

Part 1: Interventions to support troubled families – evidence of ‘what works’

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Introduction

This report identifies research which evaluates the effectiveness of interventions to support 'troubled' families or families with complex needs. It also identifies research which evaluates the effectiveness of interventions which aim to prevent families or particular family members becoming 'troubled' and interventions which are targeted at particular family members rather than the family as a whole.

The research forms part of the Exemplar Project around Investment Agreements, the Use of Evidence and Evaluation. The other parts of the Exemplar Project include support for councils and partners in developing robust business cases and business plans for interventions for troubled families.

In the time available, it has not been possible to carry out a comprehensive review of all relevant research. Instead the report focuses on what appears to be the most relevant UK research that has been published since 2001.

The research studies are listed in order of publication. For each one, the report identifies:

- the target group and nature of intervention;
- the research methodology used;
- the findings of the research.

Where appropriate, studies have been ranked using the Maryland scale to give an indication of the methodological quality of the research. Studies have been ranked by matching the methodology described in the published report with what appears to be the most appropriate level based on the descriptors below. A more detailed review of the methodology may result in adjustments being made to the rankings.

<i>Increasing methodological quality denoted by higher levels</i>	
Level 1	Observed correlation between an intervention and outcomes at a single point in time. A study that only measured the impact of the service using a questionnaire at the end of the intervention would fall into this level.
Level 2	Temporal sequence between the intervention and the outcome clearly observed; or the presence of a comparison group that cannot be demonstrated to be comparable. A study that measured the outcomes of people who used a service before it was set up and after it finished would fit into this level.
Level 3	A comparison between two or more comparable units of analysis, one with and one without the intervention. A matched-area design using two locations in the UK would fit into this category if the individuals in the research and the areas themselves were comparable.
Level 4	Comparison between multiple units with and without the intervention, controlling for other factors or using comparison units that evidence only minor differences. A method such as propensity score matching, that used statistical techniques to ensure that the programme and comparison groups were similar would fall into this category.
Level 5	Random assignment and analysis of comparable units to intervention and control groups. A well conducted Randomised Controlled Trial fits into this category.

1. Evaluation of the Dundee Families Project: Final Report

Carried out by Jennifer Dillane, Malcolm Hill, Jon Bannister and Suzie Scott (Centre for the Child and Society and Department of Urban Studies, University of Glasgow) for the Scottish Executive, Dundee City Council, NCH Action for Children Scotland
Published September 2001 (report dated July 2001)

Link to [report](#)

Target group and nature of intervention

The Dundee Families Project was established to assist families who were homeless or at severe risk of homelessness as a result of 'anti-social behaviour'. The aim of the project was to enable families to avoid eviction or be restored to satisfactory tenancy arrangements. This also helped to prevent the breakdown of vulnerable families and to re-unite separated families.

The project followed a systemic approach to family difficulties and offered services through individual and couple counselling, family support and group work. Support was available 24 hours a day all year. Users could access the service by residence in accommodation for 3 to 4 families, in dispersed tenancies or on an outreach basis.

Research methodology (level 2)

The research was intended to evaluate the processes, outcomes and costs of the project, using primarily qualitative methods. A sample of families were assessed initially and followed up approximately one year later in order to identify changes in individual and family functioning and attitudes to the project. 31 parents and 22 children were interviewed (twice whenever possible). The views of stakeholders were also obtained shortly after the start of the project and again towards the end. Case records for 126 families were also analysed at the start and end of the project.

Findings

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. 34% of referrals were deemed inappropriate as they did not fit with the project's criteria and a further 11% of families 'did not engage'. 59% of active cases were deemed successful in that project records showed that the work goals were completed. 18% of cases were unsuccessful. The main reasons were that the family lacked commitment or had moved home or came to be viewed as an inappropriate referral. The core block and dispersed service had a considerably higher success rate than the outreach cases. Staff who were still in touch with families after their involvement with the project had ceased were asked for their views on whether the family's circumstances had improved. There was thought to be improvement for the majority of families, though many still had serious problems – more with respect to child care than housing. A few had deteriorated markedly.

Estimates suggest that the project saved agencies approximately £117,600 per year. At worst, the project can be assumed to cost no more than conventional ways of dealing with these families. But it is more likely that it generates real cost savings, particularly in the long term.

2. Parent-training / education programmes in the management of children with conduct disorders

NICE technology appraisal guidance (jointly published by NICE and the Social Care Centre of Excellence)

Published July 2006

Link to [report](#)

Target group and nature of intervention

The guidance applies to the management of children with conduct disorders aged 12 or under or with a developmental age of 12 or under. The guidance evaluates group-based and individual-based parent-training / education programmes to enable parents to improve their relationship with their child and improve their child's behaviour. The programmes evaluated tend to be focused and short term, usually 1.5 to 2 hours every week for 8 – 12 weeks. Programmes are run by psychologists, therapists/ counsellors, social workers, community workers and, in some cases, voluntary agencies or parents who have been through programmes themselves are involved. Some programmes are self-administered in the home using printed training materials or audiovisual training tools. Some programmes contain specific additional elements to help address factors interfering with effective parenting such as marital problems, depression and lack of adult social skills.

Research methodology

The NICE Appraisal Group considered evidence from 16 reviews of the effectiveness of parent-training programmes. The quality of the reviews was assessed. Six of the reviews obtained a quality rating of at least 8 out of a possible 11. The Assessment Group identified 25 randomised controlled trials. In 50% of cases there was a statistically significant improvement in child behaviour in the group receiving parent-training compared with the control group. In 50% of cases there was no statistical difference. However, some of the studies were based on relatively small sample sizes. More results in the larger studies showed a positive improvement. A further 16 randomised controlled trials were then appraised.

The Assessment Group also reviewed two published economic evaluations and five costing studies. They undertook a 'bottom-up' costing exercise and used this information to estimate the cost effectiveness of parent-training programmes based on assumed quality of life gains.

The paper has not been rated using the Maryland Scale as no primary research of interventions was carried out. However, NICE carried out its own robust assessment of the quality of the evidence it used.

Findings

The results of the child behaviour outcomes and parental mental health outcomes showed a consistent trend of improvement compared with the no-treatment controls. The guidance recommends that individual-based programmes should only be used in situations where there are particular difficulties engaging with the parents or a family's needs are too complex to be met by group-based programmes.

