AN EVALUATION OF THE EARLY INTERVENTION PROGRAMME FOR THE PREVENTION OF OFFENDING

COMMISSIONED BY THE HEALTH AND SOCIAL CARE BOARD

CARRIED OUT BY

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INDEPENDENT RESEARCH SOLUTIONS

FINAL REPORT

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CONTENTS

EXECUTIVE SUMMARY vii

CHAPTER 1. IMPLEMENTING THE STUDY 1
1.1 Background to the study 1
1.2 Methodology 3
1.2.1 Literature Review 3
1.2.2 Desk Research 4
1.2.3 Observations of practice 5
1.2.4 Interviews 5
1.2.4.1 Interviews with management and staff at the three Agencies 5
1.2.4.2 Interviews with Referral Agents 6
1.2.4.3 Interviews with other key stakeholders 6
1.2.4.4 Interviews with parents/carers and young people 6
1.2.5 Conclusions and recommendations 7

CHAPTER 2. BACKGROUND TO THE EARLY INTERVENTION PROGRAMME 8
2.1 How the Programme came about 8
2.2 The five project models 9
2.2.1 NIACRO 9
2.2.2 Extern 13
2.2.3 Action for Children 16
2.3 The costs of referral to the Early Intervention Programme and other children’s services 19

CHAPTER 3. LITERATURE REVIEW 23
3.1 Children and Young People in the Modern World 23
3.1.1 The Conditions of Childhood 23
3.1.2 The Importance of Early Intervention 26
3.1.3 Definitions of Early Intervention 30
3.2. Contextual Variables 34
3.2.1 Factors in General 34
3.2.2 Protective Factors 35
3.2.3 Risk Factors 37
3.2.4 Resilience 41
3.2.5 Each Child is an Individual 46
3.3 Researches and Research Centres 47
3.3.1 Resilience Research Centres 47
3.3.2 Two Recent Studies 48
3.3.3 Longitudinal Studies and Prediction 53
3.4 Desistance 57
3.5 Family Support Developments 63
3.6 Cost Benefits 68
3.7 What helps in terms of support services for children and their families 71
3.7.1 Multi-modal and multi-agency interventions 72
3.7.2 Meaningful engagement 74
### CHAPTER 4. ADMISSION AND DISCHARGE INFORMATION FOR THE FIRST TWO YEARS OF THE PROGRAMME (2008/09 and 2009/10)

#### 4.1 SECTION ONE

| 4.1.1 | Introduction to section one | 78 |
| 4.1.2 | Enquiries and waiting times | 79 |
| 4.1.3 | New starts in the first two years of the Programme | 80 |
| 4.1.4 | Age of admissions | 81 |
| 4.1.5 | Gender of admissions | 84 |
| 4.1.6 | Nationality, religion and ethnicity of admissions | 85 |
| 4.1.7 | Geographical area | 86 |
| 4.1.8 | Referral source for new starts | 89 |
| 4.1.9 | Other agencies involved with young people on admission | 91 |
| 4.1.10 | Residential status on admission in each year | 92 |
| 4.1.11 | School status on admission in each year | 93 |
| 4.1.12 | Children and young people presenting with a particular disability | 95 |
| 4.1.13 | The numbers on the Child Protection Register | 96 |
| 4.1.14 | Police status on admission | 97 |
| 4.1.15 | Summary of statistics on admissions | 98 |

#### 4.2 SECTION TWO

| 4.2.1 | Introduction to section two | 99 |
| 4.2.2 | Discharge status | 99 |
| 4.2.3 | Duration of Programme for discharged cases | 101 |
| 4.2.4 | Re-referrals and extensions | 102 |
| 4.2.5 | Validation of the outcome data | 104 |
| 4.2.6 | Risk/protection factor status on admission and discharge for completed cases | 104 |
| 4.2.7 | Risk/protection factor change | 107 |
| 4.2.8 | Known to police on discharge | 112 |
| 4.2.9 | Summary of the results on discharged cases | 113 |

### CHAPTER 5: THE VIEWS OF THE EARLY INTERVENTION PROGRAMME AND THE PROJECTS INVOLVED

| 5.1 | Introduction | 115 |
| 5.2 | General views on the overall Programme | 115 |
| 5.3 | Views of management and staff at each of the Agencies | 116 |
| 5.3.1 | Views on admission criteria and referral processes | 116 |
| 5.3.2 | Views on staff training, appraisal and support | 117 |
| 5.3.3 | Views on external support, partnerships and links | 117 |
| 5.3.4 | Views on interventions and resources | 119 |
| 5.3.5 | Views on the monitoring process | 121 |
| 5.3.6 | Views on participation practices | 123 |
| 5.3.7 | Views on geographical spread and rurality issues | 125 |
| 5.3.8 | Views on parental engagement | 126 |
CHAPTER 6. CONCLUSIONS AND RECOMMENDATIONS 156

6.1 The objectives of the evaluation 156
6.1.1 To provide an interagency partnership to target and meet the needs of groups of children vulnerable to offending and their parents 156
6.1.2 To empower families to support and advocate for their children, including through the use of parenting support programmes 158
6.1.3 To strengthen education and community supports to children and young people; to improve access to mainstream and statutory services, and provide links to voluntary and community organisations; to demonstrate an understanding of existing local provision for the target group of children and young people 160
6.1.4 To focus on reducing known risk factors, strengthening protective factors and promote resilience in each domain for those children at risk of offending 161
6.1.5 To demonstrate knowledge of the needs of children and young people vulnerable to offending in the area 163
6.1.6 To demonstrate the involvement of children and young people and their families in the planning and design of the programme of services 164
6.1.7 The programme must be shown to deliver value for money, and must operate within the resources available 165
6.2 Other expectations of the evaluation 167
6.2.1 Monitoring of outcome indicators; involvement of parents, children and referral agents 167
6.2.2 Rurality issues 169
6.2.3 How the Programme links in with 10 year Strategy for Children and Young People in Northern Ireland 170
6.2.4 Longer term outcomes 172
6.3 Final comments 172
APPENDICES

APPENDIX 1. Factor review form 175
APPENDIX 2. Maps of project areas showing expansion from year one to year two of the Programme 180
APPENDIX 3. Early intervention references 185
APPENDIX 4. Glossary 197

