One parent stated that they were told by the homeless unit that they had to work with the DFP and if they didn’t they would have to find alternative accommodation. Finally, an adult in another family stated that it was still too early to comment on their housing and family situation. Then they said, “probably not good, worse”.

67
Problems with neighbours

5.86 Since the initial interviews, 6 of the families stated that they had not experienced any problems with their neighbours, nor had housing received any complaints. According to one family a Project worker had witnessed her daughter being verbally abused by a neighbour and a warning letter had been sent to the family. The father thought that the Project staff having witnessed the abuse had helped their situation with housing staff.

5.87 Three families reported recent problems with their neighbours. One family had had their doorbell kicked in and they felt that it was one of the local gangs. The teenage daughter added that they had only experienced minor complaints by neighbours. In another family, the mother denied having any problems with neighbours or having received any housing complaints. However, in response to the question, the 8 year old girl said “…mum was fighting with a neighbour up the road, she was saying things about my mum”.

5.88 Lastly, there was only one family still experiencing on-going problems with the neighbours. One boy aged 12 stated, “it is usually on the weekends, kids stand outside shouting”. Another boy aged 11 said, “the neighbours are still bothering us because of my brothers…we can’t go outside, and if we do, we get battered. Yesterday when we were hanging the washing people started throwing bricks at us”.

5.89 Significantly, all of the difficulties reported by the families concerned neighbours acting negatively towards them, not vice versa.

Changes in understanding of problems faced

5.90 Seven of the 10 families felt that their understanding of the problems faced by their family had changed since beginning to work with the DFP. Their increased awareness of the issues is illustrated in the following quotations:

They made me admit to the problem and face up to it.

It was a lot different before and we had no time for it then, but that has all changed

The Project helped me realise the extent of my relationship problems

They provided practical suggestions as to how to deal with neighbours

Before I was just making basic meals, and now I am getting on better with my children and we have developed a better relationship.

Feel stronger as a family just knowing that there is help.

5.91 There were 3 families who had different views. One mother felt that nothing had changed, another mother was not sure if her views had changed as she had been still drinking quite heavily at the time, and a father stated that his views did not change as the problems were all one sided to begin with.
Changes in individuals

5.92 The families were asked to identify any changes they recognised in relation to health issues, behaviour of family members, schooling, work, and social skills and confidence. These items were derived from the developmental dimensions identified by the *Looking After Children* initiative of the Department of Health (Parker et al 1991; Ward 1995; Wheelaghan and Hill 2000).

5.93 Most families felt positively about their health. However, 2 stated that a family member’s health had become ‘a lot’ worse on account of their housing situation. In one case, this was attributed to the ongoing effects of their previous living environment. The other family were unable to use their car due to the construction work in front of their house, which had resulted in an increase in the mother’s agoraphobia.

5.94 Nearly half the parents thought that the behaviour of family members had changed, usually ‘a lot’. Changes in schooling were less evident. None of the families reported any changes in relation to work. At the time of the interviews, no family members were working. There were 2 family members who did express a keen interest in finding a job. Before becoming free to take up employment, one wanted to finish a community service order and the other to complete an employment training course.

5.95 The dimension on which nearly all parents recognised some change was social skills and confidence. Seven families described how the involvement with the DFP had led to gains in these areas. However, one family reported a decrease owing to their housing situation.

Changes in relation to how the family was dealt with by other agencies

5.96 Most of the families had a history of difficulties relating to either social work or housing services. Opinions were divided on whether desired changes had taken place. Four had not wanted the relationship with social work to change and 3 thought things had stayed the same. Two families thought the relationship was much improved, while the final family stated that social work involvement had changed ‘a little’ and for the worse. They thought that it felt more like harassment than support.

5.97 The patterns with regard to housing was similar. Most did not want change or did not see any. Two thought the contact was ‘a lot’ better and one had experienced a deterioration in the service that they were receiving.

Perceived benefits from attending the Project

5.98 While most of the progress and changes reported were positive and these were usually linked by the families at least partly to the Project, it was important to ask more directly about how the family had benefited or not from the intervention. Nine of the 10 families listed several benefits that they had experienced from having attended the Dundee Family Project, with just one indicating it was too early to say. The kinds of benefits mentioned were a mixture of improved housing, access to facilities for the children, adult personal development and a better quality of life for the children:
• Stopped getting evicted
• Getting re-housed
• Gained more confidence
• Able to express personal views better
• Taking and getting control of one’s own life
• Kids groups
• Play park for kids
• Help and support with son’s behaviour
• Awareness of basic care for children
• Increase in children’s sense of security

5.99 Seven of the 10 families believed that they viewed the benefits of the work in the same way as staff. One mother said that it took a long time to admit it, but earlier on during the referral stage her views differed from staff, but now they were the same. Another mother said their views were not the same, adding she had been confused when she had been drinking. Finally, one man summed up his views of the benefits of work:

“I can’t speak for the staff...I know that they are all pleased”. (father)

5.100 To help crystallise what parents and children saw as the main benefits, they were asked to identify 3 things that had improved as a result of the Project’s service. Naturally their responses differed widely in relation to their set of circumstances. One mother stated:

“Nothing has improved, they have tried. (I’m) not sure what has gone wrong, but it has”. (mother)

Yet she insisted that she could not think of anything the Project could be doing that they were not already doing. In contrast, her 2 sons had little difficulty identifying improvements from work with DFP. The 12 year old boy said his mum was better supported and his younger brother was starting to behave better.

5.101 All the other parents did list improvements. For some people, better housing was uppermost in their minds. One mother mentioned getting re-housed, living more comfortably, and having their own space and lives back. Often the benefits related to both housing and family relationships. A single mother stated that the DFP prevented her from being evicted, made her realise that she was an anti-social tenant, and had really tried to help her with her alcohol misuse. Another mother described how she now had her own tenancy, she had been helped in her relationship with her partner and gained support to help manage her son’s behaviour. An example of a young person being able to rejoin her family was given by a 15 year old girl, who stated that she was able to move back into the family home, now that her stepfather was gone. Also she felt more respected by her mother. She thought that everything the Project did was helpful.

5.102 One woman stated that her family’s involvement with the Project had solved the problem with her neighbours and the children enjoyed the after school groups. The 10 year old girl listed activities as her first 2 improvements, i.e. making pictures and playing games. Lastly, she suggested that the DFP staff had helped her parents, although admitting she was not sure about this.

5.103 Several people elaborated on changes in their own attitudes and behaviour. These were often linked to improved ways of relating to other people. A mother stated that she had
become more willing to see other people’s point of view and to co-operate. In a different family the father stated that due to his involvement with the Project he had learned to control his anger, deal with his stress more effectively, and to think before acting. His partner stated that working with the Project had given her more confidence enabling her to feel more secure, thereby increasing her willingness to express herself. She also confirmed that the Project had helped to reduce her partner’s anger. A lone father reported a combination of practical and social skills had been acquired, i.e. parenting and cooking skills and increased confidence.

5.104 Relationship changes were reported, as shown by a family where the children and young people’s views best summed up the situation. The 15 year old daughter said that her dad no longer shouted as much. She also acknowledged that it was her behaviour that almost got the family evicted, but the DFP prevented this and got them put back on the housing list. Her 10 year old brother said that the work with the DFP also meant that his dad did not shout as much. He also thought the Project had improved his relationship with his younger brother and enabled him to learn that calling people names was not a good thing.

5.105 One father’s views about the DFP had changed from resentment to appreciation. Originally he saw the work as a punishment rather than help. The family were now getting more help from social work and he believed that was indirectly due to DFP.

**The extent to which expectations and aspirations were fulfilled**

*Expectations*

5.106 In the second interviews, respondents were asked to compare their initial expectations with their current situation. This indicated that in 6 of the 10 families most or all of their initial expectations were fulfilled. In 2 cases, some expectations had been met, while in 2 it appeared none had. Some examples are given firstly of how expectations were met, then of disappointments.

5.107 Two families said that they had all of their expectations met. One couple said all their hopes were fulfilled:

> We got our house, community care grant, everything has gone the way we wanted it to.

The second family had been living in the core block. The father said he got help to care for his children and in addition his level of knowledge had increased. He was unable to think of something that had not been fulfilled.

5.108 In one family all the major expectations had been met: getting a house, getting children back, and being a family again. The one slight qualification was that they had not been able to move to the area where the father wanted to live. Similarly, another family were satisfied that problems with their neighbours had now died down and they had managed to achieve what the mother termed ‘normalised living’, but they still wanted to move to another area. One mother felt that she had achieved most of her expectations. She had learned how to budget and she felt that she was more readily able to cope with anything that came along. She had also re-assessed the way she regarded her health difficulties, which she had learned to reframe as largely psychological.
5.109 More mixed outcomes were assessed by a mother, who was glad her family had now been re-housed, but her husband had been excluded from the family home. In a different family, the father stated that the DFP prevented them from being evicted, but only temporarily. They were then told that they had no choice but to take the housing offer or face eviction. The father felt that they had been let down, though by housing services, not the DFP.

5.110 The most negative account came from a woman who said they had not been able to resolve anything since they lived here. She stated that she felt as though she has wasted 8 months of her life and the work had gone nowhere.

**Fulfilment of housing aspirations**

5.111 During the follow-up interviews family members were asked if their present accommodation was their ideal housing situation. At the time of the interview, 5 families indicated ‘yes’, 1 said ‘sort of’, and 4 said ‘no’. The family that responded ‘sort of’ said that the house and garden were excellent but they disliked their neighbours intensely. Three families thought their accommodation was far from ideal on account of the poor physical standards of their home and/or their wish to move to a different kind of neighbourhood. The 4th family not in their ideal situation was in the core block at the time of the interview and was waiting to move.

**Work remaining to be done**

5.112 Parents and children were asked during the interviews if they had attained everything that they had wanted to from the Project. Six of the 10 families indicated that they had achieved all their goals. Five of these had been re-housed with the help of the Project. Among their views were:

“Would like to stay here and be happy, hopefully everything will go smoothly” (father).

“Yes, family got everything it could” (boy, aged 10)

The last boy’s sister was less sure that all the goals had been attained:

“Not sure about Dad, think Dad needs more work done-his anger” (girl, aged 15)

5.113 Four families stated that they had not attained everything that they had wanted. All 4 of the cases were still on-going. The following 3 views are from members of the same family. One son, aged 12, said that he wanted more support. His older brother, aged 14, felt that things had improved for his mum now, but he wished that his dad could return to the family home. The mother said:

“I would like to be in a house on my own” (mother).

5.114 Finally, 2 families believed that they had achieved a lot through work with the Project and the main outstanding requirement was to be re-housed.
5.115 A final question was posed to elicit wishes for the immediate future - 'Where would you like to be in 6 months?' In 5 families the response largely centred on a wish soon to be living elsewhere in a specific kind of area.

“I would move out of Dundee-if I could” (mother)

“I would move to the country” (boy-aged 12).

5.116 Some expressed a desire for their split family to be reunited. This was sometimes accompanied by a wish for changed behaviour:

“Would like my gran and Dad back...would like to move out of Dundee”
(boy-aged 11)

“Dad back..., behaviour to improve, and swear less” (boy, aged 14).

5.117 One boy supplied an extensive list of things that he hoped to achieve including again being back together with a separated family member:

“would like my sister back...to go to Disneyland...my neighbour to stop bullying my little brother...make loads more friends and keep some of the old friends”. (boy, aged 10)

Views on anti-social behaviour

5.118 The first part of the research had identified differing ways in which the term ‘anti-social behaviour’ was used and also suggestions that the term was stigmatising. Given the centrality of the term in the work of the Project, it seemed helpful to ask family members about this at the follow-up stage. The parents were asked to comment on the use of the term anti-social behaviour (ASB) and whether the term was ever applicable to them.

5.119 Of the ten families that were re-interviewed, 4 families admitted that the term had been applicable but felt that it was no longer so:

“It is a fair term - it is not fair on the neighbours” (mother).

“Yes the term was applicable, but no longer” (mother).

5.120 Four families stated that the term never applied to them, for varying reasons. Two adamantly denied any history of ASB:

“I was never an AS tenant-I was not referred for being an AS and I never had a history of ASB”. (mother)

“No way was there any ASB coming from this house”. (father)

5.121 Finally, 2 families stated that they did not know if the term was applicable to them. A mother was not certain if the term was appropriate and yet she accepted that her sons had contributed to some of the problems in the neighbourhood. One father said that the term should be re-defined:
“...it should not include kids playing in the street”.

CHILDREN AND YOUNG PEOPLE’S VIEWS OF THE PROJECT

Details of those interviewed

5.122 This section summarises views of children and young people from 14 families. One mother who took part in the evaluation was unwilling to provide consent for her children to take part and in the remaining 5 families the children were unable to participate as they were too young (under 8 years). The findings are based on both the initial interviews and follow-up interviews, supplemented by case record data. It should also be noted that on 4 occasions the views of the children/young people may have been affected by the presence of the parent(s).

5.123 Six children and young people (aged 9-15) interviewed were in 3 families where the case had been closed prior to the research. In all of these cases, no new housing complaints had been received after case closure and each child held positive views of the Project. Sixteen were in families the Project was still working with during the course of the research. They ranged in age from 8 to 16.

Changes in the housing situation

5.124 All of the young people in the past cases stated that their housing situation had improved once DFP became involved. For instance, one young girl aged 10 stated, “we were doing bad before DFP got involved”. Among the active cases, the majority (69%) also reported that their housing situation was better. In most instances (8 out of 11), this was due to a change in accommodation, which they deemed to be a success. In other instances, young people noted improvements in the family’s relationships with their neighbours, even though they were still waiting to be re-housed. Three young people stated that their housing situation had not improved, and one young girl had mixed views regarding her housing situation. She continued to experience problems such as bullying, which she associated with the particular neighbourhood she lived in.

The children’s perceptions of their housing and family history

5.125 In order to encourage younger children to communicate more fully about their past experiences in a way which was interesting and unthreatening, they were invited to undertake a ‘House Colouring Exercise’. This was adapted for use from the approach with children and young people by Farnfield (1996), itself a development of a practitioner communication tool (DHSS, 1985). Children were given a chart of blank diagrammatic houses. Each house represented a home they had lived in, including the present one. The children coloured the houses in, choosing a colour that best described how they felt about each house when they were living there. They were also asked to write a few words describing how they felt about each house or placement. The exercise provided a basis for the children to provide a narrative account of their previous experiences and present housing situation. It enabled them to express their thoughts and feelings about their different homes and the people in them.

5.126 In all, 15 children and young people from 11 families took part in the exercise. Their ages ranged from 7 to 13. Five were female and 10 males. Four examples are presented here
to convey children’s perceptions. They show vividly how in these instances previous bad experiences changed markedly (Figures 5.11 and 5.4) once the family moved to the Project. Other children were more neutral in their portrayal of changes, but no child produced a drawing that showed deterioration since the Project’s involvement.