The economic analysis found that parent-training programmes are cost saving.

3. The Home Office – Tackling Anti-Social Behaviour

National Audit Office report
Published December 2006
Link to [report](#)

Target group and nature of intervention

The report assesses the value for money of the Home Office's anti-social behaviour strategy. As part of this research, the NAO looked at the effectiveness of various types of intervention used by local areas including acceptable behaviour contracts, anti-social behaviour orders, housing injunctions, parenting contracts, parenting orders, crack house closure orders and individual support orders. 46% of people in the case review sample were aged under 18. Some of the people in the sample had committed relatively minor incidents of anti-social behaviour and 65% received only one intervention. But around 20% of the sample received 55% of all interventions.

Research methodology (level 2)

The research involved a review of 893 case files in 6 local areas, structured interviews with Anti-social Behaviour Coordinators in 12 local areas, costing seminars in 12 local areas, focus groups with members of the public in 6 local areas, semi-structured interviews with 20 individuals who have received anti-social behaviour interventions, a literature review and expert opinion through a reference panel.

Findings

The majority of people in the sample who received an anti-social behaviour intervention did not re-engage in anti-social behaviour. But there was a hard core of perpetrators for whom interventions had limited impact. International research suggests preventive programmes, including education, counselling and training, are cost-effective methods of addressing anti-social behaviour.

Acceptable Behaviour Contracts are the most frequently used intervention for which data is available. 65% of people who received an Acceptable Behaviour Contract did not re-engage in anti-social behaviour. Contracts were less effective with under 18s with just over 60% displaying further anti-social behaviour. 63% of people who received a warning letter desisted from anti-social behaviour. Just under a quarter of the sample received an Anti-social Behaviour Order and just over half breached it, with a third of this group doing so on five or more occasions.

4. Reaching out: Think Family – analysis and themes from the Families at Risk Review

Cabinet Office Social Exclusion Task Force report

Published June 2007

Link to [report](#)

Target group and nature of intervention

The report focuses on the 2% of families referred to as “families at risk”. These are families experiencing multiple, entrenched and mutually reinforcing problems which include poverty and worklessness, lack of qualifications, poor health, insufficient housing and poor parenting. The report is the first part of the Families At Risk Review. It analyses the problems faced by these families and ways of addressing them.

Research methodology (level 1)

There was a call for evidence to which 178 individuals and organisations responded. Three regional conferences were then held for policy makers, service managers and delivery agencies. The University of Birmingham undertook a literature review to identify research material both in the UK and internationally on concepts of whole family approaches in social policy. Researchers from the Thomas Coram Research Unit undertook a small-scale qualitative study to identify the experiences and views of families facing multiple disadvantages on the services they access. Nine focus groups were held. The Social Exclusion Task Force conducted three studies (workshops and interviews) in Knowsley, Blackpool and Tower Hamlets. The Task Force also undertook new analysis of Families and Children Study (FACS) data to compare outcomes for different types of families with children and to investigate the circumstances of families with children who face multiple disadvantages.

Findings

The research identifies opportunities to improve outcomes for families at risk by:

- extending the logic of the reforms in Every Child Matters to support the whole family, applying key principles such as a common vision, clear accountability, multi-agency working, information sharing, core processes and assessments and adults’ and children’s services working better together;
- building on promising approaches that tailor services to the diverse and different needs of the whole family, with support from a lead professional who builds trust and empowers families to take responsibility for their own outcomes;
- capitalising on the reach and expertise of the public sector to provide families with joined-up support and joined-up multiple entry points.

5. Cost benefit analysis of interventions with parents

Research carried out by London Economics for the Department for Children, Schools and Families

Published August 2007

Link to [report](#)

Target group and nature of intervention

The focus of the research is on the costs and benefits of interventions aimed directly at parents.

Research methodology

The approach was to review existing UK and international research and policy evidence. The guidance in the HMT Magenta Book was followed.

The research looked for evidence of the impact of the following:

- Parental characteristics (earnings and employment)
- Parenting behaviour and involvement
- Parenting interventions

The report has not been rated using the Maryland Scale as no primary research of interventions was carried out.

Findings

The report concludes that there is a rationale for the allocation of resources in favour of parenting interventions. Parental characteristics – including income, employment and education – and parental behaviour act together to affect child outcomes. Understanding the complementarities between these elements is crucial to identifying successful interventions. The impact of other institutions such as schools, child care providers and the wider community and the impact of genetics should also be considered.

Interventions need to change parental characteristics and change parental behaviour. Policies which emphasise one may risk destabilising the other - e.g. there is some evidence that maternal employment, particularly very early in the life of a child, is associated with poorer child outcomes including lower test scores and excess weight through to the age of 11. This suggests that an intervention aiming at returning mothers to work may be insufficient to improve child outcomes unless high quality child care is provided.

The findings in relation to specific initiatives are as follows:

Welfare to work

Both Welfare to Work schemes and the New Deal for Lone Parents have increased the number of parents in the workforce and reduced the number of workless households. Evidence on the NDLP has indicated this has a net benefit to society of £4,500 per new job created. But the initiatives do not reach many of the parents who are most in need and there is no evidence of their impact on children.

Parenting involvement / behaviour interventions

A wide range of parenting interventions aimed at changing parent behaviour have shown positive effects on children. But a lack of robust and long-term evaluation means that a lack of certainty over the scale or durability of the benefits persists. Existing studies seem to indicate that there are greater benefits from more targeted programmes.

6. The longer-term outcomes associated with families who had worked with Intensive Family Support Projects

Research commissioned by DCLG and carried out by Judie Nixon, Sadie Parr and Caroline Hunter (Centre for Social Inclusion, Sheffield Hallam University), Diana Sanderson (Mill Mount Consulting), and Sue Whittle (Centre for Regional Economic and Social Research, Sheffield Hallam University)

Published January 2008

Link to [report](#)

Target group and nature of intervention

This is the final report of a three year evaluation of six Intensive Family Support Projects (IFSPs). The four objectives of IFSPs were:

- Prevention of repeat cycles of homelessness and family breakdown arising as a result of anti-social behaviour;
- Addressing unmet support needs and ensuring that families are able to sustain a positive lifestyle without being the cause of anti-social behaviour;
- Promotion of social inclusion for families and assisting in providing better outcomes in relation to health, education and well-being;
- Increasing community stability by enabling and supporting families to live peacefully and to fully participate in their communities.