TABLES

Table 1. Average costs per referral for the projects in the first two years of the Programme 20
Table 2. Average cost for children’s residential care across the Trust areas in 2009 21
Table 3. Average cost of a child’s placement in the secure estate in England and Wales (2009) 22
Table 4. The percentage of enquiries which progressed by project and year 79
Table 5. The average waiting times for each project in the two years 80
Table 6. New starts at each of the projects for the first two years of the Programme 81
Table 7. The average age of admissions across projects and years 83
Table 8. Numbers and percentages of new starts across the five projects in both years 84
Table 9. Religious background for admissions to projects in each year 85
Table 10. The four top referral agencies accounting for the majority of referrals 90
Table 11. Number of agencies (other than the referral agent) involved with children and young people at their time of referral in year one (2008-09) 91
Table 12. Number of agencies (other than the referral agent) involved with children and young people at their time of referral in year two (2009-10) 92
Table 13. Residential status of children and young people on admission in the first year 92
Table 14. Residential status of children and young people on admission in the second year 93
Table 15. School status of admissions in year one 94
Table 16. School status of admissions in year two 94
Table 17. Percentage of admissions with a Code of Practice in both years 95
Table 18. Percentage on the CPR on admission across projects and years 96
Table 19. Percentage on CPR by factor and category across two years 97
Table 20. Whether children and young people were known to the police on admission in the two years 97
Table 21. Discharge status for the first two years 99
Table 22. Discharge status of cases for each project and year 100
Table 23. Average length of time on Programme (for all discharged cases) 101
Table 24. Average length of time on Programme (for all completed cases only) 102
Table 25. Re-referrals of children and young people and time elapsing from discharge to re-admission to project 103
Table 26. Risk/protection factor status on admission for completed cases 105
Table 27. Risk/ protection factor status on discharge for completed cases 106
Table 28. Factor change from admission to discharge for completed cases in year one 107
Table 29. Factor change from admission to discharge for completed cases in year two 108
Table 30. Factor change from admission to discharge for completed cases in both years for all projects 108
Table 31. Average score on admissions and discharge across the 5 risk/ protection factor categories for the five projects in 2008/09 for completed cases 110
Table 32. Average score on admissions and discharge across the 5 risk/ protection factor categories for the five projects in 2009/10 for completed cases

Table 33. Average difference from admission to discharge in year one for completed cases

Table 34. Average difference from admission to discharge in year two for completed cases

Table 35. The youth diversion status of discharged cases in years one and two

FIGURES

Figure 1. Age of admissions over the first two years of the programme (percentage)

Figure 2. Age of admissions in the first year (2008/09) of the programme across the five projects (percentage)

Figure 3. Age of admissions in the second year (2009/10) of the programme across the five projects (percentage)

Figure 4. Gender of admissions in the two years (percentage)

Figure 5. Referral source for new starts 2008/09 (percentage)

Figure 6. Referral source for new starts in 2009/10 (percentage)

Figure 7. Risk factor status on admission for completed cases

Figure 8. Risk factor status on discharge for completed cases
EXECUTIVE SUMMARY

The modern world is characterised to a considerable degree by continuing transformation and change: innovatory and radical developments emerge and become commonplace with great speed. Many of the physical expressions of change are easy enough to identify and list, perhaps starting with computers in all their manifestations and implications. It is however a great deal more difficult to be clear about the impact of these developments in social terms, and especially in relation to families and children. There is evidence nevertheless that quite fundamental questions arise for parents and families about aspects of the modern world, about the practises and forms of behaviour that can be accepted, about where the dangers and risks lie for children, and about how best to prepare them for these new worlds.

There is also a belief that children’s lives today have become more difficult, and that they are more vulnerable than formerly, with increased levels of divorce, drug-taking, poor educational outcomes, violence, and so on. It is however not a straightforward matter to establish a clear cause-and-effect relationship between these changes for children, and wider modern developments. What is not in doubt however is that it is now possible for young people to have instant contact with ideas and images in the form of music, film and literature, that were not available in the past, and that not all of these experiences are necessarily positive or valuable.

One significant consequence of these developments has been an increased emphasis on the notion and the importance of ‘Early Intervention’ with those children and young people who appear to be vulnerable or whose behaviour suggests a need for help and support. The idea also relates to the view that what happens to children when they are very young is likely to have a crucial influence on their well-being and achievement through childhood and into adulthood. Early Intervention therefore involves a course of action that includes identifying and providing support as early as possible for children in need of help and protection.

The phrase can, however, bear a number of interpretations such as: referring to the age of the child when intervention is found to be important or necessary; or, alternatively, referring to the time or stage in the development or appearance of problems in a child’s life. An inclusive understanding however refers to the point in time at which a child or young person becomes vulnerable to poor developmental outcomes.
Background to the Programme
The Early Intervention Programme (EIP) grew out of a need, identified by the Children’s Services Planning in Northern Ireland, to address children coming in to conflict with the law. After a successful pilot and extension of an early intervention project in the Southern Trust area, it was decided to roll this out across Northern Ireland. The EIP received funding in 2008 through the DHSSPS for a three year period, and the Health and Social Care Board (HSCB) commissioned the Programme. Five projects were established to cover each of the Trust areas, and these were delivered by three Agencies, that is: Action for Children (covering the Northern Trust area); Extern (two projects covering the Western and South-eastern Trust areas); and, NIACRO (two projects covering the Belfast and Southern Trust areas). The EIP’s aim was to support children between the ages of 8 and 13 years, vulnerable to offending and antisocial behaviour, and their families.

Independent Research Solutions (IRS) was commissioned to carry out an evaluation of the Programme, looking at the first two and a half years of the three year Programme. The findings that follow are based on a number of research procedures, including: desk research, made up of a literature review and an analysis of monitoring data; observations of practice; and interviews with a range of key stakeholders including, the management and staff of the Programme, referral agencies and children, young people and their parents/carers receiving the service.

Key findings from the monitoring data
The Programme is extensively monitored by the HSCB, with projects completing quarterly monitoring returns. These give details on: staffing structures and their participation, and workloads; and on new starts and discharges in the quarterly period. In addition each Agency produces an Annual Report. All manner of information is collected, and perhaps the most telling of this is the data in relation to outcomes. Children and their families are scored against an outcomes framework which includes evidence-based indicators of risk and protective factors across a range of five domains. This allows for a consideration of progression from admission to discharge for each discharged case. The youth diversion status for each child is also collected on admission, during the programme and on discharge and this information is also collated for the reports.
The evaluation carried out an analysis of the monitoring data and the key findings from this are reported below. In first two years, there were 409 admissions across the Programme, with an increase of 20% between year one and year two. All of the projects had expanded the service across their Trust area by the second year, with some going into more rural areas where there was evidence that they were covering regions of need\(^1\). An analysis of the monitoring data made it clear that those children and their families admitted to the five projects were already experiencing a range of challenges and difficulties in their lives. This can be illustrated in a number of ways, such as: the number of other agencies involved with them, in addition to the referral agent; a great number having difficulties in school; over one-quarter were on the Child Protection Register; almost one-quarter were confirmed or under assessment for Attention Deficit Hyperactivity Disorder (ADHD) behaviour; and around two-fifths were known to police on admission.

The monitoring data on discharged cases suggest that there was considerable improvement shown for all those who completed the programmes across each of the five projects: this involved around three-quarters of all discharges, with about one-tenth disengaging. Each case is scored on a 1-9 scale, where 1 represents having a ‘lot of difficulties’ through to 9, which indicates ‘very good’ across the five factors. The progression across five factor domains (that is individual, parenting, family influences, community influence, and education factors) between admission and discharge is clearly shown in the following graph.