5.127 Figures 5.1 and 5.2 were completed separately by 2 children in the same family, aged 8 and 9. They showed a similar representation of their feelings. The boys portrayed in very negative terms their previous home, before moving to the core block. One coloured it red to show he was ‘angry’ and his brother chose black, because ‘I hate it’. Both brothers chose yellow for the Project, to show feeling ‘happy’ and that ‘I really like it’. The new house was also shown positively with green (still ‘happy’) and pink, because ‘I love the new houses’.

5.128 Figure 5:3 and Figure 5:4 are presented to illustrate insights from the older age group. The exercise was completed by a young man aged 13. The family’s former house was coloured black and underneath he wrote “bad”. He described in some detail incidents that occurred during their stay there. He stated that, “windows would get smashed, people would shout at me and bully me”. He also added that he and his friend got the blame for stealing basketballs when they had nothing to do with it. The second house represented the family’s stay at the Lily Walker Centre for 6 months. He coloured the house yellow and wrote “happy” underneath it, adding that he liked staying there and he had some friends there. It was at this stage that the Project became involved with the family. Later the family were re-housed. He again chose to colour the new home yellow, as he felt happy there. He stated that “I made friends quite easy and the windows don’t get smashed”.

5.129 Figure 5.4 was completed by a female, aged 14, while she was living in the Project. The first house was coloured in black and underneath it she wrote: “It was not nice, I hated it. It was old and shabbe (sic)’’. The second house was pink and orange and underneath the young person wrote that it was good staying there. Finally, the third house was green, orange and yellow. Underneath the picture of the house, she wrote, “This is to tell you what the project is like…it is cool to stay here because we get a lot of help if we need it”.
Figures 5.1-5.4  Children’s Drawings

Figure 1

Boy – aged 8

Figure 2

Boy – aged 9
Figure 3

Boy – aged 13

Figure 4

Girl – aged 14
Family and other changes

5.130 Nearly all those interviewed recognised changes in themselves and/or in their parents. Thus, a young man said that the Project helped his parents to talk about their problems. He added “My dad listened and so did mum”. Often there was a mix of housing and family changes. A young boy, aged 8, said that his family had been rehoused in dispersed accommodation and that everything was stable and normal again, and everyone was happy. His older brother, aged 9, described living in the Project as “brilliant”. He received lots of attention and learned to develop better relationships. He added, that he didn’t want to change anything else about himself, as he had already changed for his mum.

5.131 Some young people did register disappointments. For example, a girl was generally pleased with developments in the family, but expressed regret that her sister was still away from home. Another young girl felt that her own behaviour and school attendance had improved, but her mother was still unhappy and inconsistent owing to serious drug dependency.

5.132 To help sum up their experiences, the young people were asked to list up to 3 things that changed after they became involved with the DFP. They nearly all referred to positive changes. Table 5.8 shows the main the improvements they identified:

Table 5.8 Changes brought about by the Project according to the children and young people

<table>
<thead>
<tr>
<th>Changes with respect to:</th>
<th>Self</th>
<th>Family</th>
<th>Housing</th>
<th>General environment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behaviour improved</td>
<td>Parents’ arguing stopped</td>
<td>Rent arrears down</td>
<td>Better access to parks</td>
<td></td>
</tr>
<tr>
<td>Having more of a say</td>
<td>Parents helped with their problems</td>
<td>Put on the housing list</td>
<td>More opportunities to play</td>
<td></td>
</tr>
<tr>
<td>Starting to attend school regularly</td>
<td>Step-father excluded from the home</td>
<td>Family helped to find another tenancy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stopped seeing friends with whom got into trouble</td>
<td>Mother more respectful towards the children</td>
<td>Family rehoused in a better area</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication with others better</td>
<td>Father gets angry less often</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receive more attention</td>
<td>Everyone happier</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Children and young people’s views of themselves

5.133 Children and young people were asked how they felt about themselves in order to gain impressions about their self-images and self-esteem. Of the 22 children/young people that were interviewed, 15 (68%) felt okay to good about themselves, 4 (18%) young people did not like themselves, 2 were uncertain, and one had mixed views. The overwhelming majority of young people equated liking themselves with how many friends they had and if a certain friend liked them.

5.134 Those who had more mixed feelings described negative experiences at school or within the family. One boy aged 13, said that he felt good and bad about himself depending
upon how he behaved at school and the responses. A young girl’s negative self-image was understandably affected by having been sexually abused and her mother’s serious drug dependency problem. The behaviour of 2 brothers caused problems with their neighbours. As a result, one said “no one likes us”. The difficulties ameliorated when the family were moved.

**Project outcome data on the family interview sample**

5.135 According to the project’s information, 5 of the 14 families in the current cases had met all their goals and 5 families had met most of them. Four families had apparently not made any effort to meet any of the goals that were set. In the last group particularly, this meant that sometimes the goals were changed to take account of the lack of response. For instance, the Project asked one couple to work on improving communication between them. The man was unwilling to do this and further relationship problems occurred, which resulted in legal action and the granting of an exclusion order banning the father from the family home. Two of the 5 closed cases interviewed had met all of their agreed goals, and the remaining 3 had met most of the set goals. Further details of the 20 families on a case by case basis are provided in Appendix 1, divided up by type of case and service.

**THE SMALL COMPARISON SAMPLE**

5.136 Originally it was planned to recruit a small comparison sample of 4 cases in order to investigate the characteristics and housing career paths of families at risk of eviction in the same local authority area, but who did not have access to the Project. After consultation with the Advisory Group and Housing Department, it was recognised that it would be difficult to recruit a suitable sample of families not referred to the Project. Hence it was decided to carry out interviews with families who had been referred but refused to engage or were considered inappropriate.

5.137 Twenty-five possible cases were identified, but in many instances the current address was not available or the families were unwilling to take part. Strenuous efforts were made to contact the families, which resulted in 17 failed interview attempts and 3 successful interviews. As it turned out, all 3 were lone mothers.

5.138 There was limited file information on these families due to the short duration of contact with the project. All 3 families had been referred by housing. One family was accepted by the Project on account of noise and threatened violence towards neighbours which led to 24 calls by the police in 3 months. However, the family did not engage. The other 2 case records included less detail about the anti-social behaviour. Both were thought by the Project to be inappropriate.

5.139 The parents in these families tended to minimise the ‘anti-social’ behaviour which had led to referral or explained this in terms of prejudice by others. One mother said a complaint had proved false and anyway the neighbour had moved away. The 2 other mothers thought their off-spring were being unfairly picked on. One thought the family were targeted on account of her lesbianism. The other admitted that her son did get into trouble, but argued that he was also blamed for things he did not do as a result of his reputation.

5.140 The reasons for not taking up the DFP service were different in each case. The first woman denied the problems and felt they did not need help. The second person indicated
that the Project had not contacted her. The lesbian mother said the Project agreed with her view that she had been victimised. Both the first 2 were already receiving social work support and believed they did not need further help. The third did not see the family as having anti-social behaviour, but did want more help. She indicated she valued the kind of services the Project provided - “Thought it was a shame. (It was a) brilliant Project but we could not access it”.

5.141 In view of the very small numbers in the comparison sample, caution is needed in drawing conclusions. However, the circumstances in the 3 cases supported the evidence from Project records that families who do not access the DFP, despite identified difficulties, may be more the victims in neighbour disputes or have needs that are not related to anti-social behaviour. By contrast, families that are referred and accepted by the Project contributed by their own behaviour to neighbour or tenancy difficulties.

SUMMARY

5.142 Twenty families took part in an in-depth assessment of their expectations, problems and progress while in touch with the project. The comprised 4 past cases, 12 current cases and 4 new cases.

5.143 All the families were poor, nearly all being reliant on state benefits. Eleven were lone parent households, although in 5 of these there was still regular contact with the father-figure elsewhere. Families mostly came from local authority tenancies or homeless families provision. A wide range of anti-social behaviours and other family problems were represented. In the majority of families one or both of the parents had drug or alcohol misuse problems. Abuse of children or women was common.

5.144 On the whole, parents’ statements about what needed to change corresponded to the views of Project staff, partly as a result of the discussions about expectations which form part of the assessment process. However, a minority of families dissented about one of the problems identified by staff, while 2 denied the need for family change altogether. Typically parents did expect to try and change their own behaviour or attitudes, partly through accessing specific services as well as through general support from the Project. They also hoped to be provided with better accommodation in future.

5.145 At the follow-up stage it was possible to interview only 10 of the target 16 families. The gap between interviews with the same family were approximately 5 months apart on average. Both parents and children were nearly all positive about the project. They valued the helpfulness and availability of staff. All but 2 families identified significant improvements in their situation. They believed they benefited from improved access to housing, facilities for children, and staff input, which resulted in personal development and changes in family relationships and behaviour. Issues of family separation were very important for some of the children. Groups and couple sessions were valued, but nearly all the parents thought that the most helpful part of the service came from the one-to-one sessions with their key workers.
CHAPTER 6   INTER-AGENCY RELATIONSHIPS AND FEEDBACK

INTRODUCTION

6.1 The Dundee Families Project is an example of partnership working. The core partners are the Housing and Social Work Departments of Dundee City Council and NCH Action for Children Scotland. These 3 collaborate strategically at senior management level. However there are a wide range of other agencies which may also be involved in particular cases. This chapter seeks to assess the contribution of the various agencies involved in the project and evaluate the success of the partnership.

THE AGENCIES INVOLVED

6.2 As the previous chapter indicates, the Project works with a wide variety of other agencies (See Figure 6.1). The number of agencies involved in each case depends on the needs of the family. Typically, there might be 2 or 3 agencies working with a family, alongside the Project staff. However, in some more difficult cases many more agencies might be involved. One member of the project noted the involvement of 12 to 15 agencies in families with complex needs and suggested that this was not uncommon.

6.3 The most frequent contact is with housing and social work, but drugs and specialist counselling agencies are also very important. This reflects the needs of families. An NCH respondent (at the follow-up stage) suggested that the result of good co-operation is that ‘families get a comprehensive service based on commitment to a tailored plan’. The same person also indicated that ‘collaboration with other agencies is highly significant’ and estimated that project social care staff would spend up to 40 per cent of their time on liaison and collaboration.

ROLES AND EXPECTATIONS

Views on the role of NCH

6.4 NCH is a national agency that specialises in work with families, young people and children. It has a number of projects in Scotland. In Dundee, it runs the Stopover project for homeless young people in addition to its work with the Dundee Families Project. NCH staff felt that they provided a different perspective and approach compared with statutory agencies:

I think that it is maybe different from what can be offered elsewhere…it is not about the methods that we are using. It is about what we represent or what we don’t represent; rather because we don’t take kids away because we are not statutory social workers. We don’t take your house away because we are not the Council housing department you know and it is about power levels and it is about the advocacy work and stuff that we do as well. People I think see the workers as on their side.  (NCH 2)
6.5 The social work interviewees also believed that families were more favourably disposed towards a project run by the voluntary sector, because of their negative expectations or previous experiences with regard to local government departments.

Figure 6.1 Map of Partnership relationships
Housing

6.6 Dundee Housing Department is one of the core partners in the project. The original application for the project was put forward by housing department staff because they saw the idea as an important tool to deal with anti-social behaviour when it became clear that the hard-line eviction policy did not yield results. The core criterion for referrals remain that the families have caused problems to their neighbours, rather than that they have internal problems. Since 1996, although the level of referrals has fluctuated, the majority have come from housing staff (see Chapter 4). The project has relationships with the housing department at a number of different levels.

6.7 At a strategic level, the Project is in frequent contact with senior housing staff, who have provided crucial support for the project in lobbying for its continuance and, with the phasing out of Urban Programme funding, given core financial support. There is also a strong relationship with the Homeless Persons Unit. The manager of the Homeless Unit represents the Housing Department on the Assessment Panel, which makes decisions on referrals and monitors the work of the project. Homeless Persons Officers also make a significant proportion of referrals to the project and homeless staff acknowledged that the existence of the project made their life easier by dealing with some of the most difficult and intractable cases. Third, there is a relationship with Area Managers and housing officers, who also make referrals. Both sides of the partnership thought that relationships between the project and the Housing Department were excellent.

I think it is still a very positive relationship. What there might be still a bit of is that the message is still trickling down to the housing officers. – Their understanding and knowledge of the project varies. There have never been major bust-ups. We see the project very much as part of the solution for anti-social behaviour. (Housing 1)

6.8 Interestingly, NCH staff thought that relationships were good because the project had fewer expectations of housing officers, in terms of support, than from some of the other agencies.

My impression is that the best relationship or the most positive relationship is with housing. I think that is partly because there is always less pressure on them. We expect less of them. They make the referral. We ask them to come to the referral meeting. They are part of the assessment process but then if we have a family in here or even out in the community we don’t have particular expectations of a housing officer you know to go out and visit twice a week or whatever. The expectation is that we communicate and that they attend meetings. (NCH 2)

6.9 However, it is expected of housing that they will find suitable accommodation for families where necessary. The initial stakeholder interviews indicated that there were sometimes difficulties in finding the right size of accommodation, in the right area at the right time, particularly for families who needed to be rehoused from the core block. However, this no longer appeared to be an issue in the final interviews. What seems to have happened is that housing staff have become more confident about the judgement of the project staff and have been happier to rehouse families where the project said that they were ready to be rehoused.
Social Work

6.10 The other major partner of the project is the Social Work Department. Like housing, they were prime instigators of the project and saw a definite benefit in handling seemingly intractable cases. They also provided core funding and helped to ensure the continued existence of the project. There were relationships at a senior level, through involvement in the Assessment panel and with area social work staff who made a large proportion of the referrals. Again, the relationship was rated as good by both project and social work interviewees. The senior social work managers interviewed near the start and end of the study were both very complimentary about the quality of the Project’s work and believed that it made a significant difference to families. However, the project staff indicated that there were perhaps more tensions at an area office level than there were with housing staff because the project had greater expectations of social work staff:

We have more expectation of the social workers but then again they have the statutory obligations in terms of the hearings and so on. Because of their pressures of workload and so on, they can’t always meet those expectations so the relationship probably isn’t as positive. I am not saying it is a negative relationship by any manner of means. But it is one that if I am to hear anything from the staff team when we are discussing practice it is about social workers perhaps not being able to attend meetings or not being able to visit families and so on. (NCH 2)

6.11 The survey of project staff (reported in Chapter 3) illustrated the differences between staff perceptions of the relationships with housing and social work more starkly. While all the staff thought that relationships with housing were good or very good, 6 out of 7 thought that relationships with social work staff were not very good.

6.12 Social workers responding to the follow-up survey had mixed views. There were some positive comments about the work of the project and the improvements that it had made to families. However, other social workers criticised the lack of consultation and failure to keep appointments with families. Some expressed views that, in some cases, child-care and parenting skills had not improved as a result of the projects’ intervention.

Police

6.13 The Project uses the local community police officer as a key point of liaison. Although the police personnel have changed over the life of the project, the relationship has remained good. The police had both a formal and an informal role. On a formal basis, the Project had an information-sharing protocol with the police. Any requests for information had to be officially requested and were subject to the terms of the Data Protection Act. Criminal problems at the Unit would also be dealt with formally.