Research methodology (level 2)

The purpose of the research was to explore the longer-term outcomes associated with IFSP interventions. Employing a qualitative study methodology involving interviews with project managers, key stakeholders, family members and agencies working with families, 28 families who had worked with IFSPs during the period 2004 to 2006-07 were successfully tracked to examine the following key research themes:

- The sustainability of IFSP interventions in terms of family functioning and behaviour;
- The impact of interventions on existing support and supervision services;
- The community impacts of IFSP interventions;
- Media portrayals of IFSPs.

Findings

Of the 28 families:

- 8 had continuing difficulties
 - 8 had qualified success
 - 12 had resounding success
- in meeting the IFSP objectives.

Critical success factors were:

- the careful management of exit routes;
- the self-motivation and willingness by family members to seek change;
- project workers' ability to establish relationships of trust;
- recognition that change is not a linear process but is defined by episodes of setback and progress, stability and crisis and that for some families re-referrals to an IFSP can play a key role in helping families get back on track.

Factors which led to only partial success were:

- Gaps in service provision resulting in inappropriate referrals;
- A reduction in ASB and increased housing stability countered by a lack of social inclusion;
- Ongoing problems managing children's behaviour.

Factors which lead to on-going difficulties were:

- ongoing concerns about the criminal behaviour of one child or young person;
- families exhibiting the most deep-rooted and 'challenging' behaviour, with individual family members well known to local welfare and criminal justice agencies;
- In many families, the behaviour of children/young people appeared to be symptomatic of structural disadvantage, combined with long-standing cognitive and psychological problems, which had not been addressed by welfare and educational agencies at an earlier stage.

The findings from the study highlight the importance of timely intervention, the need for families to have access to specialist support when exiting an IFSP and the important role of re-referrals to help families sustain a positive lifestyle.

7. Think Family: a literature review of whole family approaches

Research commissioned by the Cabinet Office Social Exclusion Task Force and carried out by Kate Morris, Nathan Hughes, Harriet Clarke, Jerry Tew, Paul Mason, Sarah Galvani, Prof Ann Lewis and Lucy Loveless (University of Birmingham), Prof Saul Becker (University of Nottingham) and Prof Gale Burford (University of Vermont USA)

Published January 2008

Link to [report](#)

Target group and nature of intervention

The research looks at the use and effectiveness of whole family approaches to support families experiencing multiple difficulties e.g. mental health, disability, young carers, child welfare, drugs and alcohol, crime and anti-social behaviour, domestic violence.

Research methodology

The review draws on:

- Submissions from expert academic commentators concerned with the specific needs of families experiencing multiple difficulties
- A preliminary literature search exploring national and international literature that describes / evaluates / theorises whole family approaches.

The review is not based on an exhaustive or systematic literature review and it does not compare whole family approaches with other forms of provision.

The report has not been rated using the Maryland Scale as no primary research of interventions was carried out.

Findings

Whole family approaches to the consequences of social exclusion present tensions and opportunities. The right to private family life and the public interest in family intervention is a core tension. Evidence in the review indicates that it cannot be assumed that whole family approaches are appropriate or useful for all families or for all needs. But for some needs and some problems, the evidence shows whole family approaches may be well supported and enable good outcomes.

Marginalised families may face specific barriers in accessing appropriate services – family members' own perspectives as well as professional perspectives are required to inform an understanding of this experience. It is important to recognise that some of the difficulties faced by 'at-risk' families will also be shared with less marginalised groups of families.

There is evidence that existing service provision finds 'thinking family' both challenging and controversial and this has implications for professional knowledge and frameworks, training and ultimately the arrival of shared objectives. The evidence indicates there is a problem in arriving at full engagement with families either by focusing on the presenting problem or particular functions of one family member or failing to engage with all families experiencing particular difficulties.

The components of the working relationship between families and professionals (trust, openness, respect, responsivity) are crucial regardless of the actual service type (e.g. whether 'specialist' or 'mainstream')

8. Backing the Future: why investing in children is good for us all

Research carried out by Action for Children and New Economics Foundation
Published September 2009
Link to [report](#)

Target group and nature of intervention

The research included identifying the kinds of targeted interventions for children and families already experiencing negative outcomes in the US. This included programmes to tackle obesity, teenage births, NEETs, crime, substance misuse and mental health and relationship issues. The purpose was not to recommend that these exact interventions are rolled out in the UK but to demonstrate the kind of savings that are possible.

Nine UK case studies of support being provided to families in crisis were reviewed to identify the common factors which led to success.

Research methodology

The research aimed to answer the following questions:

1. Is more investment, and of what kind, required to shift from a model of crisis intervention to prevention over the next 10 to 20 years?
2. What are the ingredients of child well-being which universal and targeted services should aim to enhance?
3. What, in both economic and social terms, are the costs and benefits of more preventative and early intervention services?
4. How should policy and service delivery change to achieve better outcomes for more children, young people and their families?

The research took place over 12 months across England, Wales, Scotland and Northern Ireland. Secondary research included a literature review on child wellbeing and data analysis to identify how much is invested in supporting children and families. The primary research comprised economic modelling to identify the economic viability of shifting to a more preventative approach, nine service level case studies, a social return on investment (SROI) assessment on an Action for Children children's centre, family support project and family intervention project and two citizens' jury events – one with young people and one with parents.

The report has not been rated using the Maryland Scale as no primary research of interventions was carried out.

Findings

The cost to the UK economy of continuing to address current levels of social problems will amount to almost £4 trillion over a 20 year period. This includes addressing problems such as crime, mental ill-health, family breakdown, drug abuse and obesity.

Investing in a dual investment package, including targeted interventions and universal childcare and paid parental leave, could help address as much as £1.5 trillion worth of the cost of these problems.

An investment of £620 billion is needed to move to a preventative approach. The investment could be funded through a series of annual bond issues with 10 year maturities which would cost £394 billion to implement. The net saving would be £486 billion over 20 years. As well as economic returns, the investment would improve children's psychological and social well-being.