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Figure showing the levels of risk/protection factors across a range of domains at admission and at discharge (percentages)

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\(^1\) Areas with high multiple deprivation, high populations of children, high percentages of children with less than 85% attendance at school
The graph shows an almost complete reversal from the level of difficulties experienced on admission to the level of difficulties on discharge: indeed it is almost a mirror image; indicating the positive outcomes for the children and their families as a result of the intervention. Although this form of scoring may be criticised as being subjective, its strength is that the scoring is usually agreed between the staff, the referrers, the children themselves and their parents. The evaluation also carried out a validation exercise based on a sample of cases, and the results from this indicated that the comments from parents and children reflected accurately the scores on the outcome indicators on admission and on discharge.

**Value for money**

An examination of the costs of the Programme indicated that in the second year (when projects were well established) the average cost of a service was £4,610. This is a substantial saving when compared to interventions designed to deal with children who have progressed further down the path of troublesome behaviour, such as care or custody interventions which can be 30 times (or more) this cost. Attempts have been made to estimate the cost to society of not intervening when there is an obvious need identified. An example in the literature suggests savings of £110,000 for one child, if effective intervention had been put in place before problems escalated\(^2\). Of course, a programme cannot be considered to be value for money, based only on what it costs: the intervention must also be seen to produce positive outcomes for the service users. Given the progression shown through the monitoring data and the examples of positive change commented on through interviews with stakeholders, it is clear that the Programme is indeed showing value for money.

**What is the reason for the success of the Programme?**

A large number of interviews were carried out with a range of key stakeholders and perhaps most importantly the service users themselves. Referral agents, and the children and their parents, all praised the work of the project and the staff in each of the projects, and it was agreed that their commitment and approach were the main reasons for their successful engagement with the families. The literature review has included references to meaningful engagement as a key factor in bringing about and maintaining positive change in children and their parents. Research studies have identified approaches and activities that contribute to meaningful engagement. These include that: the clients have an active role; a collaborative

\(^2\) Department for Children, Schools and Families (2010).
approach is taken; and, the staff are characterised by certain qualities, including being open, sensitive, understanding, non-judgemental and flexible. In interviews with parents and children in this study, there was a great deal of support for the view that open and responsive qualities of these kinds were strongly present in the personalities and activities of the staff. Perhaps one of the most important messages of the report was that the intervention was not designed for the child or young person alone, but that it was also intended to support the parents, and - in some cases –other members of the family. This family support approach was considered to be one of the main reasons for the perceived success of the Programme, and many felt that an intervention which focused solely on the child was unlikely to have an impact of the same quality and strength. The research literature in this area confirms this view, and suggests that there has been a shift of emphasis within the policy and strategy dimensions in relation to early intervention, to include the need to work in partnership with the family. Below is a snapshot taken from an interview with a parent, condensed to present the main points: clearly this provides support for the view that working with both the child and parent is of considerable importance in achieving important levels of success.

**Case example:** the Mother described her son at the start of the programme as having a really bad temper, breaking windows in cars, arguments in the house, so that sometimes she had to get out in case he would ‘stick a knife in my back’ and he wasn’t attending school. She said that when (name of project) came on board she thought ‘how’s taking him out for a game of snooker going to help? But after almost one year at (name of project) he was said to have changed, he controls his anger better, she’s had no complaints about him, he goes to school (where he wasn’t before) and is doing well - all the teachers speak highly of him... he’s matured’ and they have a better relationship. It wasn’t just for him though as it helped her too - she learned parenting skills which she said had worked and she got other help – for example - being put in touch with a charity which provided her with a cooker; and getting help and advice on family tax credit as she was thinking of going back to work.

Effective interventions are also said to be those which include a multi-modal and multi-agency approach. The EIP was found to encapsulate both approaches in that the work of the projects addresses a range of factors in the young people’s lives, in their family lives and in the work with other involved agencies. The projects attempt through various methods to reduce risk factors and increase both protective factors and resilience. They address these through an ongoing assessment of need, and a consequent development of individually tailored plans, which are designed, supported and agreed to by everyone involved. This
includes the staff, the referral agents and the parent/s and children. This approach also makes it possible to be flexible and to be open to negotiation and change.

The literature in the area of early intervention emphasises the importance of having well trained and knowledgeable staff in order to effect change in children and their families. The range of data collected during this evaluation included examining the background of involved staff. The results indicated that the staff at each project had a range of backgrounds and experience, many with degrees and qualifications in a range of disciplines. This is supplemented by having clear and structured appraisal systems in place, which identify any additional training needs, so that all staff members undertake courses in areas that are relevant to the needs of the children and the parents with whom they work. Below is a snapshot taken from an interview with a referral agent, condensed to present the main points: it demonstrates the skills and experience of staff, the level of support that they can provide for children and their parents, and the ability to help to promote and effect change in the family.

**Case example:** 10 year old presenting with aggression, anger, trouble in school and in the community, hanging out with an older peer group, on the edges of anti-social activities related to drink and drugs, parents struggling. The problem was correctly identified as the death of a grandmother. Worked with young person, and with the family so they had a better understanding of how to deal with the child. Parents separated during time of engagement at the project so staff supported mother and child emotionally through that transition. Parent was said to have benefitted from this support. Young person has turned around - drawn back from fringes of offending, no longer associating with older peers, settled down in class – the project worked with the school too. Still some work to do on anger but in six months so much improvement in all areas of her life, can’t wait to see the improvement in another four or five months.

The Programme is aimed at supporting those children and young people who are vulnerable to offending and antisocial behaviour, and decisions are made on the basis of an assessment of the set of risk and protective factors present in each situation. However it is generally recognised within the related literature and research, and by staff and practitioners, that individual lives are often very complicated, and that it is not always easy to disentangle the risk of offending from other possible negative contexts and influences. The range of problems being experienced by young people, in addition to contact with the police, can be very large, and may include, for example, mental ill health, family breakdown, the need for care
placements, school exclusion, difficulties engaging within the community, self esteem issues and so on.

However, a great deal can – and is – being done within this Programme to address these other issues. The case examples described above provide evidence that the interventions achieved by the Programme have produced positive outcomes in many areas, including helping to provide support with problems not identified in the original assessment of need. Other examples were given of positive outcomes resulting from the support received by the children and parents from the Programme. Alongside the prevention of offending, examples included: re-engaging with school; coming off the Child Protection Register; averting care placements; rebuilding family relationships; improved parenting skills; engagement in the community; and reduced overall stress on parents.