There has been some formal instances as well where there has been criminal activity at the unit ...it has involved the caution and charging of members of the family there and staff like that and dealing with other criminal things that members of the public cause outside to that. For instance there has been quite a formal visit and it involved things like statements taken from staff members and so on (Police 1)

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6.14 However, informally, the community police officer would offer advice and carry out training sessions with the staff. The community police officer saw himself as being 'integrated' with the Project and visited on a weekly basis, as well as offering support on the telephone:

*Any of the staff were needing advice regarding, not necessarily a crisis, but something that had happened they weren't sure about they were always on the phone to me* (Police 2)

**Specialist agencies**

6.15 Other agencies had some limited contact with the Project, and tended to be involved with only a few families which had received a service. Relationships with these agencies were not as close as those with housing, social work and the police. There was some evidence of difficulties. One of the staff of a drugs project felt that the DFP expected him to give them information he was uncomfortable about in relation to drug use. He explained that, in his role, he was often aware of illicit drug misuse. He recognised that he may need to provide precise information for the courts or children's hearings, because of the statutory basis of their work, but for the DFP he felt it was more appropriate just to give generalised information. He felt that he was pressed for details he did not want to give, especially if he thought this might be to the disadvantage of the family. This tension had also been noted by Social Work:

*That is one of the weaknesses at times. The links with more specialist drug services. I have noticed that on a couple of occasions where I am not sure that they have adopted the same philosophy as some of the drug agencies. For right or wrong the 2 things have not come together very well so the partnership is maybe just not quite worked out there.* (Social work 2)

6.16 It should be noted, though, that another worker from the same agency had a more positive view:

*One of the strengths I felt was that their communication was very good, they would always get in touch with me, there were a lot of meetings, as I said. So I always felt I knew what was going on with my client. When she was in there I never lost touch with her.* (Other agency 1)

6.17 The Project staff recognised that there had been some tensions with the drugs project, particularly over confidentiality issues, but noted that relationships with another agency, with a similar role on drugs and alcohol, were good:

*The drug and alcohol team is a team that we have very close links with and we do a lot of work with them. We hold them in high regard because they are always so accessible and willing to impart their knowledge and so on* (NCH 2)

6.18 The Social Work interviewee suggested that more explicit protocols about information sharing and distribution of responsibilities might help. However, he acknowledged that this would not also be easy to achieve:
Maybe to have a more explicit protocol with local drug agencies as to what is possible between them and to how they could for example share information or work in a certain kind of way. There are some difficulties about that though because of the way the drug problem centre works and how it approaches things and it doesn’t operate in that kind of way. (Social work 2)

Health

6.19 As previously noted in chapter 5, many of the families in contact with the Project have health problems. In addition to health issues, community health services are also concerned with child protection issues and safety issues. The Project therefore has various contacts with the health service professionals, including GPs, health visitors, hospital-based services and psychiatric services. When families already living in Dundee are assessed, their GP and health visitors are often consulted and may be involved in support, such as regular visits from health visitors. In some cases, families from outwith Dundee, who have no local GP, have been registered with the local health centre. As many families continue to use their existing GP service, a wide range of health professionals are involved with different families. The fact that it was not possible for the research team to identify one or more health professionals with an overview of the Project indicated the dispersed nature of health service contacts.

6.20 The research included an interview one health visitor who had had some contact with the DFP. This person had been involved with 2 cases and therefore had limited knowledge and contact with the Project. However, she had some concerns that project staff did not fully understand the role of health services in child safety issues and cited one case in particular:

I was having contact with one of the workers and ..I was saying 'I am really concerned about the family. I have not seen the children and I am concerned about the safety issues. At home children will answer the phone that are 3 years old and will be screaming and crying. I can't rouse the parents. ...The children are obviously up on their own and there are fires on. Both parents are out using drugs and I just don't feel that it is a safe environment for the children'. At one point he said 'I saw them and they looked fine' and I said 'but you can't see that from a health point of view. You don't have that remit to say that they looked healthy because there is a very young baby involved'......I felt that they were taking on a responsibility for monitoring the health of these children that I didn't think was appropriate....I don't think that he had understood our roles in support of the family. (Health)

6.21 The interviewee went on to say that there had been an incident with a child suffering cigarette burns which had not been reported to the health service until much later. It may be, in these instances, that the Project workers raised concerns with social work staff. However, as a result, of these incidents, she did not feel that the project provided reliable reports about care of the children and rated the relationship with the project as mixed or poor. While the concerns are valid, this does not imply that relationships with between and health workers and the Project are always poor. However, it raises issues about the awareness of Project staff about the role of health services.
Reporters to the Children’s Hearings

6.22 The project had regular contact with Reporters to the Children’s Hearings, where children of families receiving project services had been referred or were subject to a supervision requirements from the Children’s Panel. The reporters interviewed as part of the research recalled a number of occasions where project staff had attended hearings and provided reports on families. Some reporters had also visited the Core block to see the work and speak to staff. There was a positive response to the project at both the initial and follow-up interviews. The project staff were felt to provide detailed in-depth and reliable knowledge of the families and provided very honest assessments.

I found the project really helpful in terms of submitting reports and I am pretty sure I have had to cite staff as witnesses in the past as well and that is not a problem with that...I remember being struck at the time ..that they are pretty direct with clients which is quite refreshing. (Reporter 1)

6.23 Although contact with the project was generally positive, only a tiny proportion of the cases dealt with by the Children’s Hearing system had any involvement with the Families Project.

Education

6.24 For the most part, the Project’s relationship with the Education Department and its handling of education issues were said to be indirect, through social workers or the Social Work department. There was some limited direct contact with Educational Support Service Staff, who deal with referrals from schools of young people with behavioural difficulties or non-attendance of school. The Educational Support staff who were interviewed for the research considered that the work of project was important, particularly in stabilising the domestic situation. They also felt that the contact they had had with the project was open and positive. However, they noted that the project was involved in less than one per cent of the cases that they dealt with and that they had no formal mechanisms for regular contact or meetings.

6.25 The project sometimes had some direct contact with schools attended by children involved with the project. As the policy of the project was to keep children at their normal school, and to ensure that parents played their role, project staff only intervened if there were particular difficulties (such as exclusions).

6.26 The project staff felt that there were some tensions in the relationship because the roles and responsibilities of the Education Service were quite different to that of the project. As an example, one member of staff noted frustration with the way that schools dealt with exclusions:

We can sometimes be a bit frustrated. I think that perhaps schools are being very quick to exclude, being very quick to respond quite harshly to some situations. But they have a responsibility to all of their pupils, not only the ones who are perhaps causing the disruption. We have also had some difficulties with when kids are excluded - actually getting them back in. It takes a long time. (NCH 2)
Councillors

6.27 The final group of stakeholders with whom the project had a relationship were the elected councillors of Dundee City Council. The Council had been the instigator of the project and, with the tapering out of Urban Programme funding, was providing a substantial part of the finance for the project. Some the stakeholder interviewees acknowledged that, politically, the Project was not ‘a big vote winner’ because the families that the Project deals with are not seen as deserving. The support of politicians was seen as both brave and crucial:

There is not much political mileage in it. It's to the credit of the local politicians that they have backed it. (Housing)

6.28 There is no doubt that the Project had strong political support, particularly from the Convenor of the Housing Committee and from the Labour group. The councillor interviewee explained that members were very aware of anti-social behaviour issues through their surgeries. They felt that evictions did not work, because the families often re-emerged as homeless presentations. Moreover they were aware that evictions often led to extra work for social work and education services. However, he noted that opposition councillors had initially been very vocal in their resistance to the project and some individual councillors would still express concerns about problems in their wards. His view was that these concerns had largely died away because the project had clearly been successful in dealing with the families.

6.29 However, other interviewees noted that it was important that the Project worked to maintain a good relationship with elected members by 'keeping them happy'. In some cases, councillors would put pressure on housing and social work to persuade the Project to accept families:

It doesn't happen that often but the odd case blows up where there is severe anti-social behaviour around. I had one very recently from a private tenancy and the councillor was more or less saying 'deal with that and deal with him now'. Now I managed to engage the Families Project on that but it has taken time and we are having to set up a dispersed flat because there is no core accommodation available. Meanwhile the local residents and the local councillor are putting more and more pressure on. (Housing 2)

STRENGTHS AND WEAKNESSES

6.30 Overall, the majority of the stakeholder interviewees considered the Project to be successful. They identified a number of strengths and weaknesses of the project, but no one factor was seen to be pre-eminent.

Independence

6.31 On the positive side, the independence of the project, because it was run by a voluntary agency, was seen to be important. All the stakeholders agreed that the project was more effective than a project run directly by housing or social work would be. The 2 comments below were typical of those made:
I think it's useful having an independent agency that can sit back and take stock of things that are happening. They are more interested in the children, the development of the children. The Social Department in Dundee - I think it would be too close whereas NCH can oversee the project. (Tenant)

One of the main strengths is that it's not a statutory authority, so it does not have the obligations of the statutory authorities. .....They are not constrained by what is on social work’s agenda – or housing’s agenda. (Housing 2)

6.32 Notwithstanding these comments, the stakeholders acknowledged that the project was not completely independent because it depended on the local authority for funding. This funding also made the project subject to occasional pressure from local politicians (as noted above). However, several interviewees noted that directly provided services were under greater pressure and were more subject to party politics than more independent voluntary projects.

Multi-agency working

6.33 The second area considered a key strength was that the project succeeded in bringing together a wide range of agencies to deal with the problems of individual families and obtained their commitment to support the family. Stakeholders saw this multi-agency approach and co-ordinating role as crucially important to the success of the project:

The fact that the project is set up to deal with families brings it into contact with a range of different agencies. It uses the services of social work and educational support and the benefits agency. It’s got the expertise at its fingertips and it seems to be able to get the various agencies working together. That’s one of the main strengths- the fact that it takes a generic approach. (Housing 2)

6.34 The Project was also seen as having strengthened the relationship between the key partner agencies (housing and social work). This had helped them to work together more effectively.

I think its core strengths are that it is a genuine partnership, it's not just Housing doing this, or Social Work doing this, it's two areas - Housing and Social Work, who don't always agree - on everything! Anything, basically! - but, coming together with another party, NCH, to try and make this work and it's tackling a very difficult area. It's given us a follow on from having a firm anti-social policy. (Housing 1)

6.35 However, a few stakeholders commented on the gaps in the agencies who supported the project and mental health services were identified as a particular area of weakness. A number of the families have had suspected mental health problems but several of the interviewees felt that assessment of mental health was a problem. One interviewee suggested that the project might consider improving its team by directly employing a community psychiatric nurse to overcome the difficulties:

I think that there are difficulties in getting assessments of mental health - getting the problem defined as a mental health issue. ... The health service does not want to know. They will say it is a personality disorder or a result of
substance abuse - and that is not defined as a mental health problem. That's down to the way that psychiatric services assess these things. I suspect that there are a number cases where it's not being addressed because it's a tortuous route to get them to see someone and then they just say that's down to the drug-use or whatever. (Housing 2)

**Intensive, integrated and flexible intervention**

6.36 The project staff themselves did not feel that there was any 'magic formula' to their approach, but rather indicated that the basis of their success was to bring together in a holistic manner a repertoire of working methods that had been used elsewhere. Nevertheless a number of the external stakeholders commented that the Project did bring new ideas. Several suggested that this was due to a combination of the multi-disciplinary backgrounds of the staff, and their skills, which made it possible for 'thinking out of the box'. Others thought that the fact that the work was time-focussed and targeted prompted more flexible and creative thinking.

_This project made a difference and I find that quite impressive. I think we've probably got quite a lot to learn in terms of how we approach family work. We know the local authorities are very much stuck to 9 to 5, office based work and you think "Well, surely we could move a bit" - it's like being contained in a box. And although we've got examples of family centres and things, theirs is very creative and positive work._ (Social work 1)

6.37 The project was also praised for its rapport with the families that they worked with and most respondents felt that the Project had made a positive difference to peoples' lives:

_Probably it was simply the support she got and having someone she could bounce her problems off because she seemed to form quite a close relationship with her worker up there..._ (Drugs 1)

6.38 Only 2 of the stakeholder interviewees made negative comments about the projects' approach and both agreed that they had had limited contact over a small number of families. In one case, the interviewee felt that the project was too authoritarian, particularly with families in the core block and needed to provide greater flexibility. In the other case, the interviewee thought that project staff lacked the knowledge to deal with child safety issues. In both cases, these comments could be considered to reflect differences in values and priorities between the project and the agencies.

**Commitment**

6.39 The project staff have demonstrated a commitment to their task which was commented on positively by several of the interviewees. In addition, the key partners - housing and social work - were also clearly committed to the Project. The literature on partnerships suggests that successful partnerships depend on trust and co-operation and become stronger when positive results from partnership working can be demonstrated (Flint et al, forthcoming). Most of the stakeholder interviews felt that the Project had demonstrated positive results and that there was a high degree of trust and co-operation. However, a few of the agencies, or individuals within those agencies, were not as committed. Clearly, the Project has won the support of core partners but perhaps has not been able to devote
sufficient time to agencies where there is less frequent contact. Several interviewees highlighted the need for regular communication:

*I don't think that, with a project as controversial as this, I don't think one should under-estimate the importance of that, actually. Because you are having to convince partners and keep them on board all the time. I don't mean about Social Work Department and Housing officials, but members, politicians, the like.* (Social work 1)

*I feel it is in communication. I feel that we weren't involved with the work that was being done at the project.* (Health 2)

6.40 The Project has, inevitably, had to deal with changes in personnel in partner agencies and in the project itself. This has also had an effect on relationships, particularly at a strategic level. One of the NCH staff noted that

*I don't know if it is a weakness of the project but something that needs to improve their relationship with social work.. there have been some key changes in personnel. It is back to the fact of the emotional investment and people who were there from day one …that is not about personalities but it is about where people prioritise and place the project.* (NCH 2)

The interviewee went on to note that there was a need to re-affirm relationships with partners regularly.

**Selection of families**

6.41 The stakeholders felt that the referral and assessment process was important in ensuring that the project was targeted at the right families. There were two aspects to this: first that the families should meet the criteria and second that the families would likely benefit from the support offered. Earlier chapters have discussed the formal referral criteria. However, the stakeholders were able to offer insight into the types of families that would be most likely and least likely to benefit from the project services. There was general agreement that the project could benefit a wide range of families:

*Homeless families who have anti-social disadvantages and families who don’t have a lot of life skills. Families who have debt problems. Families who have substance abuse and alcohol problems. Families who have lead chaotic lives and families who have not really known the security of good family relationships and stable environments. Basically disadvantaged, socially disadvantaged families have benefited.* (Housing 1)

However, several interviewees stressed that the project would only be effective if the family had ‘a commitment to change…and a need to change’.