For every £1 invested in Action for Children's targeted services designed to catch problems early and prevent them from reoccurring, society benefits by between £7.60 and £9.20.

Six key pathways promote children's wellbeing:

- services that build relationships based on stability and trust and link children into their wider community and 'core economy'
- services that improve the wellbeing of those in closest contact with children and provide guidance and support
- promotion of positive emotions and experiences
- children and young people are viewed as providers of services as well as recipients
- services provide opportunities for play, enjoyment and fun
- services are aware of the interplay between children's external circumstances and their wellbeing.

9. Evaluation of Early Parental Intervention Pilot Projects

Research carried out by Swansea University, the University of Salford and ARCS (UK) Limited for the Welsh Assembly Government.

Published February 2010

Link to [report](#)

Target group and nature of intervention

The Early Parental Intervention Pilot programme aimed to:

- reduce the impact of substance misuse on parenting capacity;
- enable substance misusing adults to develop positive and effective parenting skills; and
- encourage parents to develop greater self-determination.

The report evaluates five pilot projects across five locations throughout Wales. The projects were all designed and developed in different ways. Some worked with the whole family and some worked with parents only. Some were group-based and some were individual-based. All benefited from highly committed staff with strong communication and motivational skills.

Research methodology (level 1)

The evaluation comprised:

- a review of research and policy literature
- analysis of local documentation and data
- 22 in-depth project staff interviews
- 20 external agency representative interviews and online survey
- in-depth interviews with 28 parents and 10 children
- case-file review
- interviews with national experts.

Findings

Holistic approaches to parental substance misuse are crucial – incorporating interventions in relation to substance misuse and practical assistance, social integration, intra-familial communication, the structure / stability of family life and parental attitudes towards children.

Successful implementation of new projects requires project resources to be available for:

1. direct service provision
2. inter-agency working and information sharing
3. strategic networking.

10. Family intervention projects: a classic case of policy-based evidence

Centre for Crime and Justice Studies report written by David Gregg

Published June 2010

Link to [report](#)

Target group and nature of intervention

The paper examines evidence of the effectiveness of Family Intervention Projects by reviewing the methodology used for evaluations and the nature and needs of the families supported.

Research methodology

The research reviewed evaluation reports covering a total of around 60 family intervention projects.

The report has not been rated using the Maryland Scale as no primary research was carried out.

Findings

Family Intervention Projects have been presented by the government as the solution to antisocial 'chaotic families' who 'bring misery' to their communities. In reality, Family Intervention Projects target socially inadequate families, around 80 per cent of whom have significant mental and physical health problems and learning disabilities. Most families were targeted for exhibiting 'statistical risk factors' which include: being a poor lone mother, living in bad social housing, having mental health problems, having a child with schooling problems, learning disabilities or a statement of special educational needs. Despite high levels of mental health problems, only 11% of families received professional psychiatric treatment or counselling.

The report also identifies weaknesses in evaluation methodology and database quality. It finds that conclusions about 'success' are based on qualitative measures and on very small family samples which evaluators concede are biased.

The report concludes that the Family Intervention Project initiative was an interesting social experiment which had the potential to help poor, very vulnerable families who failed to fit in to their communities. Instead, it was marketed as a way of punishing 'families from hell'. Desperately needed professional medical support was not provided in most cases, often because of cost considerations. Families have been demonised to no good end and sustained reductions in anti-social behaviour in the wider community have not been delivered.

11. Repairing broken families and rescuing fractured communities: Lessons from the frontline

Report produced by Westminster City Council on the achievements of its Family Recovery Programme

Published September 2010

Link to [report](#)

Target group and nature of intervention

The Council decided in 2008 that a new approach to tackling entrenched social problems was required. It calculated that around 40 families were responsible for the vast majority of extreme anti-social behaviour and displayed strong criminal tendencies. The council introduced a 'whole family' approach which aimed to deal with the causes of these problems rather than the symptoms. A Team Around the Family (TAF) was assigned to each family to develop a bespoke care plan. The families are required to sign a 'contract with consequences' to formalise their involvement with the programme. Voluntary organisations are involved in the provision of some types of support such as preparation for work, debt advice, drug assessments and interventions and dealing with the perpetrators of domestic violence.

Research methodology

Data on each family is collated and monitored using 19 performance indicators. The council has commissioned academic research through the University of East Anglia on the effectiveness of its methods of intervention. The programme was funded through the DCSF Think Family pathfinder programme and will be evaluated nationally. The Council has assessed the benefits of the programme and estimated the cost savings. Using a range of sources estimates have been assigned to the costs avoided as a result of each area of intervention. The estimates are based on the published national costs of 25 individual indicators linked to social breakdown. Where national data was not available, the council used local unit costs. Expert opinions were sought to assess the percentage improvement for each family.

The report has not been rated using the Maryland Scale as a separate evaluation of the effectiveness of Westminster's family recovery programme is being undertaken.

Findings

A study of 50 families that have been through the FRP identifies the following benefits:

- 69% reduction in 'accused offences'
- 83% reduction in 'suspected offences' per month
- 48% of neighbours reporting ASB reduction since families registered with the FRP
- 9% of participants unregistered with their GP compared with 30% at the start

The average cost per family of their involvement in the FRP is £19,500. This compares with the average estimated cost avoidance per family of £41,000. The estimated annual cost of supporting 50 families is £650,000 compared with £2 million estimated costs avoided.

12. The youth justice system in England and Wales: reducing offending by young people

Research carried out by the National Audit Office

Published December 2010

Link to [report](#)

Target group and nature of intervention

The research looked at the effectiveness of the youth justice system in preventing offending by young people, including the effectiveness of the 157 Youth Offending Teams in England and Wales.

Young people aged 10 to 17 committed 201,800 offences in 2009-10 (17% of all proven offending). The cost to the economy is estimated to be £8.5 to £11 billion in 2009. 56% of those receiving court sentences are proven to reoffend within a year. Family breakdown, educational underachievement, substance misuse, mental illness and other problems commonly affect young offenders. The youth justice system works on the basis that addressing such risk factors during the course of a sentence is the best way to reduce a young person's risk of reoffending.