**Recommendations from the evaluation**

The general conclusion of the evaluation is that the Early Intervention Programme is achieving significant success in relation to its aims and objectives, most importantly in effecting positive change in the children and parents with whom it worked. However it was also felt that there were a number of elements or emphases in the work of the Programme where changes or adjustments might help to strengthen its overall success. Some recommendations are therefore included in the report (these are dealt with in more detail in Chapter 6, pages 156-173), the first set of which refer to the practical activities such as:

- ensuring that referral agents stay involved throughout;
- encouraging more participation of parents;
- considering the duration of some programmes (if fixed length), and
- ensuring that the projects do not intervene too early.

There are also recommendations which are more operational in nature, such as:

- reviewing the referral criteria to ensure the right cohort of children are worked with;
- reviewing the outcomes framework in order to standardise this across projects and in addition to give consideration to:
  - include the measurement of ‘softer’ outcomes;
  - how the measureable outcomes can better fit with the higher level outcomes contained in the Children’s 10-year Strategy;
  - the use of UNOCINI forms for assessment and referral; and
• providing access to training in participation for those who require it.

Finally, there is a strategic recommendation:

• It is recommended that not only should the Programme be sustained but also that it should be further developed with support from Department of Justice, and the Department of Education.

**Final comments**

IRS has carried out many studies into interventions aimed at diverting or preventing offending in children and young people, and have found that the answers to ‘what works’ are never straightforward, perhaps because the challenges and difficulties in the lives of these children and their parents are complex. Nevertheless these studies, and indeed the literature reviews generally, do suggest that there are elements, or aspects, that constantly emerge as necessary within successful interventions. These include: a holistic approach to the problem; multi-agency partnerships involving all those with a stake in the child’s life; dedicated and experienced staff; and, clear aims with measurable outcomes.

This study has concluded that the Early Intervention Programme included all of these aspects and more. However, it also discovered that there were relatively few services of this nature, especially those working in a holistic way with the young people at risk of anti-social and offending, and also with their families. The rise in demand for this service was evidenced across all projects, by the increase in referrals by the second year and the increase in the numbers on the waiting lists held by projects.

The range and complexity of the problems that children and their families can experience, suggest that they cannot be the responsibility of any one Department or Agency. If this is not recognised, the likely consequence will be that the problems will continue to grow and to require more intensive interventions and resources. The departments that are needed to contribute to dealing with the problem will probably include education, social services, police, youth justice, and in some cases mental health. Therefore, all should be involved in the solution.
CHAPTER 1. IMPLEMENTING THE STUDY

1.1 Background to the study

The Health and Social Care Board (HSCB) commissioned an ‘Evaluation of the Early Intervention Programme for the Prevention of Offending’. The general aims of this ‘Early Intervention Programme’ were described as follows:

1. The aim of the Northern Ireland-wide programme is to support children 8-13 years old, vulnerable to offending and anti-social behaviour, and their families.

2. The programme will cover all of Northern Ireland, based on a structure of strategically located multi-agency teams, provided by partnership projects, which will not only provide a jointly agreed service for each child, but also promote the access of that child to all relevant services provided by the range of agencies – Health and Social Services (including mental health services), Education, Criminal Justice Services – and other providers.

The Programme operates on a Northern Ireland – wide basis, and is delivered by three agencies; NIACRO, Extern and Action for Children Northern Ireland. A detailed specification for the evaluation of the Programme was set out in the tender document, and this made it clear that the evaluation would be expected to address the central issue of how successful this provision of support has been, for vulnerable 8-13 years old children across all of Northern Ireland.

The evaluation was expected to examine the extent to which each programme has met the following objectives:

- to provide an interagency partnership to target and meet the needs of groups of children vulnerable to offending and their parents;
- to empower families to support and advocate for their children, including through the use of parenting support programmes;
- to strengthen education and community supports to children and young people;
- to focus on reducing known risk factors, strengthening protective factors and promote resilience in each domain for those children at risk of offending;
- to improve access to mainstream and statutory services, and provide links to voluntary and community organisations;
• to provide services which appropriately address the needs of children and families from vulnerable groups such as black and minority ethnic communities;
• to demonstrate knowledge of the needs of children and young people vulnerable to offending in the area;
• to demonstrate the involvement of children and young people and their families in the planning and design of the programme of services;
• to demonstrate an understanding of existing local provision for the target group of children and young people;
• the programme must be shown to deliver value for money, and must operate within the resources available.

There were three overall themes to bear in mind when carrying out the evaluation and these were ‘rurality’, ‘participation of children and families in the design and delivery of the services’, and ‘value for money, efficiency and effectiveness’.

The process of coming to a judgement about efficiency, effectiveness and impact of the Early Intervention Programme (hereafter the Programme) involved a number of research tasks, including the following:

• It was important to reach an understanding of the structures, organisational systems and models used by the three delivery agents to deliver outcomes in each of the projects. This involved particular reference to the range of local partnerships used in each project, and to the nature and form of these partnerships, including their interagency and interdisciplinary workings and their specialised activities and services.
• Attention was also given to the patterns of activities and demands across the projects, the range of general and special needs identified, and how information was distributed within and across systems. Dimensions of this involved, first, the aspiration towards a process that is individualised, child-centred and family focussed; and, second, responses to the full range of preventative and diversionary measures for dealing with young people who are vulnerable to becoming involved in offending or engaging in anti-social behaviour. In addition the inter-agency nature of services, involving a range of contributors was examined.
Closely aligned with this was the question of selecting a range of indices, indicators and feedback systems (qualitative and quantitative), and, through these of collecting all relevant data that might help to shed some light on the issue of effectiveness. This included such matters as existing data within project records, representative views of all constituencies, existing evaluations, annual reports, monitoring returns, the outcome monitoring report, documentation on complaints procedures, questionnaires, and so on.

In addition, it was important that the evaluation took account of important contextual variables such as: the views and experiences of the set of constituencies and stakeholders (including the young people attending the projects, management and staff of projects, parents/carers, membership of partnership agencies, and the wider community); the dynamics of intra and inter agency relationships; the variation and similarities of the models used by the three agencies; and the degree of variation and individuality within the set of young people involved.

Finally, as a direct consequence of the data and analysis described above, it was possible to make recommendations in relation to the establishment, or the improvement, of effective systems of monitoring and evaluation of the performance of the Early Intervention Programme in the future. In the process of establishing and carrying out these studies, the detailed specifications of the evaluation were also achieved.

1.2 Methodology
The methods adopted in this evaluation were in direct response to the detailed specifications in the tender document to ensure all requirements were met in full. They included:

- a literature review
- desk research, including analysing data collected by the programme
- observations of practice
- interviews with a range of constituents

Each of these methods is now discussed further.

1.2.1 Literature Review
A literature review was carried out to set the programme in context. Specifically it focused on existing research in the area of early intervention with children and young people presenting
with at risk behaviour. This involved an examination of the literature on the importance of early intervention, the risk and protective factors that are said to connected with offending and anti-social behaviour, what difference resilience might have on those with risk factors present, interventions (or aspects of) that have been shown to be successful with those presenting with problematic behaviour and so on.