6.42 The stakeholders generally felt that substance abuse and addiction problems were the most difficult to overcome and that this was a major factor where the project had been less successful: ‘alcohol and drugs, I think, have been things that have got in the way’. Interviewees cited several sad case histories:
Now let me think about people that I know who haven’t done so well. Families who can’t hold it together with their children I think. I remember (one case) that broke down was a father who put his alcohol needs before the needs of his kids (NCH 2)

I know that there has been one or two where drug mis-use has been a major factor. I think on one or two occasions in fact they have had to ask families to leave because that being the problem and it has not been possible to turn that round. One person ... they were sniffing gas and they were hiding this in their flat. They were persistent with this despite lots of warnings and things so I think that person it was not possible to help at all. (Social work 2)

6.43 However, stakeholders accepted that the project would not succeed in every case. Some suggested that the project probably had a higher success rate with these types of cases than other family support services.

**Funding**

6.44 Funding was acknowledged to be a difficulty by several interviewees. The key problem was seen to be the uncertainty of long-term funding.

*We need some security but that is the main thing. I think its funding structure is not helpful and having to continually make the case for continuity is a problem...That is it's biggest challenge at the moment - this business about the taper effect with the funding and exactly what that is going to mean in terms of the Project staff working.* (Social Work 2)

6.45 Some interviewees also noted that this had a potentially serious impact on staff morale in the project and suggested that the staff could be tempted to seek more secure employment elsewhere. This observation was influenced by the fact that a key member of the project staff had obtained a new permanent position as the research drew to a close. However, the project staff questionnaire (noted in chapter 3) also found concerns about high rates of sickness and absenteeism among staff due to dissatisfaction and funding was raised as a key concern.

**THE FUTURE**

6.46 Stakeholder respondents were asked about relevant changes in their own agencies and in the Project that were planned or desirable.

**Changes in other services**

6.47 Both the housing and social work interviewees mentioned changes in their own services that would have an impact on the Families Project. The Social Work department had recently re-organised its services and created service managers in more specialist roles. This included a service manager for family support and a service manager for residential childcare. Each of the service managers also had a strategic role as well as an operational management role and some had commissioning as part of their remit. The social work interviewee acknowledged that this would create some changes in the relationships with the project, although these would not necessarily be negative:
If we were talking about the renewal of the additional grant that we made this year for NCH, the commissioning managers would be involved in the negotiations (Social Work 2).

6.48 The housing department was planning to create a specialist team to deal with anti-social behaviour, to take all cases where complaints were received. This would mean a considerable change from the current position where individual housing officers dealt with complaints and were responsible for making referrals to the Families Project. The housing interviewee felt that this would help to provide a more consistent service. However, he stressed that the Families Project would still have an important part to play in the department’s strategy for dealing with anti-social behaviour:

If you are picking up cases from scratch at the early stages – and you have the contacts with the other agencies – you might find that the less people who have their hands on the cases the better. The specialist team can point people in the right direction – budgeting may be an issue for some people. For others, the DFP would be the way forward. We see the specialist team working very closely with the DFP. (Housing 2)

6.49 However, interviewees also noted that the housing service had recently transferred a large estate to a housing association and were undertaking a feasibility study to examine the potential for transferring the rest of the stock. It was not clear what impact such a transfer would have on the project.

Types of service

6.50 A number of the stakeholders had views on the way that they would like the Families Project to develop. As with the project staff (see chapter 3), there were mixed views on the types of service offered by the project and the way forward. Some interviewees acknowledged problems with the core block due to the difficulties in dealing with the very problematic families selected to reside there. However, there was general agreement that some families needed this intensity of support to help them to revolve their problems, and that the families gain safety and security from the 24-hour support provided.

I think there are still situations where that level of intensity of support is required and my most recent example is (family X). There was no other alternative for that family .. All of those children would have become looked after. I have no doubt about that at all. So, it has proved a provision of last resort if you like. In that kind of instance I think there is a real value having a resource that can do that. (Social Work 2)

6.51 In most cases, the stakeholders thought the current small size of the core block was appropriate and did not see the need for a larger core unit. However, one housing interviewee felt that there had been less success with some of the families who had been supported in dispersed accommodation, due to the nature of their problems:

There have been – failures is too strong a word – difficulties in the dispersed accommodation. The main reason is the some of the families placed in the dispersed accommodation probably needed more support. Sometimes families have been placed in dispersed accommodation due to the limited
accommodation available in the core block – they were really borderline core block cases. (Housing 2)

He went on to suggest that there was a need either for a slightly expanded core accommodation or greater intensity of support in dispersed accommodation.

6.52 Other interviewees wanted the project to expand in the direction of involvement with a wider range of families at an earlier stage, i.e. to develop its preventive role. Project staff also felt that they would like to become involved at an earlier stage:

I sometimes feel that there are ... the families that we don’t get that we could help. I think that there are some families who almost aren’t anti-social enough and it is families who will always be on the receiving end of services of one kind or another - if you said their names social work and housing staff would know them,... it is almost like you have to wait for them to become worse in terms of anti-social behaviour before they qualify for a service. (NCH 2)

The balance of resourcing is....the main service in the core block as against the outreach service that ... probably they would want to switch it a little bit more towards the outreach type of facility being able to do a little bit more on that. They are very good at time limited interventions. (Social work 2)

6.53 Overall, although there was some differences in views about the way forward, no one suggested that the project should be closed and all argued for further expansion of the role to help more families:

I think there is always room for expansion ... and I am saying that because time and time again my colleagues and people like housing officers and social work are dealing with similar sort of circumstances within the community. ..There just isn’t the resources to deal with it and these families that we are coming across and their problems in my view. If it could be expanded in such a way that would be an excellent idea and would give us far more opportunity to refer (Police 2)

One thing we are adamant about is that the project should continue because it is, in our opinion, providing a good service and it plugs a gap (Housing 2).

SUMMARY

6.54 The Dundee Families Project works with a wide range of both statutory and voluntary agencies. The housing and social work departments of the council were key partners in the project and increasingly provided the financial support from their mainstream budgets. Almost all the referrals came from housing and social work and there was considerable contact with officers at various levels of the organisation.

6.55 Overall, the relationship between housing and the project was perceived, by both sets of staff, to be working well. Senior social work personnel expressed strong commitment to the Project, but greater tensions were evident in the relationships between Project and social
work staff, particularly at a local level. This was thought to be due to the greater input to families expected from social workers by the Project.

6.56 Relationships with other agencies were weaker, in most cases because contact was intermittent and occasional. For most of these agencies, the Project was involved with a very small proportion of their caseload. There was evidence of clashes of culture between the project and certain agencies they were dealing with as result of their differing roles, responsibilities and values. Some of the stakeholder interviewees did hold negative views, but they often had very limited contact with the project and their perceptions sometimes resulted from a single incident.

6.67 Both the key partners (Social Work and Housing) were making changes to their service, but both saw a key role for the Families Project in future. None of the stakeholder interviewees thought that the project should be abandoned – and there was strong support from the core stakeholders, including the councillor. There were differences in emphasis about the way that the project should develop, with some interviewees favouring earlier intervention with a wider range of families and other favouring more intensive work with the most problematic cases.

6.68 The project was felt to have a number of key strengths including the fact that it was independent, brought together a wide range of agencies and worked in a focussed, time-limited way. The main areas needing improvement were identified as communications with some of the more peripheral partners and consolidation of the funding position.
CHAPTER 7  COSTS AND SAVINGS

INTRODUCTION

7.1 This chapter considers the costs and benefits associated with the Dundee Families Project (DFP). The chapter is constructed in the following fashion. First, data derived from the stakeholder interviews are utilised to plot the perceived cost, effectiveness and financial savings that can be attributed to the DFP. Second, a vignette data analysis is presented. This analysis required a number of social work, housing and DFP respondents to interpret how they would assess and then manage a series of hypothetical, yet typical, cases involving elements of anti-social behaviour. This analysis is then utilised to assess the ongoing management costs (or role) of each agency, the effectiveness of the DFP, and the nature of any financial benefits accrued as a consequence of a case being successfully managed by the DFP. Finally, data drawn from the stakeholder interviews and vignette data analysis are merged with case record and cost data derived from the DFP and other agencies to assess the cost-effectiveness of the DFP.

STAKEHOLDER VIEWS ON COST, EFFECTIVENESS AND FINANCIAL SAVINGS

7.2 The 2 phases of stakeholder interviews invited respondents to offer their opinion of the cost and cost-effectiveness of the DFP. More specifically, respondents were asked to consider whether the existence of the DFP afforded financial savings to their own or other agencies engaged in the management of families experiencing difficulties associated with anti-social behaviour.

7.3 In general, it was evident that respondents were unable to quantify the precise costs incurred in managing anti-social behaviour nor the savings accrued by their own agency as a consequence of the endeavours of the DFP. In simple terms, the specific costs associated with managing anti-social behaviour tended not to be distinguished from the general costs incurred in providing a particular service. Moreover, respondents noted that there are certain factors, such as ‘improved quality of life’, which would be difficult to place a financial value upon irrespective of what data was collated. However, most respondents were able to qualify the costs associated with managing anti-social, specifying the nature and locus of any potential savings. Whilst the nature of stakeholder input to the DFP may have changed slightly between first and second interviews, and the level of understanding of the project increased, there was little divergence in the opinions expressed about the costs and cost-effectiveness of the project. It is to these observations and themes that this section now turns.

Inter-agency collaboration: ongoing stakeholder costs

7.4 Stakeholders reported, in most instances, that they incurred a set of costs associated with the ongoing management of cases adopted by the DFP. In terms of housing management costs, for example, these decreased once a family had been transferred from the Homeless Persons Unit or as a consequence of fewer incidents of anti-social behaviour being reported. Nevertheless, a set of core management costs remained. The management costs incurred by
social work differed little whether or not a family had been accepted as a case by the DFP. The following interview extracts serve to illustrate these observations:

“Homeless officers could spend anything between 5 and 15% of their time working on cases that have been referred to the DFP. Homeless officers attend a lot of referral meetings, assist with assessments and attend case conferences.” (Housing)

“Most cases that are dealt with (by the DFP) have a social work involvement. In an exceptional case (we may contribute) maybe ten hours or more (per week) to the family. On the other hand I think that you could find situations where it is much less than that. It would very much depend on the individual circumstances.” (Social work)

“It is hard to say whether our staff commitment has changed. The only variable might be whether staff have put more cases forward. The staff resources are probably about the same.” (Housing)

“Many of the things that we do, for example, family support work from the child and family centre, would continue whether the family was supported by the DFP or not. You wouldn’t necessarily see a direct change (in social work resource contributions) because that would be part and parcel of the arrangements of providing support (for that family).” (Social work).

An expensive though effective resource

7.5 Housing and Social Work representatives regarded the DFP as an expensive initiative. The way in which the core block is staffed and managed was identified as particularly expensive. However, the DFP is also regarded as being a successful project. The following interview segments support these observations:

“It is an expensive project. It is very time consuming and staff intensive. Maybe that’s one of the reasons why it’s successful…it has enough staff to cope with the quite major and complicated problems that some families have.” (Housing)

“I think in terms of the demands that are put upon the council tax payers of Dundee, that it is an expensive project. It is a worthwhile project, it is worth investing that level of resources to try and protect innocent children and to try and integrate people back in to society. It is probably value for money, but it is expensive.” (Housing)

Alternative interventions?

7.6 Given the evident concerns surrounding the scale of funding required to maintain the DFP, respondents were asked to consider whether the resources could be put to alternative uses to achieve similar or better outcomes. Respondents perceived that other agencies do not offer a comparable service and that the only way to achieve the observed outcomes achieved by the DFP would be to establish a specialist team and fund it to the same extent. Even then, it was noted that there were advantages to maintaining a service that was not managed by the local authority. The following extracts support these conclusions:
“I’m not sure if there is any other way that you could spend that money that would give my client what she has got, that sort of support. It doesn’t seem to be duplicating the work of any other service.” (Drugs)

“At least they're trying to educate those people to hold down a tenancy. And you’re not just educating one person, you’re educating the whole family. So I think it’s money well spent rather than handing it out to social work or housing.” (Tenant)

“If you were to fund a specialist team, at the same level of money, then I think it is possible that you could achieve the same outcomes. Having said that...there is an advantage that the project is not seen as run by the authority. Weighing up all the pros and cons, I think the money is best spent in the way it is spent.” (Housing)

7.7 It is important to note, however, that some concern was expressed as to the relative merit and expense of maintaining a core block as opposed to the DFP focusing exclusively upon dispersed and outreach work, as the following extract highlights:

“The core block…I guess that’s the bit that’s costing the most because of the way it’s staffed. I don’t know whether having that core block is the added value or whether it’s just the expensive end, whether it is actually critical or whether you could deliver the service in a completely dispersed way” (Social work)

Financial savings

7.8 Finally, the stakeholder interviews turned to consider the financial savings that have been made by collaborating agencies as a result of a successful intervention by the DFP. Interviewees were able to list numerous savings and the following observations serve to illustrate the nature of these benefits. For clarity these have been structured around housing, social work and other agencies.

(a) Housing

“I think there are cost savings to the council, and to the housing department in particular. They don’t take as many cases to court which in itself is a very expensive process. And even if they are granted an eviction, they (the homeless family) turn up on the doorstep of the Homeless Persons Unit. ” (Tenant)

“It benefits housing because they (the DFP) are preventing the breakdown of a tenancy. You avert the eviction and you stabilise the community.” (Housing)

“A number of families have not been evicted because of the service. It is a crude measurement, but this can be translated into money saved.” (NCH)

“There are savings in terms of the homeless persons unit. We would have to deal with these cases if the project did not. There is a saving in terms of legal expenses, we are pursuing much less legal action against people. There is a
saving in terms of housing management staff time, in visits to do with complaints about neighbour disputes, vandalism, collecting evidence for the legal case etc…” (Housing)

(b) Social work

“The added value of the of the project is that it helps prevent the more expensive option of the children being looked after, i.e., taken into care.” (Social work)

“It benefits social work because they are not taking people into care, they (social work) do not have to look after the children.” (Housing)

“There are 6 kids up the stair (in the core block) who if we hadn’t brought them in here would be in care.” (NCH)

“There are 6 kids up the stair (in the core block) who if we hadn’t brought them in here would be in care.” (Social work)

(c) Other agencies

“I think that our contact with the X family was much less than it might have been because of the DFP.” (Health)

“ The project can help divert children from the children’s hearing system.” (Reporter)

“It (the DFP) has a wider impact than sustaining a family, it does actually have a very positive effect on the community.” (Social work)

“There have been families in there (the DFP) which, before they were there, the police have been called to once a night.” (Police)

Conclusion on benefits

7.9 In summary, the benefits accrued by housing can be expressed as a reduction in the costs associated with managing anti-social behaviour in the community, a reduction in legal expenses, and a reduction in the costs associated with homeless presentations. The benefits accrued by social work relate to the prevention of more intensive, and consequently more expensive, interventions being required, particularly taking children into care. A range of other agencies identify a reduction in their day-to-day case management costs as a result of a successful intervention by the DFP. Respondents also noted benefits which are less easy to quantify such as maintaining community stability.