Research methodology (level 2)

The methodology comprised:

- analysis of published data
- document review
- survey of Youth Offending Teams and visits to six Youth Offending Teams
- interviews with staff involved in youth justice
- analysis of 83,000 records, representing 94% of juvenile first time offenders in 2000
- process mapping and costing.

Findings

- The youth justice system is structured in a way that allows the most resources to be allocated to the riskiest offenders.
- Youth Offending Teams assess most young offenders according to evidence-based methodologies, but the quality of many assessments is not good enough.
- There is scope for further reductions in the number of young people held in custody.
- Although custody rates have fallen, the savings from decommissioning places could have been realised sooner.
- Prevention programmes are generally based on pragmatic approaches and available evidence.
- Although the number of first time entrants to the youth justice system rose until 2007, there has been a 44% reduction since then.
- The proportion of all young offenders who reoffend fell from 40% in 2000 to 37% in 2008 but there is little improvement in reoffending of offenders serving serious community sentences and custodial sentences.
- Practitioners do not know which interventions have the most impact on reducing reoffending with little research published since 2006.
- The youth justice system is not yet in a position to know whether it is delivering value for money.

13. Early intervention: The Next Steps – An Independent Report to Her Majesty's Government

Report written by Graham Allen MP

Published January 2011

Link to [report](#)

Target group and nature of intervention

Graham Allen was asked to lead a review of early intervention so this is the focus of the report.

Research methodology

The review team identified the most promising early interventions that could be applied in the UK based on clear standards of evidence. They based the standards on the standards of evidence prepared for the Greater London Authority by Dartington Social Research Unit but developed them further. The standards had four dimensions:

- Evaluation quality – favouring interventions that had been evaluated to a very high standard using the most robust evaluation methods, such as randomised controlled trials or quasi-experimental techniques and ideally summarised in systematic reviews;
- Impact – favouring those interventions that had a positive impact on children's health and development and particularly their social and emotional competences;
- Intervention specificity – favouring those interventions that are clear about what they are intending to achieve, for whom, why, how and where;
- System readiness – favouring those interventions that can be effectively integrated in the wider public service infrastructure and are supported by a strategy for ensuring that potential economic benefits can be realised.

The report has not been rated using the Maryland Scale as no primary research was carried out.

Findings

Many of the costly and damaging social problems in society are created because we don't give children the right type of support in their earliest years. Examples to illustrate this:

- A child's development score at 22 months can serve as an accurate predictor of educational outcomes at 26 years
- 54% of the incidence of depression in women and 58% of suicide attempts by women have been attributed to adverse childhood experiences
- Boys assessed by nurses as 'at risk' at age 3 had two and a half times as many criminal convictions by the age of 21 as those not assessed 'at risk' at the age of 3.

Early intervention can significantly improve mental and physical health, educational attainment and employment opportunities and can help prevent criminal behaviour (especially violent behaviour), drug and alcohol misuse and teenage pregnancy. The economic benefits of early intervention are clear and consistently demonstrate good returns on investment.

The report identifies the most effective early intervention programmes and presents the calculations that have been made of their cost-effectiveness. But the report makes clear that it must be constantly reviewed and expanded and recommends the establishment of an independent Early Intervention Foundation to increase the evidence available.

14. Evaluation of Rochdale Families Project – Briefing Paper on Economic Cost-Benefits of Family Interventions

Sheffield Hallam University and Centre for Regional Economic and Social Research
briefing paper written by John Flint
Published February 2011
Link to [report](#)

Target group and nature of intervention

The paper is about the economic cost-benefits of family intervention projects.

Research methodology

The paper summarises existing research evidence about the economic cost-benefits of family intervention projects. It then provides estimated figures for a range of risks and associated public agency costs linked to vulnerable families based on other studies. Finally the paper offers a brief reflection on these costs in relation to the Rochdale Families Project.

The paper has not been rated using the Maryland Scale as no primary research of interventions was carried out.

Findings

Calculating the economic cost benefits of family interventions is complex and methodologically challenging. Previous research evidence indicates that they provide good value for money and often achieve significant cost savings for public agencies. The costs associated with a range of risk factors linked to vulnerable families have been calculated and are substantial. The limited evidence from the evaluation of the Rochdale Families Project suggests that significant direct and short term savings for agencies will have been achieved and that these savings are likely to have, at the least, offset a substantial element of the direct costs of the project. There are also likely to have been longer term financial savings in addition to non-economic positive outcomes.

15. Mental health promotion and mental illness prevention: the economic case

Report edited by Martin Knapp, David McDaid and Michael Parsonage (Personal Social Services Research Unit, London School of Economics and Political Science) for the Department of Health
Published April 2011
Link to [report](#)

Target group and nature of intervention

The report identifies and analyses the costs and economic pay-offs of a range of interventions in the area of mental health promotion, prevention and early intervention. 15 interventions were modelled. Those most relevant to supporting families with complex needs were:

- Health visiting and reducing post-natal depression
- Parenting interventions for children with persistent conduct disorders

Research methodology

Interventions were chosen for economic analysis only where there was strong evidence in the published literature review of their effectiveness in improving mental health or well-being. Detailed estimates were then made of costs and pay-offs using economic modelling and related techniques. The economic analysis of each intervention was designed to produce a detailed breakdown of costs and pay-offs, year by year and by individual sector and budget type. To ensure robust results, the approach and assumptions were conservative across all areas investigated. Measures of net economic impacts should therefore be regarded as minimum estimates in all cases. In addition, no monetary value has been put on the health and quality of life gains for the direct beneficiaries of each intervention.

The report has not been rated using the Maryland Scale as no primary research of interventions was carried out.

Findings

Health visiting interventions to reduce post-natal depression do not reduce net costs but do increase productivity for those who return to work. The intervention may produce cost savings in the medium to long term but this possibility remains to be evaluated.

Parenting programmes for parents of 5 year old children with conduct disorder are cost-saving to the public sector, with the main benefits accruing to the NHS and criminal justice system in the long term. When the wider costs of crime are included, total gross savings over 25 years exceed the average cost of the intervention by a factor of around 8 to 1.