1.2.2 Desk Research

Desk research was used to gather general information on the programme and the individual projects, using - among other things - documents provided by the Project Management Board and those held by each of the three agencies. It looked at the nature and levels of activity in the various projects, the average length of time that families and children were in contact with a project, the levels of re-referrals, the staffing levels and structure, qualifications and experience of staff, what on-going training was available and undertaken, and so on. It included an examination of the resources available in each project, how the resources have been utilised and what more might be done with greater resources. All of the above issues were considered in relation to the overall themes referred to in the tender document, that is ‘rurality’, the participation of children and their families in the design and delivery of services, and matters such as value for money, efficiency and effectiveness.

Desk research was also used to help in the examination of the statistical data collected through the monitoring process, and to provide an analysis of this in terms of the measured outcomes for children and young people. Validation of statistical returns for discharged cases was also carried out by comparing the responses from parents and young people’s interviews against the statistical data on admission and discharge in relation to outcome measurement. The statistical data collected also allowed a consideration of the collected data in terms of the higher level outcomes in the 10 Year Strategy for Children and Young People in Northern Ireland. The statistical data also allowed a comparison to be made between, on the one hand, the areas generating referrals under the programme, and, on the other, those areas identified as being areas of high multiple deprivation, where there was a high percentage population of children and a high percentage of children with less than 85 percent attendance at school. This comparison will lead to a consideration of accessibility to the Programme across the Trust areas.
1.2.3 Observations of practice

The intention was to carry out observations of practice at the projects managed by each of the agencies in order to assess the nature and effectiveness of the delivery of the programme. The aim was to observe a number of stages, including joining the team during assessment, and during discussion on treatment plans, therapy sessions and debrief sessions. However, because of the sensitive nature of the work with children and their families, it was decided that observations would take place in a less intrusive manner by attending group events or activities at some of the projects, and these would be dependent on what might be possible within the time constraints of the fieldwork. In the end three activities/events were observed, one for each of the agencies involved and these included observing an award ceremony of achievement at an Extern project, a go-karting day out at a NIACRO project and the activities of a participation group of young people at the Action for Children project. At each of these events or activities it was possible to observe the engagement and interactions between the staff and the children and to gain an understanding of the processes and the dynamics involved, with an emphasis on how well these might contribute to successful outcomes.

1.2.4 Interviews

A large number of interviews and discussions were carried out with a range of constituents including the management and staff at the various agencies, the referral agents, the children, young people and their parents/carers and other key stakeholders in the area as follows:

1.2.4.1 Interviews with management and staff at the three Agencies

Interviews and discussions were carried out on a number of occasions with the management of the three agencies (NIACRO, Extern and Action for Children) and with the management and staff at each of the five projects across Northern Ireland. The interviews covered such issues as the management structure, staff training and experience, levels of funding, the models of practice, interagency communication and practice, perceptions of levels of success and so on. A total of 30 in depth and structured interviews took place, in addition to a number of less formal discussions which occurred on various other occasions.
1.2.4.2 Interviews with Referral Agents

Interviews with a range of referral agents were used to gather information on how well the projects were delivering on the ground. The interviews were structured to allow key stakeholders to make their views known on any issue including their expectations of the project, the level of negotiation and communication between projects and communities, the extent to which the project was tailored to specific local needs, perceptions and views on the practices involved, and perceptions of levels of success of each project in relation to the overall objectives of the Programme. In the end 16 structured interviews took place with referral agents and the breakdown of the agencies/services are represented as follows; seven from social services, three from the Police Service of Northern Ireland (PSNI), two from Child and Adolescent Mental Health Services (CAMHS), two from the education sector, one from Youth Justice Agency (YJA) and one from Community Paediatrics.

1.2.4.3 Interviews with other key stakeholders

A number of other interviews took place including with representatives of the Northern Ireland Office (NIO), the Department of Health Social Service and Public Safety (DHSSPS), the Youth Justice Agency, Include Youth and the Health and Social Care Board. These interviews focused on the perceptions of levels of success in terms of the aims and objectives of the Programme, what impact the programme might be having on the wider policy area and the nature of the future policy landscape and how that might influence the work of the Programme. A total of ten structured interviews took place in addition to a number of informal discussions with others with an interest/stake in early intervention when the opportunity arose.

1.2.4.4 Interviews with parents/carers and young people

Perhaps the most important interviews of all were with the clients of the service, that is the children and their parents/carers who accessed services from each of the five projects across Northern Ireland. Sometimes these interviews took place with a parent and child together or on other occasions parents and young people were talked to separately. On a few occasions a small number of parents or a few children came together to speak to the researcher as a small group. The interviews and discussions covered such issues as their expectations of coming to the various projects, the issues that arose for them during the process, the extent to which
they felt supported by the projects, the extent to which they actively participated in and contributed to the treatments/interventions, the extent to which they felt they had participated in the design and delivery of the services, and what impact they felt the intervention had had in terms of behavioural and attitudinal change. A total of 27 parents and 19 young people took part in the evaluation and they tended to be at different stages in the programme; for example some had not long started at a project, some had been at a project long enough to have had a review of their work plan (usually around three or four months), some were near the end of their programme and the remaining had finished the programme some weeks/months previously. The young people were aged between 9 and 13 years old and, with their parents, represented each of the five different projects under the Programme.

A number of parents and young people from each project were interviewed after completing the programme and the responses from these interviews were used to assess the validity of the statistical returns in relation to the risk factors recorded at referral and the outcomes recorded on discharge. So, for example, if a young person was scored as having a lot of difficulties on individual factors on admission, and on discharge was scored as doing well in these factors, this could be cross referenced with the comments supplied by the parents and young people themselves in relation to these factors.

1.2.5 Conclusions and recommendations

The conclusions and recommendations form the final chapter of this report (Chapter 6). The conclusions bring together all the data collected throughout the course of the evaluation including the findings from the literature review, the observations, the desk research including the data analyses, and the interviews/responses in an organised manner. The recommendations are then derived from this in order to make suggestions which might improve the work of the programme.
CHAPTER 2. BACKGROUND TO THE EARLY INTERVENTION PROGRAMME

2.1 How the Programme came about

The Early Intervention Programme came about as a result of an earlier project established in the Southern Health and Social Services Board area (now the Southern area of the Health and Social Care Board) area. The Guidance to the Children (NI) Order 1995, referred to the duty of Boards and Trusts to take steps to encourage children not to commit offences. In addition the Criminal Justice Review of Northern Ireland reported in 2000, and one of its recommendations was that Health and Social Services Trusts should have more responsibility for the management of young people who offend, that they should be considered as 'children in need'. These and other policies all led to a number of changes over the next few years - Children’s Services Planning (CSP) – which had been set up under the Children’s Services Planning Order (amendment to the Children Order) which established Children and Young People’s Committees in the then 4 HSSB areas. Sub-groups under these committees were established to focus on children and offending.