7.10 Finally, it was the view of respondents that these benefits could be greater still were families to be referred to the DFP at an earlier stage. This final interview segment draws attention to this point and suggests that an endeavour is being made to achieve this very thing.
“In some cases, it will have prevented us from the need to take cases to court, but we still have a fair bit of work, because we still have neighbours complaining and councillor’s inquiries. We have really done all the work for potential court cases before they get referred to the DFP…that’s why we are keen to get earlier referrals under the new protocol. But it does avoid the court costs, and the solicitor’s costs.” (Housing)

ASSESSING THE ROLE AND EFFECTIVENESS OF THE DFP

Vignette data analysis

7.11 Employing vignettes, short stories depicting imaginary yet typical housing/social work/DFP cases involving elements of anti-social behaviour, afforded the research the opportunity to explore a number of themes in a standardised manner. In other words, this technique enabled the research to assess the ways in which different agencies responded to common problems. Three vignettes (considered complex yet typical by all respondents), and their interpretation by a sample of 2 housing, 3 social work and 2 DFP respondents, are presented here.

7.12 Interviewees were asked to consider, in relation to each vignette, an initial assessment of the case, the likely nature and intensity of any intervention they might initiate, referrals to other agencies including the DFP, and both the definition and likelihood of a successful intervention (with or without the support of the DFP). In summary, the utilisation of this technique enables the research to assess not only the perceived role and effectiveness of the DFP but also the nature of any financial benefits (or savings) accrued by social work and housing as a consequence of the DFP playing an active and successful role.

7.13 Case One: Mr and Mrs A live in a semi-detached council house with their 4 children (aged 2, 4, 6, and 9). Complaints have been received from several neighbours about excessive noise, generally after the couple have been drinking, which occurs regularly. The noise included playing loud music at all hours, shouting, swearing, banging on doors, and stamping on floors. Neighbours have heard arguments and fights between the couple and the woman appeared with bruising on several occasions. The children are accused of vandalism to cars and gardens, and verbal abuse of the neighbours. The police have been called on many occasions. Social work reports indicate that both the parents have serious alcohol problems and that Mr A has liver problems as a result of his drinking. They are concerned about his physical abuse of Mrs A and the children. The oldest child regularly played truant from school and says that this was due to bullying. The 4-year-old is hyper-active. Court action for eviction has been commenced.

Initial assessment

7.14 Social work respondents identified the neglect of the children and the children’s behavioural problems (vandalism and truancy) as the primary focus of the initial assessment. It was not perceived that the Homeless Persons Unit (HPU) would necessarily come into contact with the family at this stage. DFP respondents expressed that ideally they would have come into contact with this family at an earlier stage. The DFP assessment process would focus upon the evident anti-social behaviour, domestic abuse, health issues, and, the neglect of the children.
Interventions

7.15 Social Work: If the issues of neglect and the children’s behavioural problems were established, a child protection investigation would be initiated and reports prepared for the children’s panel. The social work interviewees were in agreement that this family would become a case (if they were not so already). As such they would become 1/20 of an individual worker’s caseload. The social worker would endeavour to see them every 2-3 weeks, once a week at best. To some extent, this would depend on whether the children were placed on the child protection register, or a formal supervision order was put in place, which would by necessity increase the intensity of any social work intervention.

7.16 Homeless Persons Unit (assuming no DFP involvement): If a referral was made, or the family evicted, the HPU would hope to place the family in supported accommodation for a period of several months. The HPU would aim to address the issue of parenting skills in this time period. In the longer term, the HPU would seek to get the family rehoused, though it is recognised that this would create tensions with area housing managers and necessitate a lengthy negotiation process.

7.17 Dundee Families Project: Respondents envisaged an immediate and intensive period of work focused upon ‘stabilising’ the family. In the medium to longer term, interventions designed to improve the parenting skills or Mr and Mrs A, their relationship and alcohol misuse, would be initiated. Further, attention would be paid to the anti-social behaviour and development of the children. In the first instance, contact with the family would be 3 to 4 times per week for about 2 hours at a time. There would also be informal contact and the DFP would escort and support the family in their dealings with other agencies.

Referrals by Social Work and the HPU

7.18 Social Work: The 2-year-old would be referred to a Child and Family Centre. An effort would also be made to ensure that the 4-year-old gained a nursery place and a fulsome assessment of their hyper-activity was undertaken. The latter might possibly be done via the Child and Family Psychiatry Centre. The oldest child would be referred to the Home-School Support Team (a joint social work and education initiative) as well as the voluntary sector SPACE project. Mrs A would be placed in contact with Women’s Aid with respect to the suspected domestic violence. The family would be referred to the Drugs and Alcohol Team. The emergent housing crisis would necessitate liaison with the housing department.

A role for the DFP?

7.19 Social Work: There were slightly conflicting opinions as to the potential role of the DFP. Two respondents felt that the family should be referred to the DFP, given the housing and social problems that they were experiencing. Both felt that the family might be an outreach case dependent upon the family being able to remain in their current home. The third respondent was less sure that there was a need for an immediate referral, but would continually reassess the situation.

7.20 Homeless Persons Unit: A referral to the DFP would be made. In particular, it was perceived that this family might become an outreach case.
7.21 *Dundee Families Project*: Respondents stated that, initially at least, this family would become a core case. Once the family became more stable, and their problems abated, the DFP would endeavour to undertake dispersed work.

### The definition and likelihood of success

#### Social Work

Success for this family would revolve around tackling the parents drink problem. The key to this would be the willingness of Mr and Mrs A to engage in the intervention process. Other elements of a successful outcome would include a reduction in the number of complaints received about the family and improved school performances by the children. All respondents felt that the chances of success would be much higher with the involvement of the DFP. One social work respondent commented that they had recently worked with a similar case that had involved an input from the DFP. Their experience of this case suggested that, "it would be important to examine the whole family dynamics, listen to the children, and develop a coherent plan". This person concluded, "there is no agency other than the DFP who could do this".

7.23 *Homeless Persons Unit*: A successful outcome in this instance would entail achieving a stable housing environment and ameliorating the other difficulties faced by this family. The likelihood of a successful outcome was seen as being uncertain without the intervention of the DFP. It was perceived that there was a good chance of a successful outcome with the support of the DFP.

7.24 *Dundee Families Project*: A successful outcome would entail sustaining the family unit and preventing their problems worsening. Improving the health of the parents and the behaviour/development of the children were seen as achievable, though longer term, goals. Respondents felt that there was a good chance of achieving these goals providing that Mr and Mrs A were willing to address their alcohol problem and work with the DFP.

#### Case Two: Ms B is a single mother with 3 children (a 6-year-old son, and 2 daughters aged 8 and 14), who live in multi-storey block. There have been a number of incidents involving groups of youths (including the older daughter) who have been seen writing graffiti on stair landings, playing in the lifts, using abusive language to the concierge staff, setting fires outside the block, pulling up shrubs from landscaped areas and generally creating a disturbance by excessive noise. Ms B has also been involved in physical confrontations with the neighbours and the police have been called to settle the disturbances. Social work say that Ms B has a history of mental health problems and has also been prescribed anti-depressants. They are concerned about her parenting skills. The youngest child has a heart murmur and the oldest girl is 4 months pregnant. Ms B admits having difficulties in controlling her children. Notice seeking possession has been served, but no court action taken at present.

### Initial assessment

7.25 **Case Two:** Ms B is a single mother with 3 children (a 6-year-old son, and 2 daughters aged 8 and 14), who live in multi-storey block. There have been a number of incidents involving groups of youths (including the older daughter) who have been seen writing graffiti on stair landings, playing in the lifts, using abusive language to the concierge staff, setting fires outside the block, pulling up shrubs from landscaped areas and generally creating a disturbance by excessive noise. Ms B has also been involved in physical confrontations with the neighbours and the police have been called to settle the disturbances. Social work say that Ms B has a history of mental health problems and has also been prescribed anti-depressants. They are concerned about her parenting skills. The youngest child has a heart murmur and the oldest girl is 4 months pregnant. Ms B admits having difficulties in controlling her children. Notice seeking possession has been served, but no court action taken at present.

**Initial assessment**

7.26 **Social Work:** The parenting skills of the mother (and how these skills are affected by her mental health problems) and the pregnancy of the 14-year-old child would comprise the focus of the preliminary assessment. With regard to the 14-year-old, attention would be paid to whether the pregnancy occurred as a result of abuse and the level of educational support required by this person.
7.27 **Homeless Persons Unit**: The HPU might not come into contact with this family in the first instance. However, if the anti-social behaviour related problems continue to persist, it was perceived that neighbour complaints and the possible involvement of a local councillor may result in this family being evicted.

7.28 **Dundee Families Project**: The DFP may not have come into contact with the family at this time. It was perceived that this would depend upon how proactive the respective local housing manager was. The initial assessment would focus upon the mother’s mental health problems and parenting skills, as well as the behaviour of the eldest daughter.

**Interventions**

7.29 **Social Work**: This case would entail ‘networking’ with the mental health and housing services required by the family and helping the pregnant 14-year-old develop her future plans. The interviewees envisaged that contact would be fortnightly in the first instance and monthly if the ‘situation’ settled down, though it might be necessary to put in place supervision arrangements with regard to the suspected anti-social behaviour (graffiti and fire raising etc.) of the 14-year-old.

7.30 **Homeless Persons Unit** (assuming no DFP involvement): A considerable investment of time would be needed in this case. If this family have not been evicted then a lot would depend on how the social work department engaged with the area housing manager. If the social work department suggested a support package, the housing department may be prepared to accept this and support the family in-situ. If an eviction took place, the HPU would seek to get the family rehoused. It is recognised that this would be a lengthy process and create tensions with area housing managers who would not want to relocate the family in their neighbourhood.

7.31 **Dundee Families Project**: The DFP would strive to stabilise the current situation and address the anti-social behaviour of the children. In the longer term, the DFP would concentrate upon developing the mother’s coping and parenting skills, with reference to her mental health problems. The DFP would initiate weekly visits with Ms B (lasting approximately one hour) and undertake group work with the children (up to 6 and a half hours per week). Respondents perceived that additional liaison work would average between 2 and 3 hours per week over the course of one year.

**Referrals by Social Work**

7.32 **Social Work**: The 14-year-old would be referred to Averham House, a residential educational facility. The police might also be contacted if the ‘suspected’ abuse were to be confirmed. The 14-year-old might also be referred to the Reporter. The mother would be referred to a community mental health team.

**A role for the DFP?**

7.33 **Social Work**: The interviewees were equivocal as to whether the case should be referred to the DFP. Two interviewees deemed that the case would be appropriate for outreach work designed to prevent an escalation of problems and to tackle the evident housing issues. One interviewee was unsure as to whether the case merited the involvement of the DFP. Even with the involvement of the DFP, social work respondents believed that the social work role would remain high with on-going case management and liaison.
arrangements. However, the involvement of the DFP would result in a reduction in the intensity and frequency of direct contact with the family.

7.34 Homeless Persons Unit: This family would be referred to the DFP as a potential outreach case.

7.35 Dundee Families Project: The family would be accepted as an outreach case.

The definition and likelihood of success

7.36 Social Work: Intervenoees defined success for this family in terms of the family staying together and avoiding eviction from their current residence. The obstacles to achieving this were the relationship between the mother’s mental health problems and her parenting skills, and the current relationship held between the family and their neighbours. The chances of achieving success were deemed to be good. The involvement of the DFP was regarded as improving the chances of a successful outcome.

7.37 Homeless Persons Unit: In this instance success was defined in terms of maintaining the family in its current residence and lessening the risk of eviction. The involvement of the DFP was seen as crucial in this regard.

7.38 Dundee Families Project: Respondents defined success in terms of achieving a cessation of anti-social behaviour by the children and helping the mother to maintain the family unit in their current home. It was perceived that there was a good chance of achieving this outcome.

7.39 Case Three: Mr and Ms C are living in private rented accommodation, having abandoned their tenancy due, they say, to harassment, vandalism and violence. They also had significant rent arrears accrued in a previous local authority tenancy and there were rechargeable repairs outstanding. The neighbourhood office says that there were allegations from former neighbours that the couple were dealing drugs but none of the neighbours were willing to make a formal complaint due to fear. Informally, however, they reported regular drug-dealing in or near the house and violent incidents. There are 3 children (son 18, 2 daughters aged 6 and 8). The son is serving a 6-month prison sentence for drug and property related offences. Both parents have an extensive history of drug abuse and have past drug-related offences. They are both on a methadone programme. Social work has concerns regarding the home environment (poor levels of hygiene) and neglect of the children. The 2 daughters have attended 3 primary schools and are unsettled and disruptive. The older daughter has behavioural problems and the younger daughter has speech difficulties. The couple have approached the homeless persons unit.

Initial assessment

7.40 Social Work: In this instance the assessment process would focus around a range of themes, these being: the welfare of the 6 and 8-year-old children, a consideration of whether there was a case to be presented to the Reporter, the hygiene situation, the impact of drug misuse upon parenting, and the likelihood of the imprisonment of the parents.

7.41 Homeless Persons Unit: It was considered that this family may not be in immediate risk of eviction. However, were this to be the case, given the previous rent arrears and a lack
of police corroboration of harassment, the family might be regarded as intentionally homeless.

7.42 **Dundee Families Project:** Respondents perceived that it was unlikely that the DFP would have had previous contact with this family. The initial assessment process would focus upon the following issues, these being: drug misuse, parenting skills, maintaining the tenancy, aspects of anti-social behaviour, maintaining a safe environment for the children, and, the education of the children.

**Interventions**

7.43 **Social Work:** The respondents were in agreement that the social work role in this case would entail holding a child protection case conference, and the ongoing monitoring of the welfare of the children aged 6 and 8 inclusive of their school attendance and behaviour. Contact would be between once a fortnight and once a month, depending on circumstances, and would be long term.

7.44 **Homeless Persons Unit** (assuming no DFP): The HPU would face significant difficulties in getting this family rehoused. It was perceived that area housing managers would not want to engage with the family. At best, a lengthy negotiation process was envisaged.

7.45 **Dundee Families Project:** In the short term, respondents stated that they would endeavour to secure the family in their current accommodation. If this was not possible, they would strive to help the family find temporary accommodation. Further, that they would support the family in this accommodation. Only when the family had secured a stable home environment would it be possible to address the issues identified by the assessment process (above).

**Referrals by Social Work**

7.46 **Social Work:** A number of referrals would be made reflecting the range of difficulties encountered by this family, and these would include: an educational psychologist, Home-School support, SPACE, a speech therapist, a school nurse, and, the Drug Problem Centre.

**A role for the DFP?**

7.47 **Social Work:** Two respondents considered that they would ‘definitely’ refer this family to the DFP. This would be done on the basis of there being a clear element of anti-social behaviour and a need to support both the parents and the children. One social work respondent was less certain, a perception based on the drug-related elements in this case and the lack of an imminent threat of homelessness.