16. Monitoring and evaluation of Intensive Intervention Projects for young people

Research carried out by Cheryl Lloyd, Sally Gowland, Ola Turczuk and Clarissa White (National Centre for Social Research) for the Department for Education.

Published May 2011

Link to [report](#)

Target group and nature of intervention

The report presents the monitoring evidence from the twenty Intensive Intervention Projects (IIPs) established by the Department for Children, Schools and Families in 2008. The projects worked with young people aged 8 to 19 with the most complex needs. They applied the intensive family support model (i.e. Family Intervention Project model) to address the behaviour and other problems of the young people. The primary focus was on the young person rather than the whole family. However, other family members were involved where there was a need to address the inter-connectedness between the young person and other family members' problems.

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

Research methodology (level 2)

A secure web-based system was set up to collect comprehensive data about all young people referred to an IIP. The research compares the data at the start and end of the intervention. Statistical modelling (logistic regression) was used to explore the factors associated with successful and unsuccessful outcomes.

Findings

- 1,836 young people were referred to an IIP during the period in question. 61% were accepted, 6% were put on a waiting list and 33% were turned down.
- 49% of young people who had left an IIP were reported by IIP staff as having successfully completed their intervention and achieved a positive outcome. A further 21% left because their circumstances had changed and they were no longer eligible. 30% either refused to continue working with an IIP or their carer refused to allow them to continue
- Results for the 790 young people who had exited an IIP or been working with an IIP for at least 8 months were as follows:
 - 60% had fewer crime and ASB issues
 - 65% were reported to have improved the way their family functioned
 - 63% had reduced the number of their health risks
 - 46% had reduced their education and employment issues.

17. National evaluation of Sure Start local programmes

Research carried out by the National Evaluation of Sure Start Team based at Birkbeck, University of London, for the Department for Education.

Link to [National evaluation of Sure Start programmes: an economic perspective](#) (published July 2011)

Link to [The impact of Sure Start Local Programmes on five year olds and their families](#) (published November 2010)

Target group and nature of intervention

The research assessed the impact of the first 524 Sure Start local programmes which were aimed at families with children up to the age of four living in disadvantaged areas. The service was universally available to all families in the catchment area, thereby limiting any stigma that may accrue from individuals being targeted. Each Sure Start local programme had extensive local autonomy over how it fulfilled its mission to enhance the life chances of young children growing up in disadvantaged neighbourhoods.

Research methodology (level 3)

An impact study was carried out. 7,000 children in 150 Sure Start areas and their families were followed up at nine months, 3 and 5 years. Outcomes were compared with those of a comparison group drawn from the Millennium Cohort Study. The findings of the evaluation have to be considered “putative” because the data for the two samples were collected two years apart and by two different research teams.

Findings

Sure Start local programmes cost an average of £1,300 per eligible child per year at 2009/10 prices. The economic benefits of early childhood interventions can be high (and much higher than for interventions with similar levels of expenditure on adults) but they typically do not emerge until at least 15 years after the intervention begins. This is because they come in the form of higher earnings in adulthood and lower rates of problematic behaviour in adolescence and adulthood.

Differences in outcomes between families in Sure Start areas and the comparison group were as follows:

- There were reductions in the number of families where no parent was in paid work in both groups but the reduction was 3.6% larger among Sure Start families
- Sure Start families showed less harsh discipline (effect size 0.24)
- Sure Start families had lower rates of family chaos (effect size 0.29)
- Sure Start families had a stronger home learning environment (effect size 0.27)
- Sure Start mothers reported higher rates of depression (effect size 0.09)

18. Effective relationships with vulnerable parents to improve outcomes for children and young people: final study report

Research carried out by K Crowther and G Cowen, York Consulting for Action for Children.

Published August 2011

Link to [report](#)

Target group and nature of intervention

The focus of the research was to develop a skills framework that would define the key aspects of effective professional relationships for staff working with vulnerable parents. The case studies included a service to support children aged 8 to 13 who are vulnerable to offending, two family intervention projects for families with complex needs, a children's centre and an early intervention service.

Research methodology (level 1)

The research involved a comprehensive literature review, comments from an expert advisory group and in-depth consultations in five Action for Children case study areas.

Findings

Human relationships are core to the delivery of effective services but are often overlooked. The following qualities and skills were identified as being fundamental:

- Maintaining a child-focused approach
- Achieving an effective balance of support and challenge
- Being open, clear and direct
- Building trust and mutual respect
- Empowering and enabling families
- Action-focused practice
- Being able to interact well with children and young people
- Presenting information in ways that parents can understand

19. Turning around the lives of families with multiple problems – an evaluation of the Family and Young Carer Pathfinders Programme

Research carried out by York Consulting for the Department for Education

Published September 2011

Link to [report](#)

Target group and nature of intervention

The Family Pathfinder programme launched in 2007 aimed to develop local responses to the needs of families who face multiple and complex social, economic, health and child problems. 27 councils took part. 15 councils received funding to test intensive family focused models of support (referred to as 'Family Pathfinders'). 6 of these councils and a further 12 councils received funding to support young carers (referred to as 'Young Carer Pathfinders'). Whilst national funding ended in 2010, four fifths of the pathfinders are being sustained in some form.

Research methodology (level 2)

A multi-method approach was adopted which comprised six strands:

1. Annual visits to all Pathfinders
2. Online survey to capture partners' views of the impact
3. Online database to gather information on families (1,408 families had records)
4. Family Assessment Device (FAD) completed by families on entry to and exit from the programme (214 entry and exit FADs completed)
5. Family follow-up – interviews with 64 families at exit and interviews with 44 families six months after exit
6. A Social Return on Investment approach generating an economic (Fiscal Return on Investment) assessment.

Findings

Results showed significant improvement in outcomes for 46% of families supported by the Family Pathfinders and 31% of families supported by the Young Carers Pathfinders.

A further 41% of Family Pathfinder families and 56% of Young Carer families experienced a reduction in the range and severity of risk factors experienced. However, these families were assessed as having the same overall level of service need on entry to, and exit from, the programme.

Around 13% of families experienced an increase in their assessed level of need across the two types of Pathfinder. This was either because additional, previously undiagnosed needs were identified (e.g. child protection) or because families did not engage with the support provided.