It was in the Southern Board area that a cohort of children were identified who might benefit from an early intervention programme and as a result it was decided to set up a pilot project in the area. The CAPS (Child and Parent Support) programme run by NIACRO was successful in acquiring funding from the Children’s Fund to set up the programme aimed at children between the ages of 8 and 11 years and their parents/carers. The aim was to work with children at risk of engaging in anti-social/ offending behaviour and their families in order to reduce risk by increasing protective factors in the domains of home, school and community. The programme ran for three years to 2006 and following a successful review it was recommended that the service should be rolled out to other areas of Northern Ireland. The project received an extension from the Children’s Fund for two years until March 2008, and an internal review following the first year of the extension detailed high levels of satisfaction with the service from referral agents and parents and children.

Towards the end of the extension period of funding, people convinced of the value of the project and working in this area of children at risk of offending behaviour, began to consider

how this programme might be rolled out. In the end it was the DHSSPS who were open to bid for £1 million\(^5\) per year under early intervention and they commissioned the SHSSB (which later became part of the HSCB) to manage the procurement of the funds to those successful in putting together proposals to deliver a service. The SHSSB set up a multi-agency panel, made up of Agency representatives on the Southern Area Children and Young People’s Committee (which runs the Children’s Services Planning Process) and it was this panel which carried out the selection process. NIACRO and Extern submitted a joint bid and were successful in securing funding to deliver four projects (two each) in four of the Trust areas, while Action for Children secured funding for a project in the fifth Trust area. Extern established two projects, one based in Derry covering the Western Trust area and the other based in Newtownards covering the South Eastern Trust area. Both projects were known as Strength to Strength (S2S). NIACRO established two projects, one based in Belfast covering the Belfast Trust area and the other based in Armagh (where it was originally piloted) covering the Southern Trust area. Both these projects were called Child and Parent Support (Caps) after the earlier programme. Action for Children established one project based in Larne covering the Northern Trust area and it was called the Northern Area Early Intervention Programme.

The Early Intervention Programme is managed by the Health and Social Care Board which monitors the Programme with the assistance and support of the Youth Justice Agency Early Intervention Coordinator. The Programme was to run for three years under this current round of funding, until March 2011. This evaluation is therefore considering the first two years of this three-year Programme.

2.2 The 5 project models

The five projects under the Programme cover the five Health and Social Care Trusts in Northern Ireland and are managed by three different agencies; NIACRO, Extern and Action for Children. Each of the models is detailed below under the headings of the three agencies, with similarities and differences between and within agencies and projects discussed.

2.2.1 NIACRO

NIACRO is a voluntary organisation set up almost 40 years ago in Northern Ireland to ‘work

\(^5\) Originally the figure was to be £2 million but this was reduced to £1million
for the welfare of the offender’. Its mission statement is ‘we work to reduce crime and its impact on people and communities’. The strategic aim in relation to children and young people, is to work with them and their families to reduce anti-social and offending behaviour. It believes that given the right services to meet their needs, children and young people can be diverted from offending. In addition to its Caps projects, NIACRO has other children and young people’s schemes, such as: Independent Visitors which provides a befriending and support service for looked after children; Independent Representation which represents the views of children held in secure care at Lakewood; and Youth Employability which works with 15-18 year olds who have become involved with the youth justice system in order to help them access education, training or employment. This latter scheme is run in partnership with the Probation Board for Northern Ireland (PBNI) and the Youth Justice Agency (YJA).

Under the Early Intervention Programme NIACRO is responsible for two Caps projects, one based in Belfast and the other in Armagh. NIACRO was responsible for the previous early intervention project (called Caps) based in Armagh which formed the basis for this Programme. Both Caps projects are overseen by the Director of Services for Families and Children and line managed by a service manager. When having a full quota of staff there is a senior practitioner and three project workers at each project. Training is based on appraisal, carried out on an annual basis but also through regular (usually monthly) supervision sessions. A matrix is developed of training needs for each project which is then put forward to the training manager in NIACRO and the management group for assessment. A training plan is then produced for the year. There are plenty of opportunities for staff to enrol on courses of interest and indeed all staff have carried out a range of training courses. The two projects have part time administration officers provided by NIACRO in kind. Both projects at varying times have had volunteers or befrienders assisting with travel or providing support to individual families.

The two Caps projects are similar in many ways, for example they both work to an individual case work model, taking a multi-modal, systemic approach by addressing all the factors in the young person’s life, that is the individual, in home, school and community. The referral criteria are based on established risk factors, with referrals being accepted on to the programme if the scores on these risk factors indicate a substantial need. The initial assessment period is between six and eight weeks after which the individual intervention- or programme of work- is planned which includes a focus on the areas/issues that need to be
addressed. Reviews of the work plan are carried out on a quarterly basis with written reports produced, and the length of engagement is determined by need, that is the case will be closed when it is felt that the risk of anti-social or offending behaviour is low.

Monitoring is carried out throughout the process of engagement and reported on a quarterly basis, giving details on numbers involved, demographic information, outputs and outcomes. The types of information collected include: the numbers of staff in place; project developments and interagency engagements; participation progress; profiles of children, including household composition, geographical distribution of children, medical conditions, youth diversion status, other agencies involved, school status, referral agent, child protection status; and the services and interventions provided and the outcomes for children.

The outcomes monitoring is carried out at review stages so that the progression/regression of individual cases can be viewed against their scores on a range of 25 risk and protective indicators which have been scored at referral stage by the referral agent. These 25 risk indicators are grouped into 5 factor categories: individual, parenting, family influences, community influences and school factors. The school factors are completed by the school separately, and at referral stage if they were not the referral agent. Each case is given a score of between 1-9 on each of the 25 risk and protective factors with 1 equating to ‘a lot of difficulties’ in this area and 9 equating to ‘very good’ in this area. The scores are accumulated under each of the 5 factor categories to give an average score. There is also a risk assessment of harm which is scored low, medium or high on 4 categories: risk of vulnerability to self; risk of vulnerability from others; risk of harm to others (child/family); and risk of harm to property. (See Appendix 1 for the Factor Review Form which also applies for Extern projects)

The scoring at review stage tends to be carried out with the parent and the child and is then agreed with the referral agent. In the quarterly monitoring returns the outcomes for discharged cases are highlighted with the scoring on referral and on discharge presented showing whether there was progress, no change or regression on each of the 5 factors. It also shows the youth diversion status, residential status, discharge reason and average time on programme for all discharged cases in that quarter.

The Caps projects’ main mode of engagement with young people is in individual work,
although they do also have award ceremonies and group outings, the latter usually being held in school holiday periods as a form of reward. They tend to meet with young people and their families once a week, with much of the engagement with the young person taking place in the school environment and for the parents, in the home. They have access to a range of resources which they tailor to individual needs in interventions- some of which they adapt or add to based on their experience of a particular behaviour.