7.48 **Homeless Persons Unit:** There would be a strong likelihood that the HPU would refer this case to the DFP. However, the respondent was unsure as to whether the DFP would accept this family given their attendant drug misuse related problems. A great deal was perceived to depend upon the willingness of the family to engage with this issue.

7.49 **Dundee Families Project:** In the first instance the family would be accepted as an outreach case. However, it was possible, given the nature and scale of the problems, that the family would be considered for a place in the core block, prior to a move to a dispersed flat.
The definition and likelihood of success

7.50 Social Work: Success for this family was defined in terms of maintaining the family unit and their current tenancy, improving hygiene standards, and improving the school attendance of the children. The major constraint to achieving these goals was defined in terms of the possible unwillingness of the parents to co-operate with attempts to deal with on-going drug misuse concerns. These constraints were also seen as a barrier to this family being helped by the DFP. Once again, the involvement of the DFP was not see as a path to reduced social work involvement, rather as a means to improving the likelihood that a successful outcome be achieved.

7.51 Homeless Persons Unit: It was perceived that this family were likely to remain in the private rented sector, that it was unlikely that there would be a successful intervention however defined, and that there was a likelihood that the younger children would be taken into care at a later date.

7.52 Dundee Families Project: It was perceived that there was a ‘reasonable’ chance of maintaining the family in their current tenancy. However, much would depend upon the willingness of the family to work with the DFP. It was perceived that, because of the drug misuse related issues in this case, that an intervention by the DFP might not be welcome by the family.

Stakeholder costs and savings associated with successful DFP interventions in typical cases: conclusion

7.53 The vignettes highlight the varied nature and complexity of cases encountered by social work, housing and the DFP. Data derived from respondent perceptions of the key elements of the assessment process not only emphasise the breadth and depth of problems encountered, but also the distinct statutory responsibilities held by housing and social work. This finding is also reflected in the nature of the initial interventions proposed, most of which would be required irrespective of whether the case was taken up by the DFP or not. It is fair to say, however, that respondents were well aware of the need to deal with these cases in a holistic manner, something which the DFP was seen as best placed to undertake.

7.54 Most housing and social work respondents suggested that each case would be referred to the DFP, and all were convinced about the effectiveness of DFP interventions. Respondents perceived that the ‘unique’ nature and intensity of the service offered by the DFP can help stabilise crisis situations and begin to ameliorate some of the difficulties encountered by any given family.

7.55 In all of these hypothetical cases, and in the short term, the resource input for social work would change little whether the DFP were involved or not. One respondent explained, “the project would provide a valuable additional resource, with the time to do things that social work could not do on their own or even with other agencies”. Put simply, “social work do not have the resources to work ‘at that level’”. In contrast, it was thought there were more immediate benefits to be accrued by the HPU as a consequence of the DFP engaging with a particular family. The DFP were perceived to have a ‘good chance’ of stabilising a family’s current housing environment, thus preventing a homeless presentation, the need to provide supported accommodation and a lengthy negotiation process to rehouse the family.
7.56 In the longer term, it is conceivable that the contribution made by the DFP would foreshorten the duration of social work involvement in each case. The perceived ability of the DFP to help stabilise crisis situations and generate successful outcomes, may also remove the necessity for more intensive and experience social work interventions (such as placing children in residential care) to take place.

7.57 As for DFP respondents, they were hopeful that they could work with all the hypothetical cases examined, families whom respondents perceived were showing a clear indication that they were “unable to function in the community”. It is important to note, however, that all respondents observed that each family would need to be willing to engage with the DFP and that drug misuse related issues were seen as a significant barrier to this process.

THE COST-EFFECTIVENESS OF THE DUNDEE FAMILIES PROJECT

7.58 The final section of this chapter turns to consider the cost-effectiveness of the DFP. To this end, data derived from the stakeholder interviews and vignette data analysis are combined with the case record data and financial accounts of the DFP. In addition, cost data collated by other agencies, and in other research settings (Atkinson et al, 2000), are also utilised. The section commences with a brief review of cost-effectiveness analysis and an assessment of the nature of the costs and savings attributable to the DFP. Finally, a series of illustrative calculations are presented which address the cost-effectiveness of the DFP.

Cost-effectiveness analysis

7.59 Bannister and Scott (2000) have suggested that cost-effectiveness analysis can be used to assess the costs and savings associated with measures to deal with anti-social behaviour. Costs can be identified from a number of perspectives. These can be divided into operational costs and societal costs. The operational cost perspective examines the costs of the service provider(s). The societal cost perspective aims to measure more ‘holistically’ the costs of delivering a service.

7.60 At an organisational level, and from the perspective of a housing landlord, for example, the costs of managing anti-social behaviour can be classified as direct costs, indirect costs and societal costs. These can be illustrated as follows:
Table 7.1 Cost of anti-social behaviour to a housing landlord

<table>
<thead>
<tr>
<th>Cost Type</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Costs To Landlord</td>
<td>Housing staff time spent dealing with neighbour complaints by housing officers, area managers, senior staff, and caretakers.</td>
</tr>
<tr>
<td></td>
<td>Costs of implementing initiatives and on-going costs associated with these.</td>
</tr>
<tr>
<td>Additional Direct Costs</td>
<td>Legal costs for advice, interdicts, eviction action.</td>
</tr>
<tr>
<td></td>
<td>Costs of repairs for vandalism and graffiti.</td>
</tr>
<tr>
<td></td>
<td>Staff time of homeless and allocation staff in dealing with requests for transfer.</td>
</tr>
<tr>
<td>Indirect Costs</td>
<td>Loss of rental income due to additional voids.</td>
</tr>
<tr>
<td></td>
<td>Void security and repairs.</td>
</tr>
<tr>
<td></td>
<td>Reduction in desirability of property (reduced market value/reduction in demand).</td>
</tr>
<tr>
<td></td>
<td>Diversion of staff time from other work.</td>
</tr>
<tr>
<td></td>
<td>Increase in staff stress-related illness from work.</td>
</tr>
<tr>
<td>Societal Costs</td>
<td>Costs to disputants and other residents.</td>
</tr>
<tr>
<td></td>
<td>Costs to other departments/agencies including police, social work, environmental health, and courts.</td>
</tr>
<tr>
<td></td>
<td>Decrease in social cohesion and loss of informal social control.</td>
</tr>
</tbody>
</table>

7.61 Dignan et al (1996) identified the principal direct costs incurred by a housing landlord to be the salaries of the housing officers dealing with neighbour complaints. In addition, further direct costs may include initiatives to combat anti-social behaviour, the costs of legal action, the costs of repairing vandalism and staff costs incurred in dealing with requests for transfers brought about by neighbour complaints. The indirect costs incurred by a housing landlord represent the ‘secondary’ impacts of any given measure. This means that, if a measure is ineffective, there may be ‘knock-on’ costs such as a further loss of rental income. Societal costs encompass the wider impacts of measures. Those, which are particularly important, are the costs incurred by other agencies (such as the police, the courts and social work) and the costs to residents.

7.62 In contrast, a successful measure may be assumed to accrue a range of financial savings. Hence, an effective measure might have the direct benefit of reducing staff time in dealing with neighbour complaints about anti-social behaviour. Indirect benefits might
include a decrease in the loss of rental income and a reduction in the number of voids in any given area. Societal benefits might include decreased costs to other agencies and increases to tenants’ feelings of safety. The task of cost-effectiveness analysis is to calculate whether or not the costs incurred as a consequence of launching a particular initiative are outweighed by the attendant financial savings.

Assessing the nature of the costs and benefits attributable to the DFP

7.63 Utilising the findings of the stakeholder interviews and the vignette data analysis, it is possible to identify the nature of a set of costs and benefits associated with the DFP. The principal direct cost of the DFP can be defined as its operating costs. The case record analysis, stakeholder interviews and vignette data analysis have identified numerous benefits which have been accrued as a consequence of successful interventions by the DFP.

7.64 Housing believe they have accrued a reduction in staff time spent dealing with neighbour complaints; a reduction in the costs associated with managing homeless applications (including the cost of providing supported accommodation and rehousing a family) and a reduction in the costs linked to evicting a family from their tenancy.

7.65 Social work also believe that they have accrued a set of direct benefits, related to a reduction in the long term costs associated with the management of a particular case. The nature of these benefits have been suggested to include a decline supervision orders, a decline in the number of referrals to the Hearings System, and a reduction in the need to provide more intensive interventions such as placing children in residential schools, children’s units or foster care.

7.65 Broader societal benefits have been claimed to include a reduction in the number of court proceedings, a reduction in the staff time that other agencies (e.g., the police) spend dealing with neighbour complaints, and the stabilisation and improved well-being of communities. The question that remains is whether the savings (direct and societal) that have been garnered as a result of successful interventions by the DFP outweigh the costs of sustaining the initiative.

Assessing the costs and benefits of the DFP

7.66 None of the agencies surveyed in this research exercise had quantified the financial costs and savings accrued in any given instance (or case) as a result of a successful intervention being made by the DFP. However, the case record analysis was able to determine the number of successful cases managed by the DFP, while stakeholders were able to provide broad costs of providing a range of services. In addition, previous research (Atkinson, et al 2000) can be utilised to quantify other relevant direct and societal costs. The following list, which is by no means exhaustive, outlines these costs, which will be used as the basis for calculations of the Project’s cost effectiveness in the next section:

- The operating costs of the DFP are met by Dundee District Council (inclusive of stakeholder contributions) and the Social Inclusion Partnership. Over the period 1998/99 to 2000/2001, budget data indicates that the operating costs of the project can be calculated as being about £345,000 per annum. This figure approximates to the amount for 1999-2000, which was the year when our other financial data were collected. The rental income received by the DFP has not been calculated.
From the establishment of the DFP in November 1996 to October 2000 (the case record research period), 126 referrals were made to the project. The vast majority of these referrals were made between November 1997 and October 2000. Of this number, 69 became cases, 56 of which have now been closed. Thirty-three of the 56 closed cases have been identified by the project as having achieved a successful outcome. Over the 3 years the 33 successful outcomes were divided between 6 core cases and 27 dispersed/outreach cases. Therefore the calculations below are based on the assumption that 2 successful core cases and 9 successful dispersed/outreach cases were achieved per annum between November 1997 and October 2000.

A housing officer can be calculated as costing £30 per hour (Atkinson et al 2000). This figure has been subsumed within the average costs of an eviction detailed below.

Social work were unable to provide officer costs or the costs of non-residential interventions (e.g. family centre places). However, in most cases social work support to the family would continue.

A set of average costs pertaining to the eviction process can be calculated utilising data collated by Atkinson et al (2000). The costs to the landlord of more complex defended cases (often those involving families alleged to have caused anti-social behaviour) were between £5,500 and £7,500. An average cost of £6,500 is therefore assumed. There would also be costs to other agencies including the Scottish Legal Aid Board for the cost of providing a defence at £2,500 and Sheriff Court costs (guestimate) - £1,700. The total cost of an eviction might therefore be around £10,700.

The average cost, incurred by the Dundee Homeless Persons Unit, of processing a homeless application has been calculated as being £942. This figure excludes any revenue generated by the application. However, the costs for more complex cases, such as those typically referred to the DFP, might be much higher than this due to more extensive investigations and greater negotiations required to the family suitable support and accommodation. Although the homeless persons unit could not put a figure on this, a reasonable estimate might be £1,900.

The average cost of placing a child in foster care can be estimated to be at least £200 per week. The average cost of placing a child in a residential school or a children’s unit can be estimated to be at least £1000 per week.

The Cost-Effectiveness of the DFP: some illustrative calculations

7.67 The following illustrative examples serve to indicate the ‘potential’ cost-effectiveness of the DFP, by assuming likely outcomes if the project were not there. The stakeholder interviews indicated that the ‘routine’ staff time costs involved in input to the families were on the whole neither increased nor decreased by DFP involvement, so the estimates include only the additional costs that would have been incurred if the Project had not been used.

7.68 Core cases: The following assumptions were made with respect to these cases. If the 2 core cases (involving 8 children) had not been supported by the DFP, both families would have been evicted, 3 children would have been placed in a residential school (or children’s unit) for one year and 5 children would have been placed in foster care for one year. Both families would present as homeless. After a period of one year, none of the families would
experience any other difficulties. The costs associated with these assumptions can be expressed as follows:

- Eviction process: £21,400
- Homeless presentations: £3,800
- Residential school: £156,000
- Foster care: £52,000

Total Illustrative Cost: £233,200

7.69 Dispersed/Outreach cases: The following assumptions were made with respect to these cases. The 9 cases involve 26 children. Five out of every 9 dispersed/outreach case, which are not supported by the DFP result in the family being evicted, and a homeless presentation being made. Two children are placed in a residential school for one year, 6 children are placed in foster care for one year. Four cases require no intervention whatsoever. There are no additional costs, such as those that might be incurred by the police and the Reporter. The costs associated with these assumptions can be expressed as follows:

- Eviction process: £53,500
- Homeless presentations: £9,500
- Residential school: £104,000
- Foster care: £62,400

Total Illustrative Cost: £229,400

7.70 Adding the cost implications of the absence of the DFP for both types of case yields an estimated annual expenditure of £462,600, which compares with the average operating cost of the DFP of £345,000. This represents an immediate financial saving of around £117,600 per annum.

7.71 These calculations do not take into account the long-term costs incurred by such families, such as the extended costs of residential or foster care over a number of years. Nor do they take into account long term improvements in families quality of life or savings from reduced expenditure on problems such as offending behaviour, which the Project might contribute to. For example, the cost of an appearance at the Children’s Panel is estimated to be around £800 (Audit Commission, 1996) and the Princes Trust has estimated that the average cost to society of a youth crime is £2,100.

SUMMARY

7.72 The illustrative examples presented above should be treated with some caution, as they are based on a set of assumptions rather than actual data. However, case record data collated during the course of the evaluation exercise, stakeholder interviews and the vignette data analysis indicate that the families supported by the DFP faced the very real prospect of being evicted from their tenancy and many of the children have been on the verge of being taken into a care setting. Moreover, the analyses were based upon family problems persisting for one year only and excluded a set of broader societal costs, which were impossible to guestimate. In summary, were these analyses confirmed as being accurate, the DFP could be said to have generated approximately £117,600 of savings per annum. At worst, therefore, the Project can be assumed to cost no more than the conventional way of dealing with these families. However, it is more likely that the Project actually generates real cost savings,
particularly when long-term costs are taken into account. In addition, it has the potential to deal with families in a more effective way.
CHAPTER 8    CONCLUSIONS

INTRODUCTION

8.1 In this chapter we review the main findings of the study and draw out some implications for the Project, key stakeholders in the current Project and anyone considering replication of this model. For clarity, we have structured the principal findings around a key set of themes, as follows:

- achievements of the Project
- weaknesses and issues requiring attention
- cost-effectiveness
- considerations for possible replication

First, though, it is important to summarise the key features of the research.