Average cost of support was £19,233 for Family Pathfinder programmes and £4,331 for Young Carer Pathfinder programmes. A conservative assessment of the return on investment indicates that for every £1 spent, the Family Pathfinders generated a financial return of £1.90. The comparable figure for the Young Carer Pathfinders was £1.89.

Success was dependent on the use of a key worker responsible for providing and coordinating effective support for families. 3 critical components of delivery are:

- A persistent and assertive key worker role – a highly skilled, credible and experienced professional who could both deliver intensive support to the family and broker specialist support;
- A robust framework of support – including a comprehensive assessment of the needs of all family members and a multi-disciplinary Team Around the Family (TAF) approach;
- An intensive and flexible, family focused response where the effectiveness of support was measured by outcomes for the family.

Clear support plans need to be in place for families on exit to ensure that positive outcomes are maintained.

20. Edging away from care – how services successfully prevent young people entering care

Research carried out by Ofsted
Published October 2011
Link to [report](#)

Target group and nature of intervention

The report looks at how services successfully support young people aged 11 or over who are at risk of entering care to remain at home.

Research methodology (level 1)

11 local authorities were selected to take part in the survey. They were selected from those that had been identified through Ofsted inspections as undertaking some good work with children and young people at risk of entering care. The areas included large cities, a range of metropolitan areas, London boroughs and large counties. The local authorities were asked to identify three or four families where successful outcomes could be demonstrated for young people who were deemed to be on the 'edge of care' but had been supported to remain at home or in the community.

During visits to the 11 areas, inspectors met and spoke to 39 young people and 33 parents or carers in 43 families about their experiences of support. They also looked at multi-agency case records and held structured meetings with groups of key professionals.

Findings

The survey found that all 11 local authorities were taking steps to reduce their number of looked after children and to manage the risk associated with maintaining young people within their families and communities. The provision varied but some consistent themes emerged:

- The quality of the professionals involved, significantly the key professional, was the crucial factor in helping to achieve success. These key professionals had a range of backgrounds and qualifications including social work, youth offending, nursing or psychology. They persevered with families who often did not want to engage with them. They were described as persistent, reliable, open and honest, which included being absolutely straight about what needed to change. They enabled the families to see that they had strengths and that change was possible. These were professionals who had the time to respond quickly, often outside normal working hours, and work intensively with families. They were able to understand, and work from, the families' starting point. They also recognised that, while the young person's needs were the priority, the needs of parents, including fathers, had to be addressed and they successfully achieved this balance.
- The most successful services were those which incorporated explicit and clearly stated models and methods of intervention, including a repertoire of tools for professionals to use. A clear intervention model supported professionals to be more confident and informed and led to better and clearer outcomes with young people and families. It was the clarity of the model, rather than the model itself, which seemed to support this success and this in turn enabled young people and

families to understand more clearly the overall direction, plan and timescales of the intervention.

- Other key factors were:
 - strong multi-agency working both operationally and strategically - this involved strategic analysis and understanding of the needs of this cohort of young people and investment in services to address these needs;
 - clear and consistent referral pathways to services;
 - clearly understood and consistent decision-making processes based on thorough assessment of risks and strengths within the family network;
 - a prompt, persistent and flexible approach, which was based on listening to the views of the young person and the family and building on their strengths;
 - a clear plan of work based on thorough assessment and mutually agreed goals; regular review of progress and risk factors; robust and understood arrangements between agencies in respect of risk management; and clear planning for case closure and for sustainability of good outcomes.

All of the young people who took part in the survey were able to identify benefits from the support they had received and none had entered care. But there were inconsistencies within and across local authorities in the methods they used to identify and capture outcome and success criteria. None of the areas visited could demonstrate an overall reduction in care numbers but there were early signs of a reduction in the number of over 10s entering care in at least 3 areas.

21. Monitoring and evaluation of family intervention services and projects between February 2007 and March 2011

Carried out by Cheryl Lloyd, Ivonne Wollny, Clarissa White, Sally Gowland (National Centre for Social Research) and Susan Purdon (Bryson Purdon Social Research) for Department for Education

Published December 2011

Link to [report](#)

Link to [statistical data](#).

Target group and nature of intervention

The report analyses outcomes for 3,675 families who exited a family intervention between February 2007 and 31 March 2011. Most families received a family intervention because of problems relating to crime or anti social behaviour (ASB) but they may have had problems relating to family functioning, health, education and employment in addition or instead.

Family intervention takes an intensive and persistent approach to supporting families to overcome their problems, coordinated by a single dedicated 'key worker'. The average length of intervention decreased from 13 months in 2010 to 11 months in 2011.

The report identifies eight core features of the family intervention model that are viewed as critical to its success:

- recruitment and retention of high quality staff;
- small caseloads;
- having a dedicated key worker who works intensively with each family;
- a 'whole-family' approach;
- staying involved with a family for as long as necessary;
- having the scope to use resources creatively;
- using sanctions alongside support for families;
- effective multi-agency relationships.

Research methodology (level 3)

A secure web-based monitoring system was used to collect comprehensive data about families referred to a family intervention. Staff working with families were encouraged to enter data but did not always do so. The data was used to identify the outcomes achieved when families exited family intervention. 470 families were tracked to identify whether the outcomes had been sustained none to 14 months after exiting the intervention.

Logical regression was used to look at the factors associated with successful and unsuccessful outcomes.

The outcomes were compared with a control group of 56 families who had similar problems but did not receive a family intervention.