Both projects have advisory groups and although they may differ at times on composition the agencies mainly represented are education, police, social services and youth justice. Both use child assessment forms at review periods and also following activities. Both projects (and also Extern projects) have a contract with Include Youth to provide assistance with the participation element of the projects.

Both projects have staff who have undergone training and courses in relation to recognising need in children, understanding the impact of difficult situations and circumstances in children and their families’ lives, managing difficult behaviour, on positive parenting, and on how best to interact and engage with parents and children. In addition they have trained in the use of UNOCINI, first aid and child protection.

The next two paragraphs relate to where the two projects may differ slightly in terms of establishment, external funding, resources and staff background and experience. The Southern Caps project was already established and had been running for five years and so had already established itself in the community with good links with other agencies and groups in the area when this current funding became available. For example they had already established good links in the community with adolescent services, specialist services and community and voluntary supports. They also have close links with the Trust who have recently provided funding to the project. The YJA have also contributed towards the part-funding of a worker. The staff have all been in position since the start of this Programme in 2008 and all have primary degrees in a range of disciplines including youth work, social science, criminal justice and law. They are also trained in systemic family therapy to introduction level. At different times the project has had art therapy sessions, an education worker (although this post was vacant for over year due to funding running out), and play therapy sessions. They also hold two parents groups a year and run a summer Citizenship programme for the young people.
The Belfast project, being new at the time of this current round of funding, took some time to become known and to establish links with other agencies in the area. They have however established good links in the community with specialist and adolescent services and with voluntary and community groups. There have been some changes in the staff since the start of the programme with a few staff leaving and new ones being recruited and the senior practitioner off on maternity leave. The staff tend to come from a youth work background although a few have undertaken an NVQ in youth justice. One member of the team is also trained in family therapy and all have undergone training and courses, as detailed in the section above (2.2.1.1) The project has not had an education worker since the start of the programme and had only recently (at time of interview) started a parent’s group. The project is solely funded by the Early Intervention programme.

2.2.2 Extern

Extern is a voluntary organisation which was established in Northern Ireland in the mid 1970’s traditionally to work with offenders. It now works both north and south of the border and has extended its service to work with children and their families. Its mission statement is ‘a charity working with partners, providing high quality, innovative and community-based services for people who have complex needs’. Its strategic goal in relation to children and young people is ‘to safely orientate children and young people towards indigenous community providers of services wherein they will receive ongoing support without the need for statutory intervention in their lives’. Extern provides what it describes as a continuum of services as it believes that people require a range of service according to their needs and that by providing a continuum the young people can transfer to other services as their needs change.

Extern has a range of programmes under its children’s services including programmes such as Independent Visitor and Intensive Fostering, programmes such as Time Out, Early Years, and Linden Services for Children, and programmes such as Family and Child Empowerment Services (FACES) and Strength to Strength (S2S). The model used is based on a resiliency model of intervention which suggests that many people faced with adversity can overcome their problems and become stronger as a result. It therefore tries to identify and build on people’s strengths by providing the right environment to meet their developmental needs.
Under the Early Intervention Programme, Extern has two Strength to Strength (S2S) projects, one in Derry/Londonderry to cover the Western Trust area and the other has two offices, one in Newtownards, with a more recent one opened in Lisburn, to cover the South-eastern Trust area.

Both projects are overseen by the Director of Children and Family Services and each are line managed by a Programme Manager, in addition to a Project Manager. Project Co-ordinators are responsible for the day to day running of each project. The project workers at each project have ample opportunities for training and are appraised annually to determine training needs. The teams at both projects tend to have a background in working with youth, with some staff having had experience of working with young people with offending behaviour. Both projects tend to receive no external funding except for programme funding. The Western project had a volunteer who left to take up a job offer, and the South-eastern project recruited a volunteer who was a former (parent) service user.

The two S2S projects are similar in many ways, for example they both work within a resilience model, working holistically with young people across the domains of family, school and community. They both run a 16 week intensive intervention or plan of work, reviews are carried out at two month and four month stages, the latter review usually being when a young person is discharged although some are re-referred if it is determined there is a need still there.

They both operate with the same referral criteria as is used in the Caps projects and monitoring is also the same in the two S2S projects as in Caps projects (see page 11). The same information is presented in the quarterly monitoring returns, and the scoring for outcomes on the 25 indicators is carried out at referral, review and discharge stage in order to view progression or regression on the 5 factor categories of individual, parenting, family, community and school risk and protective factors.
The S2S projects have a range of modes of engagement including individual and group work with children and parents, and there are also activities, day trips and residential. They have award ceremonies to celebrate achievement. They differ to the Caps projects in that they carry out more group work (mostly involving young people), and more activities. In addition, the S2S projects have day trips (for the young people and sometimes their parent/s) and residential in their programme which the Caps projects have not incorporated into theirs. Engagement with young people takes place often a few or more times a week with overnight residential experiences and activities also included. Individual focused work is included using resources which are tailored to individual need. The projects tend to engage parents through activities although both projects did have a parents group which was changed to activities, either because it was not proving to be a best use or resources or following feedback from parents themselves.

Each S2S project has had an advisory group at some period during the first two years of the programme; the Western project advisory group was set up in the second year; and the South-eastern was set up prior to this Programme and then (at the time of interview) it was being expanded to include representatives of agencies in different areas. However the composition of the groups tends to be comprised of representatives of the main agencies such as social services, police, YJA and education. Both projects (as with Caps projects) have a contract with Include Youth to provide assistance with the participation element of the project.

The next two paragraphs relate to where the two projects differ slightly in terms of establishment, resources and staff background and experience. The Western S2S project was started in 2008 when the funding for this programme became available. Other projects run by Extern were already operating in the area, so that relationships with various agencies were established, which helped with building links when S2S began. Now formal linkages, through the advisory group, have been set up, to ensure the connections that are needed with the relevant agencies. The project is also linked into the community through membership on Locality Action Groups, Family Support Hubs and the Trust’s Gateway teams. The staff have been stable since the start with no changes in the Co-ordinator and the 2 project workers. The
staff have community youth backgrounds with degrees completed or currently (at time of interview) being undertaken. The staff have also undergone training and courses on managing teenage behaviour, on systemic practice and therapeutic crisis intervention, and on building self esteem along with safe practices training (health and safety, first aid, basic food hygiene, residential policy training and so on). The project also has at its disposal the use of sessional staff to help out with activities. The project also has the input of a part-time education worker. There is administration assistance in kind from Extern and also the premises are shared with other Extern provisions. The Western project has had to cut back on some activities in the programme due to pressure imposed by expansion across the Trust area in the second year. The main funding comes from the Early Intervention programme, although a small amount of funding was sourced from the Big Lottery fund in year two. The project also receives some ‘in kind’ support from the YJA through the use of the latter’s premises and facilities.