RESEARCH OBJECTIVES AND DESIGN
(See chapter 1)

8.2 The study objectives were to:

- examine the work of the Dundee Families Project
- obtain the views of service users and key stakeholders
- assess the progress and outcomes of families served by the Project
- ascertain local residents’ perceptions of the Project
- estimate the costs and value of the Project

8.3 The research was undertaken on a part-time basis over 2 and a half years. This allowed the research team to monitor the progress of some families using the service and to chart changes and continuities in user and stakeholder views. The main sources of information were: semi-structured qualitative interviews, scrutiny and analysis of case records and Project reports, self-completion questionnaires, responses to vignettes and a small number of observations. Besides case records, the main sources of information were ‘key stakeholders’\(^\text{13}\), Project staff and families served by the Project.

8.4 Interviews were carried out at least once with 19 Project staff, NCH managers and external stakeholders in 1999. In most cases, information and views were obtained again in 2000-1 from the same people or, in a few cases, their colleagues or successor. Initial interviews took place with 53 individuals in 20 families served by the Project and follow up interviews occurred with 24 individuals in 10 families. A survey of local residents obtained the views of 23 people. The case records were scrutinised of all families dealt with by the Project up to October 2000 (N=126) and relevant data abstracted. An analysis was made of 124 questionnaires completed by housing and social work staff with respect to 70 closed cases. Finally, a small number of interviews were conducted firstly with families referred to the Project who did not engage and secondly with housing and social work staff to discuss

\(^{13}\) These comprised NCH Managers including the Project Manager and representatives of external agencies who had contact with the Project.
responses to vignettes. The purpose of the latter was to assess the broad nature, perceived effectiveness and costs of service inputs.

LIMITATIONS IN THE STUDY

8.5 It is worth bearing in mind that, like most research, the scope and nature of the study had limitations, which mean that some of the conclusions are tentative or qualified. The part-time nature of the study restricted the data gathering, particularly with respect to the number of family interviews. This was exacerbated by the very high interview failure rate. That reflected the suspicion towards external agencies and unpredictable life-styles that characterised many of the families served by the Project, and illustrated challenges that staff themselves seek to overcome. A possible consequence, though, is that the families interviewed may have underrepresented those who found it hard to accept help from the Project.

8.6 Part of the evidence about success in individual cases was derived from the Project’s own records. This provides an important perspective on case outcomes, but it was possible to check these externally and subsequently in only some cases. Finally, the study resources did not allow for a detailed cost-effectiveness appraisal, though general direct, indirect and opportunity cost indications were obtained.

THE SERVICE PROVIDED
(See chapters 2, 3 and 6)

8.7 A consensus was evident among NCH staff and external stakeholders that the original idea of a large residential block was misconceived. Once this was recognised, the Project shifted its emphasis and two thirds of cases dealt with by the Project have been handled on an outreach basis, typically for 7-12 months. The Project still offers an intensive service in its core block for up to 4 families, with the option of frequent planned observations. Families who entered the core block have usually been worked with for nearly 2 years overall, though the stay in the block itself was shorter, since they usually moved on to ‘dispersed’ tenancies.

8.8 The Project adopts a ‘systemic’ approach, which attends to the inter-relatedness of family members, their problems and the external environment. An array of specific services is on offer. There are various kinds of group interventions for adults and for children of different ages, as well as individual, couple and family work.

8.9 The Project received 126 referrals in its first 4 years of operation. Nearly all referrals came from housing and social work, though the latter decreased notably in the fourth year. About half the referrals led to active work by the Project. The Project places emphasis on family participation and co-operation. Families must agree to accept the service, though they often have few other options. This is supported by principal (service user choice) and practice considerations (reluctant families are less likely to respond), but does mean that other agencies need to deal with the most resistant families.

8.10 The referred families were all poor and it was rare for any member to be engaged in paid work. Many households were headed by a lone parent, though in some instances the other parent (or parent-figure) was still actively involved. The nature of the “anti-social behaviour” has been varied, but with neighbour disputes and poor upkeep of property most prominent, sometimes accompanied by rent arrears. Adults and children were responsible for complaints in almost equal measure. A small number of the families were recognised by
other agencies to be victims rather than protagonists in neighbour difficulties. In addition to such housing- and neighbour-related difficulties, families usually had one or more serious problems with respect to parenting and care or control of the children.

ACHIEVEMENTS OF THE PROJECT
(See chapters 4-6)

8.11 Overall, the research data showed that the Project has been very successful in terms of its image, collaborative relationships and production of change in families. The key achievements are noted below.

Image

8.12 The negative image of the Project, which was evident during the early stages in the local neighbourhood and city-wide, has been replaced by good acceptance locally and by prominent and positive national publicity. Local residents in the survey had witnessed hardly any problems from the core block and most had shifted their attitude from worried or hostile to accepting or approving. An exception to this major shift in perceptions was apparent in the expectations of families admitted to the Homeless Persons Unit. They were apparently apprehensive about a high level of intrusiveness.

Inter-agency co-operation

8.13 The Project has established close and good working relationships with most of the key agencies working with “anti-social behaviour” families. Senior staff in particular have been very involved with and supportive of the Project. Relationships with housing were reported to be especially close and positive. According to our respondents, through its existence and collaborative meetings, the Project promoted improved collaboration between other agencies such as housing and social work.

8.14 Virtually everyone interviewed in the study – parents, children and young people, representatives of other agencies – praised the work of the Project, saw it as offering a unique service and wished it to continue. It was seen as not duplicating other services, but offering distinctive and usually more intensive help.

Staffing and management

8.15 Outsiders universally saw the Project as being very well managed. Having the Project run by a voluntary agency was regarded as making it more acceptable to families who are suspicious of the council on account of its ‘coercive’ statutory powers.

8.16 The Project has maintained a comparatively stable staff group in the nearly 5 years since it started. This is an asset in terms of experience and cohesion, and presumably also a tribute to the management of the Project. Collectively the team can draw on a wide range of knowledge and skills, which have been enhanced by access to varied NCH training.
Referrals and assessment

8.17 Understandably the Project took a little while to establish firm referral criteria, but these now appear to be tight and appropriate. This has meant that the Project has concentrated its work appropriately on families with severe difficulties. Family problems have usually been of a multiple nature. Typically tenancy, neighbour and parenting issues have been present. Partner disputes, addictions and health matters have also been prominent. Most families using the Project had long histories of problems and professional attention.

8.19 The rate of referrals rose rapidly in the first 2 years of the service. A fall in 1999 was followed by an increase again, indicating a continued demand for the service.

8.20 The assessment process is lengthy but was valued by Project staff and some other agencies for its comprehensiveness and capacity to indicate a family’s motivation to change. The Admissions Panel appeared to work well, but its name should perhaps be altered as it plays an important part in reviewing cases after admission.

Case records

8.21 The Project maintains very thorough and usually well ordered case records, which are very useful for monitoring as well as case planning. For future monitoring purposes, it would be helpful to standardise a few key problem, process and outcome indicators, such as type of “anti-social behaviour”, methods of work used and reasons for case closure. Any future cost analysis would be assisted if there were standard and easily accessible details about the likely consequences of the DFP not being involved (e.g. eviction, children being accommodated) and frequencies of actual service inputs by the Project and other agencies.

Family progress, outcomes and views

8.22 The case record analysis, the in depth survey of 20 families and stakeholder feedback indicated that the great majority of families who engaged with the Project made progress. The decline in their circumstances and prospects was halted. There were indications that closed cases some time after the end of service were generally doing well, especially with regard to housing management, though some were doing poorly with regard to family issues. The follow-up survey suggested that the majority of families had improved following Project involvement.

8.23 Family members interviewed in the study were almost all well pleased with the Project. The adults believed they benefited from improved access to housing, facilities for children, personal development and changes in family relationships and behaviour. Parents found staff helpful and supportive in their approach. Many emphasised how they felt listened to and understood. In the main, the parents appreciated the one-to-one work the best. By contrast with their previous contacts with statutory organisation, which were experienced as obligatory, they felt Project staff had undertaken work with them based on their individual needs. It was also apparent that having a stable housing base made it easier for other family problems to be addressed.

8.24 The children interviewed were virtually all enthusiastic. Most saw the staff as helpful. They drew pictures which showed how much their housing situations had improved and often verbalised significant improvements in family functioning. Several indicated that either their
parents’ relationship had improved or that their mothers were better now that an aggressive or drunken father was absent.

Progress with respect to the 3 service types

8.25 The evidence about the comparative success of the 3 main service types offered by the Project (core, dispersed, outreach) was inconclusive, partly because numbers were small, especially of core and dispersed cases. The Project’s own recorded evaluations of completed cases indicated that a lower percentage of outreach cases were successful (56%), compared with dispersed and core (82% and 83%). The housing and social work follow-up survey confirmed that just under half of outreach cases still had serious housing and/or family relationship problems, but the proportion for core and dispersed cases was almost the same. Family interview data suggested that some core block families found it hard to re-adjust when they move on from the close, structured work.

8.26 A few stakeholders questioned the value of the core block with its expensive input, but most believed that the such a facility is still required for a very small number of families, who would not respond sufficiently to a less intensive service. Many were supportive of the Project’s overall shift towards more outreach (preventive) work, but concern was also expressed from a housing perspective that the Project should not dilute its focus on a small number of the most difficult cases. Project staff held mixed views about the core block, with most wanting its functions re-examined.

8.27 A few respondents in the study identified individual components of the Project’s programme as being particularly useful (e.g. couple counselling, tenancy workshops). The majority, though, stated that the whole package was most important, rather than any particular ingredient. They believed that the crucial attribute of the Project was the availability of a range of methods, allowing for both multiple intervention and adapting method choice to the needs of individual families. In their views, another key asset was the intensity.

Eviction rates

8.28 Since the Project was established, the number of evictions in Dundee has dropped markedly. While this is has been much influenced by changes in housing department policy and the introduction of Anti-Social Behaviour Orders, some stakeholders believed that the presence of the Project contributed to the downward trend.

WEAKNESSES AND ISSUES REQUIRING ATTENTION
(See chapters 4-6)

8.29 This section of the concluding report deals with matters that appeared to require further consideration or, in some respects, reconsideration and change.

Anti-social behaviour

8.30 The term ‘anti-social behaviour’ was used in different ways and some Project staff believed that the term was employed in an over-inclusive and often stigmatising manner. It would be helpful for the key agencies to review the appropriateness of the term and to
develop a shared statement on the types and severity of behaviour and situations that are relevant for referrals to the Project.

**Referral processes and non-engagement with the Project**

8.31 Some staff in collaborative agencies still had an unclear or misleading idea of referral criteria. This would be helped, if there were a clearer and more widely distributed referral protocol.

8.32 The Project has treated all referrals not accepted or worked with as ‘inappropriate’. Our analysis indicated that these could helpfully be divided into 3:

- those who did not meet the formal criteria
- those who did meet the formal criteria, but their circumstances changed
- those who did meet the formal criteria but did not engage with the Project.

8.33 The Project has spent a considerable amount of time and expertise in dealing with cases that turned out to be inappropriate referrals or families who did not engage. These made up 45 per cent of all referrals. The Project has already sought to clarify its referral criteria and further communication with other agencies might help reduce unsuitable referrals. There may be scope for improved assessment of motivation in order to identify at an earlier stage families who are not likely to engage, although this is doubtless not easy since most families referred have a history of difficulties in co-operating with formal agencies.

8.34 It is probable that any scheme of this kind would have some families who are not willing to make use of the service (See Hill 1999), but this poses questions for other agencies about how such families are being dealt with and what else might be done. Some are likely to need intensive long-term work. Firmer inter-agency plans may be necessary to seek to ensure that such families’ needs and goals are met.

8.35 The new direct referral system will help avoid lengthy delays in admission with the attendant risk of non-engagement. It needs careful monitoring for its impact, as it represents a significant departure for the project and not all staff were convinced it is desirable. The pressure from the Homeless Families Unit to develop this access route indicates dissatisfaction with the normal lengthy assessment process, although as noted above that is well regarded by other stakeholders. Concerns were expressed about the time taken for the service to start in some cases. Consideration could be given to seeing whether assessment could be streamlined more generally. A related issue is that the assessments sometimes bring to light needs, which it is hard for services to meet. This applies particularly to long-term mental health and relationship issues, which require attention after Project work is ended, yet social work may not have the resources to attend to this and specialist services are rarely available.

**Families’ disengagement from the Project**

8.36 It was not clear that the transition for families as they moved towards ceasing contact with the Project was handled in an optimum way. The Project experienced difficulties in securing tenancies for families to move on. There were also indications that a few families deteriorated after the service ended and these were not all receiving adequate support or monitoring. Poor hygiene was apparent in several homes at the follow-up research stage, which resulted in a poor living environment for the children and renewed neighbour rejection.
It may be that a more tapered plan is required for the late stages of the service, although staff emphasised that some families become keen to make a clean break. The preparedness of other agencies to continue with support is crucial.

Collaboration with other agencies

8.37 Although inter-agency relationships were generally good, there were exceptions. Senior social work staff have been consistently positive about the Project, but at the front-line level difficulties were apparent. This was shown by almost all Project staff expressing dissatisfaction with social work department input and by a few negative comments about the Project expressed in the follow-up survey of social work offices. Moreover, referrals from social workers dropped markedly in 2000, despite the fact that previously referrals from social work were more likely to be accepted than from housing. Possibly this may reflect a perception that the Project is more attuned to housing than social work issues. The understandings of social work staff about the Project and their recent reluctance to refer merit closer examination.

8.38 While the Project has striven to establish good relationships with housing, social work and police, the links with health services appeared to be given less priority. Yet the case record data and family interviews revealed a high incidence of physical and mental health difficulties in the families. Health professionals also have a prominent role to play in child protection, which was not always recognised by project staff. Education services were not represented at Project meetings and contact was not frequent.

8.39 Drug or alcohol misuse featured in about three-quarters of cases. Addiction was also a prominent factor in cases where deterioration occurred. Access to specialist help with addictions was therefore vital and the Project had established relationships with 2 local agencies dedicated to these issues. Feedback indicated that both positive co-operation and communication difficulties had occurred, so discussion at management level would seem to be desirable about how to take forward collaboration. A useful specific focus could be the joint development of a mechanism to monitor changes in drug-use and their impact on parenting.

Children and separation

8.40 Issues of separation from parents and siblings were very significant for some of the children, who took part in the study. Undoubtedly Project staff are aware of this issue, but it is important to help children with feelings of loss, even when the separation may be in the overall best interests of the family or individual.

Staff training needs

8.41 Project staff had good access to training. Their own expressed needs and some of the issues mentioned above indicate they would benefit from further training on health issues, addictions, child abuse and the responsibilities of different agencies in child protection.