Findings

The report concludes that there is now compelling evidence endorsing the role and value of family interventions. The results are as follows:

Problem	% of families with problems at referral	% of families with problems at exit
ASB	81	34
Crime	35	20
School-related	58	28
Poor parenting	67	34
Family relationships	28	12
Domestic violence	28	12
Child protection	27	18
Worklessness	68	58
Mental health	36	28
Physical health	9	7
Drug misuse	32	20
Alcohol misuse	29	15

The report also identifies factors likely to influence success:

Problem	More likely to achieve success	Less likely to achieve success
Crime and ASB	Higher levels of crime or ASB at start Longer intervention	Greater number of risk factors Any children subject to a child protection plan More hours of support per week
Education	Fewer children Longer intervention	Any children subject to a child protection plan
Family functioning	More family functioning issues at start In debt at start Longer intervention	Non-white ethnic background More children under 18 No adult in work
Health	More health issues at start In debt Longer intervention	Any children subject to a child protection plan Any family member with a disability Nobody aged 16 or over in employment, education or training Worked with a Child Poverty family intervention
Employment	Non-white ethnic background Older children More children Longer intervention	Any children subject to a child protection plan

Of the 470 families who were tracked nine to 14 months after exiting the intervention, the following results were achieved:

Problem	% sustaining successful outcome	Base no.
Crime and ASB	71	311

Education	89	149
Family functioning	84	259
Health	61	143
Employment	82	65

Comparison of families who had an intervention with the control group suggests the following differences in outcomes:

Problem	FIP group			Control group		
	Full success	Partial success	No success	Full success	Partial success	No success
Crime and ASB	59%	4%	37%	29%	4%	67%
Education	37%	14%	49%	27%	3%	70%
Family functioning	61%	13%	27%	55%	19%	25%
Health	38%	22%	40%	45%	10%	45%

This suggests the family intervention approach had the biggest impact in relation to crime and anti-social behaviour. Many of the non-FIP families received other interventions to help them address their problems. The results should be treated with caution due to the small sample size of the control group and lack of follow-up data for many families who would have been in the control group.

22. The economic and social return of Action for Children's Family Intervention Project, Northamptonshire

Report written by Action for Children. The analysis was led by Tim Goodspeed and Kate Lee.

Published 2011

Link to [report](#)

Target group and nature of intervention

The report evaluates the social return created by Northamptonshire Family Intervention Project which works with 29 of the most vulnerable families (including 73 children) for an average of 40 hours a month. The families face multiple issues including: drug and alcohol abuse; anti-social behaviour; domestic violence; being at risk of losing their home; and children at risk of being taken into care. The project is delivered by Action for Children.

Research methodology (level 2)

The analysis was carried out using the standard approach to Social Return on Investment (SROI) set out in the Cabinet Office sponsored [guide to SROI](#). SROI measures change in ways that are relevant to the people or organisations that experience or contribute to it. It uses monetary values to represent social, environmental and economic outcomes. This enables a ratio of benefits to costs to be calculated.

The analysis covered the period September 2009 to August 2010 during which £304K was spent on the Family Intervention project. 17 out of 29 families (59% of sample size) were consulted either by questionnaire or, in 6 cases, interview. The 17 families included 50 children (68% of sample size). 11 public agencies were also consulted. Where change was assessed as resulting in improved outcomes in the long term it was capped at a maximum of 3 years. Where change was not sustained after the intervention ended the improved outcome was only counted for 1 year. Where it was not possible to assess the sustainability of change, the improved outcome as only counted for 1 year. Each change was considered for deadweight, attribution and displacement and a percentage adjustment made for any change that would have happened anyway, was down to others, or was just moved.

The report was submitted to the SROI Assurance Panel who advised that the report shows a good understanding of the SROI process and complies with SROI principles.

Findings

The analysis estimated that, for every £1 invested in the Family Intervention Project, £4.28 of social value is created. If the cost of the initial intervention is deducted the net social return is £3.28 for every £1 invested. The most significant value arises from:

- less child protection /' children being taken into care
- children feel happier and family life, relationships, behaviour and life prospects improve.

Sensitivity analysis suggests that value is likely to be in the range of £3 to £6 for every £1 invested.

Useful websites and guidance

LGA

The LGA has a community budgets [online learning resource](#) which includes [webpages on troubled families](#).

The LGA's [communities of practice](#) (to be replaced by the Knowledge Hub) include public and private communities on community budgets.

Centre for Excellence and Outcomes in Children and Young People's Services (C4EO)

[C4EO](#) is a best practice hub for 'what works' in children's services. It draws on a consortium of core partners: National Children's Bureau, National Foundation for Educational Research, Research in Practice and the Social Care Institute for Excellence.

Social Care Institute for Excellence (SCIE)

[SCIE](#) aims to improve the lives of people who use care services by sharing knowledge about what works. It gathers and analyses knowledge of what works and translates that knowledge into practical resources, learning materials and services. The website includes a set of webpages on [children and young people](#). SCIE is a core partner in the C4EO consortium.

Interface Associates UK

[Interface Associates UK](#) is a national provider of specialist expertise, support and training to transform the lives of vulnerable families.

They have produced a [Troubled Families What Works](#) guide which includes a number of case studies.

Conclusions

Most of the research that has been reviewed identifies a relationship between interventions to support troubled families and improved outcomes for at least some of those families. Much of the research also identifies an economic case for investing in interventions to support troubled families, finding that long term cost savings are likely to exceed the cost of the initial investment. However, none of the research provides evidence of long term cost savings actually being achieved. For some families, the intervention has led to an increase in local public service expenditure as it has resulted in previously unmet needs, e.g. child protection issues, being identified and addressed.

Most of the research that has been reviewed is primary research. This research has been assessed as level 1 to level 3 on the Maryland scale. However, it should not be concluded that less robust research methodology means that the intervention itself was less effective. Some of the research has not been given a Maryland scale rating as it is secondary research or meta-analysis of other research studies.

The research indicates that the effectiveness of different interventions will depend on:

- How they are delivered – a lot of research emphasises the extent to which success is determined by the quality and skills of staff recruited to work with troubled families;
- Who they are delivered to - what works for one family may not work for another. The research has not explored the different factors which motivate some – but not all - families to co-operate in any detail;
- Where they are delivered - the local context is likely to influence the degree of success in achieving particular outcomes. For example, interventions that are aimed at tackling worklessness may be less successful in parts of the country with high levels of unemployment and job shortages.

It is important that all local areas are able to learn from the research that has been carried out to date as they develop their own local approaches to improving outcomes for and reducing expenditure on troubled families.

In his first report on early intervention, Graham Allen recommended that an Early Intervention Foundation be established to evaluate early intervention programmes using a rigorous methodology. A similar case could be made for all interventions relating to troubled families.

The LGA's community budgets [online learning resource](#) is being used to disseminate information about research and evaluations that have been carried out. Other parts of this Exemplar Project will look at how councils and partners can build a more reliable evidence base in this area, and easily access the available evidence base.