COST EFFECTIVENESS
(See chapter 7)

8.42 The Project deals with relatively small numbers of families per year, though there has been a recovery from a low-point of 12 active cases in 1999. Usually the Project is dealing
with about 3 cases per worker at any one time, allowing it to offer a very intensive service. At the same time, this means that the expense per family is high, so it is right to consider whether that expenditure is justifiable. On the whole, the study evidence indicated that the Project does offer good value for money, although it must be emphasised that a complex and long-term study would be required to demonstrate this conclusively. That would itself be very expensive.

8.43 Cost analysis and information from key stakeholders suggested that if the Project were not there, the immediate annual costs to housing (management and legal) and to social work (mainly for looking after children in public care) would outweigh the annual costs of the Project itself. The service results in some immediate savings in staff time and resources for a few agencies and professionals, notably in housing. For social work, the nature of the fieldwork input changes but the overall level does not necessarily reduce in the short run. Major long-term gains will accrue whenever the probable entry of children to foster or residential care is avoided, or looked after children are enabled to return to their families. Cost information was applied to the alternative action that would be necessary if the Project was not there to serve the 2 core block families and 9 outreach/dispersed, which it worked successfully with each year. This approximate calculation suggested that the Project had saved more money to the Council than was required for its operations.

8.44 Nearly all stakeholders were agreed that the Project gave long-term benefits to families who engaged well, in 3 main ways:

- avoiding high cost options (like children becoming looked after, supported accommodation for the family)
- reducing behaviours (including crime) with potential long-term cost implications for society
- promoting the quality of life of family members

8.45 It would be unreasonable to expect a single small team to have a major impact on the overall work of services operating Dundee-wide and for whom “anti-social behaviour” may be a small element of their work. Hence education services, for instance, thought the Project impinged little on the incidence of school-related difficulties. The scale of homelessness and neighbour complaints in Dundee is such that the Project was thought to have little effect on the incidence of problems faced by services such as housing and police, but it did appear to lessen the attention required for some of the most demanding families. A few respondents did question whether the same amount of money could be better used for more families.

CONSIDERATIONS FOR POSSIBLE REPLICATION

8.46 NCH and its partners have themselves learned lessons from the establishment of the Project. It was recognised that in retrospect plans for a large residential component were misguided, while consultations with local residents and politicians could have been handled better. After a shaky start, though, the project has established itself as something that other areas or organisations may well wish to copy.

8.47 Several features appear to have contributed to the success of the Project:

- close co-operation and strong commitment at strategic level among all the key agencies, with a corporate approach to funding, referral and support by the local authority
- an emphasis on partnership working at case level
- a commitment to focus change efforts on both housing and family issues
• a holistic approach to understanding families and the factors that influence their functioning
• careful assessment of the appropriateness of referrals and families motivation to change
• the availability of a menu of individual, couple and group methods, which can be combined flexibly to suit each family’s needs
• an intensive service, with frequent contact and detailed attention to relationships, attitudes and behaviour in the family
• relationships between Project staff and family members that combine support with challenges to problematic behaviour
• regular contact with the police
• the presence of a highly competent manager, with very good skills in both external and internal relationships
• day to day running by a voluntary organisation, since service users often associate local authorities with disliked legal action, while political influence is at arms length

In sum, the 2 crucial factors are shared ‘ownership’ of the Project by all key agencies and a repertoire of change-focused direct work methods.

8.48 A few Project staff, external stakeholders and local residents questioned the need for a core block, but the great majority of respondents in the study believed that a small residential facility was helpful. It provided intensive support and supervision to families with the greatest difficulties. The number of families involved were small, but the outcome data indicated that the success of core block families was at least as great as for other cases. Any new Project would need to weigh carefully the high cost of residential provision and the associated staff input against the evidence that the most complex and vulnerable families might not respond to a less intensive service.

8.49 To varying degrees, certain characteristics might be reviewed or avoided:
• the financial insecurity of the Project, especially in its early period
• the need for residential provision
• the lengthy and comprehensive assessment process
• use of the term ‘anti-social behaviour’

8.50 The Project’s experience also highlighted the importance of paying careful attention to the understanding and attitudes of local residents, referral criteria and processes, assessment of motivation, options for families who do not engage, health issues, tackling addictions and children’s responses to separation. Relationships with certain services, such as health and education, could be strengthened and perhaps formalised. The Project might well benefit from having access to a psychiatric nurse and a nominated person in the Education Department for liaison over school-related issues.

8.51 Overall, this research has demonstrated the value to families and other agencies of the model adopted by the Dundee Families Project.
APPENDIX 1 OUTCOMES OF THE 20 INTERVIEW CASES

Brief accounts are given of the circumstances and achievements or failings of the families, when the case was closed or at the time of the second interview in relation to ongoing cases. The cases are presented in the following order:

Past cases – already closed at the first interview (4)
Current cases – families which were already involved with the project at the start of the research. They are divided into core (3), dispersed (4) and outreach cases (5).
New cases – families who joined the Project after the research started and whose first interview took place as soon as possible after the service began (4)

Outcomes of Past Cases

Family A

The mother stated that the Project helped her sort out a lot of ‘loose ends’. The Project helped her clear her rent arrears, prevented her from being evicted and got her put back on the housing list. Her children were taken off the Child Protection register after a while, and they stopped making graffiti. The issue of overcrowding was never resolved. The Project staff indicated that they had discussed this issue with the mother prior to her move but she opted to go ahead with the move. The staff had successfully prevented the family from being evicted and housing complaints ceased. At the time of closure, the staff still had concerns regarding the children. The family was still involved with social work at the time of the case closure. To date, the Project has never had any complaints regarding this family. The Project deemed this case to be a successful outcome. The Project worked with the family for a period of 9 months.

Family B

The Project closed the case after 7 months, as the family were believed to have achieved all their long-term goals. The family was coping independently and had on-going support from social work. The mother thought that the outcome with her son was what she had hoped for. She also said that the Project gave her a lot of confidence and that the staff made her feel important and took her seriously. To date, the Project had not received any complaints from housing regarding this family.

Family C

The case was closed after 9 months. The family had co-operated with the Project and they had worked at changing their behaviour. The Project stated that they no longer had a role as the ASB had been addressed. Prior to the case closing, housing stated that there had only been one minor complaint and no further complaints regarding the son’s behaviour. Police were also pleased with the family’s progress. At the time of the interviews, the father and mother both said that the family had been able to maintain the successful outcome.

The daughter in this family expressed her views alongside completing the ‘House Colouring Exercise’ (see chapter 5). The exercise had 3 houses that the child was asked to colour to reflect feelings in relation to their home ‘before’ and ‘after’ working with the DFP. This girl chose green for her pre-Project accommodation, because she regarded this as a bad colour.
The young girl said that during this time, her brother had been really bad. He was breaking into houses and he was being cheeky to their dad. The girl chose to colour in the DFP in lilac, as this colour felt good. She said that the Project “keeps you out of bother”. Finally, she chose the colour blue for her next home because she felt that it was a helpful colour. She indicated that her brother wasn’t at home for a while to cause any trouble and when he came out of the secure unit he was well behaved.

**Family D**

The case was closed after 2.5 months. The family had managed to clear their rent arrears and the kids stopped the graffiti. The Project stopped working with the family shortly after the referral as the complaints ceased. Project staff had spoken with the daughter and she had taken on board the seriousness of her behaviour. The family still had overcrowding issues. The project staff were not able to get the family back on the housing list or re-housed prior to their re-payment of arrears.

**Outcomes of the Current Cases: Core**

**Family E**

The family moved out of the core block after 3 months and moved into dispersed accommodation in the same area. The family had made tremendous progress while in the core block. One son listed the changes that he had experienced since commencing work with the Project. He said that he was behaving better, he was happy again and had returned to school. The mother never appeared happy with the area. She expressed concerns that she did not want her children being brought up in an area with drug use and child abuse. The mother stated that she got on fine with her neighbours, and yet the Project had received complaints from housing. The family remained in the tenancy for roughly 4 months. It is believed that the family moved away from Dundee. In this case, it is clear that definite progress had been made while the family was living in the residential block. After that, it is difficult to say what happened to the family and whether they have settled or not.

**Family F**

As of July 2000, the family had been residing in the core block for 6 months and their cooperation was found to be very poor. Two separate meetings highlighted the number of missed observations and appointments. The family’s stay was extended on 2 separate occasions and the parents agreed to stick to the identified care plan. They managed to do this for a few days but then their effort level slipped back. The family was served a notice to quit in June 2000. They were told that if they showed any signs of improvement that the date would be extended. There were a few minor improvements but the parents never really engaged with the Project. It required several attempts to obtain the first research interview with the father. He had a history of drug dependency and was not very lucid.

**Family G**

The family spent a period of 16 months in the core block, then moved to dispersed accommodation in May 2000. In a report dated July 2000, the Project felt that the family was progressing well. The mother had also been attending an alcohol project (TAPS). Three months later, numerous attempts were made to arrange a follow-up interview with the family. This proved to be impossible, as the family was no longer living in their tenancy. It was later
determined that the mother had in fact moved out into private accommodation of her daughter’s without informing the Project. As a result, housing benefit continued to accrue. The Project attempted to pursue the tenant in order to retain some of the money, but unfortunately they were unsuccessful. Whilst the family were in the Project it was felt that progress was being made but once they were placed back in the community the mother was unable to cope effectively in order to maintain a tenancy.

Outcomes of the Current Dispersed Cases

Family H

This family were first referred in 1998 but did not engage. Following a re-referral, they were accepted. However, despite extended efforts to work with the family, there was poor co-operation. Therefore that Project closed the case, due to the lack of commitment and the ongoing childcare concerns. It was believed that the parents’ entrenched drug dependency seriously affected their ability to manage themselves and to cope adequately with their children. The researcher made several visits in an attempt to secure a second interview and observed deterioration in the living environment.

Family I

The family was first referred by social work in March 1998 and resided in the core block for a period of 12 months. The parents made child care a priority and managed to get their children back. They also attended various groups and the staff felt that the family was very committed to change. Another referral was received in July 2000 from housing, with various complaints about the family. The father admitted to having been in a few fights with neighbours but he was adamant that he was not dealing drugs. He also acknowledged that he still required help to manage his anger and indicated his willingness to attend another programme. The Project deemed the complaints to be false and agreed to work with the family again.

Family J

The family was referred in January 2000 by social work, as eviction was imminent. The children were put on the Child Protection register for 4 months but were removed once the DFP became involved. Staff worked with the family for 7 months. The family moved into a dispersed tenancy in May 2000. The Project felt that the family co-operated during the assessment period and that both parents had worked hard. They were now more aware of noise levels and the standards that were required to maintain their flat. However, the family abandoned their tenancy after a few months. It was believed that the parents owed some money for drugs. There were also continuing concerns about the care of the children.

Family K

The family was referred in December 1999 and placed in a dispersed tenancy in March 2000. Partly on account of their known history, the family were not welcome in this area and it created all sorts of problems for them. In addition, the children were involved in extensive offending behaviour. Therefore, in December 2000, the family moved into the core block. After some initial difficulties, including calls to the police, the family appeared to have settled in. With the exception of some minor internal damage done to the property, there have not been any other incidents. All of the younger children have gained weight and the older
ones attend school. One young person, who had previously caused the majority of the problems, has improved his behaviour dramatically.

In the ‘House Colouring Exercise’ he described the many troubles his family had experienced in their former home and wrote the word ‘sad’ underneath the frame as it served to best describe how he felt about the area. His second house was coloured orange and he said, “I never got into any trouble there”. He had more mixed views about the third house, which he said was alright for a while, but then his brothers, starting acting up.

**Results of current outreach cases**

**Family L**

The family was referred in November 1999 by housing on account of problems with neighbours and children being bullied. The family was very co-operative during the assessment. However, the parents were unwilling to accept any responsibility that their behaviour may have contributed to their situation. The family was adamant that they were victimised. As a result of a neighbour incident that took place in front of staff, the family thought that housing became more willing to see their side and were waiting to be re-housed. Project reports stated that the family had been fully co-operative. The case was closed by the Project in March 2001, when the father was excluded from the family home following allegations of physical abuse by the children. The children were then been put in foster placements.

**Family M**

The family was referred in September 1999 by housing. The Project helped to prevent the family from being evicted and to get them out back on the housing list. The family was placed in a dispersed tenancy in August 2000 and their case was closed.

**Family N**

This family was first referred in December 1997 and after a period of 1 year it was deemed inappropriate. The family later re-referred in December 1999 and were accepted. The family was living in the Honeygreen Support Unit, until they were re-housed in June 2000. Whilst the family have not had any housing complaints they have had family problems. The father was excluded from the family home due to an assault on his stepson. The older children are glad that their step-dad has been excluded; though this has not pleased the mother. Both Project staff and the family members were positive about the work done.

**Family O**

The family was referred in May 1999 by housing. The mother had an extensive history of alcohol misuse. The Project prevented the family from being evicted, but when a similar situation arose again decided not to intervene to stop the eviction. The mum also indicated that she could not do what the Project wanted, as she was still drinking and unable to make any plans. The mother no longer had custody of her daughter and the case was officially closed in September 2000. After the Project’s involvement ended, the mum has been managing a controlled drinking programme quite successfully and obtained mainstream accommodation. She said that other family members also decided to stop drinking and so it
has been easier. The mother now has her own tenancy and has access to her daughter, but she would like to have custody of her again.

**Family P**

The family referred themselves to the Project in May 1999. Housing refused to re-house the family as they were concerned that the father might set up a protection racket, although the parents argued that it had been several years now since the father had been involved in criminal behaviour. The parents tried desperately to be re-housed and they were told that if they went through the DFP they would have a good chance. They attended the project and their children attended the groups. The housing department did make an offer of accommodation, but it was in an area the parents regarded as not be safe to raise children. In the end the family moved out of Dundee.

**Outcomes of New Cases**

**Family Q**

The following case was not a typical case in that the project agreed, in a period of low referrals, to take a referral from social work in order to assess how well a lone-parent father managed the children. The father was said to have a history of ASB, but he was not referred for this and denied it during the interview. The family was referred in May 2000. It was meant to be a short-term placement (4-6 weeks), but in fact lasted 4 months. The initial work was intensive, with observations 3 times daily. The Project staff were very pleased with the progress that the father made and felt that he was adequately prepared to care for his 2 sons.

**Family R**

This family was referred by the Lily Walker Centre in July 2000. The parents were very young with a baby and there were doubts about their ability to maintain a tenancy. In the event, both parents chose to return to their respective parents’ homes in December 2000.

**Family S**

This family received an outreach service for 5 months, then moved into a dispersed tenancy. The parents were both on a drug dependency programme and they each had quite a few previous criminal offences. They were caring for their baby. The family co-operated fully with the Project and received a community care grant to do up their home. They were both very happy with their flat.

**Family T**

This family were referred by housing in July 2000 and received an outreach service. The parents were suspected of drug dealing as there were a lot of people hanging around their house. In addition, the son was allegedly involved in fire raising and vandalism. The parents decided to keep to themselves and their son was no longer mixing with the other boys that he had been getting into trouble with. The Project were monitoring the family as there had not been any new housing complaints.
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