In the South-eastern area, there was a S2S project in operation prior to this programme (funded by the South-eastern Health Trust) but with different staff, less resources and slightly different format; for example the previous project worked longer than the 16 week programme, with monthly or biweekly sessions and modes of engagement which included individual work, family work and activities. It was likely that the presence of this project assisted the new project and staff to establish and build links in community. The project is operating with one co-ordinator and 4 project workers at present (at time of writing) but there has been a high turnover of staff since the beginning of this funding period with three changes in the co-ordinator and only two of the four staff present since the start of the programme. The project also has annual contracts with qualified therapists, both in art and family therapy, to work on a regular basis throughout the period of contract with young people and their families. There has not been an education worker since the Programme began. Some of the staff have primary degrees in the social sciences or humanities, in addition to other qualifications; whilst other staff have qualifications in social care, management, youth work, community work and/or in criminal justice. The staff have all undertaken a range of training in addition to mandatory training provided by Extern, and this has included family work, counselling, risk assessment, and how to manage children with complex needs and deal with the issues relevant to such children and their families; for example this included courses in offending behaviour, alcohol and drug misuse, promoting mental health and positive well being, systemic work, conflict management, motivational
interviewing, managing difficult behaviour and so on. The project is solely funded by the Early Intervention programme.

2.2.3 Action for Children

Action for Children was formerly known as the National Children’s Home (NCH) which was set up in 1869 as a charitable organisation. They changed their name in 2008 to better reflect what they do and have been in operation in Northern Ireland since 2000. Action for Children have shifted their early work from children’s homes, to presently supporting and providing services to vulnerable children, young people and their families mainly through community-based projects. The charity pioneers on behalf of children and are active in forming national childcare policy.

Action for Children runs other programmes, for example Sure Start (for ages 0-5 years), parent support projects, alcohol/drug programmes, Choices (with the Youth Justice Agency and Barnardos) which is a prevention of offending programme for 10-17 year olds and these along with Early Intervention Programme all tend to support each other. Many of these programmes are in the Northern Trust area but they also have other programmes across other areas of Northern Ireland and these include: Floating Support; Young Carers; Fostering Service, Family Centre, Family Group Conferencing, Volunteer Mentoring and work with families and children with a disability.

Action for Children manages one project under the Early Intervention Programme called the Northern Area Early Intervention Project which covers the Northern Trust area. The project is overseen by the Operations Director and line managed by the Group Manager (previously known as Assistant Director Children’s Services). Then there is a Project Manager responsible for the day to day running of the project and 5 programme workers. The project also has full time administration support and has the input of sessional staff, such as education workers and parent support workers. The project does not have volunteers. Training is based on appraisal and a learning needs analysis is carried out so that staff may be slotted on to courses that are available and deemed appropriate. There is mandatory training and plenty of opportunities to choose courses of interest.

There was a high turnover of staff in the first year of the programme, but this has settled with a full quota of 5 programme workers now; many with primary degrees in social policy,
psychology and law, in addition to teacher training and youth work. Staff have availed of various training including Solution Focused Brief Therapy, introduction to family therapy, Strengthening Families which is a parenting programme, and Incredible Years-a programme primarily designed to address conduct disorder in children.

The project is based on a family support model, taking a systemic approach to children’s needs by examining and addressing the various factors and influences in their lives. The referral criteria is different to that of the other four projects under the Early Intervention Programme in that it uses the UNOCINI to determine if the case should be taken on.

The monitoring framework adopted has outcome indicators that have been developed by Action for Children UK and adapted to be relevant to Northern Ireland. The indicators are linked to the national 6 higher level outcomes contained in the 10 year Strategy for Children. Each child accepted on to the programme has to meet six of the possible 43 indicators, five of which are chosen as supporting families’ indicators and one as preventing offending. They are as follows:

- there is an improvement in a child or young person’s emotional well being
- the child or young person achieves satisfactory attendance at school, further education, training or employment
- the risks to the child or young person are known and protective factors are in place
- there is an improvement in the living conditions of the child or young person
- the child or young person’s views are sought, heard and contribute to decision making
- the young person does not offend.

In addition other indicators may be chosen depending on needs of the individual child, so for example if the young person is engaging in substance misuse then the indicator ‘the use of harmful substances is reduced’ may be included, and so on.

Following the six-eight week assessment period a service plan for each child is developed which will focus on those areas that need strengthening/addressed. Reviews are carried out on a quarterly basis to determine how the project is meeting the needs of the child. The project uses Aspire which is a database which includes assessment, plan, interview and review. The reviews involve the parent/carers and child and the referral agent, and it is at this time that all are informed of the progress/outcomes. When a case is discharged the decision to taken to see if they have met, not met or partially met the outcome indicators. These are then converted into the risk/protection factor scores in line with the methods adopted by the other four
projects in order to present comparable monitoring information on a quarterly basis to the Commissioner.

The different modes of engagement employed by the project include individual and group work with both children and parents, and there are also activities (such as art workshops or drama groups), day trips and educational work. In terms of group work, they run parents groups in order to help with parenting skills and advice and have recently started a participation group for the children and young people to encourage them to become involved in the design and delivery of the programme. The individual work with the children and young people can be issue-based depending on what has been identified by the assessment, and the keyworker meets with the parents to discuss any issues they might have in relation to their child or themselves. They tend to engage on a weekly basis with the children and young people outside of school time and with parents when it is suitable for them. They have certificates which they present to the young people on achievement of tasks.

The Action for Children project does not have an advisory group although management do attend a number of groups such as Locality Groups, the Children’s Services Planning family support group, and local Area Behavioural Support Teams. Action for Children had previously been represented on Youth Diversion Fora and this was felt to be beneficial, but due to sensitivities surrounding data protection issues voluntary groups were no longer permitted to sit on these forums. The project is funded solely under the Early Intervention Programme.

The various models have a lot of similarities but also slight differences in aspects of the programme: these relate to resources, staffing levels and experience, the approaches and interventions adopted and so on. These will become more evident in chapters 4 and 5 which examine the findings of the analysis of statistical data and the interviewees’ comments.

2.3 The costs of referral to the Early Intervention Programme and other children’s services
This section details the costs of referrals in the five different projects taking into consideration where differences in the models may impact on these costs. It then considers these costs in relation to other children’s services.

The average cost per referral for the first year was £5,565 which decreased to £4,610 by the second year. This is perhaps what would have been expected as the majority of projects were only being established in 2008 and were therefore likely to incur start-up costs.

Table 1. Average costs per referral for the projects in the first two years of the Programme

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<th>Western 2009/10 budget (of which £177,221)</th>
<th>Southern 2009/10 budget (of which £220,525 external)</th>
<th>Southern-eastern 2009/10 budget (of which £203,936 external)</th>
<th>Northern 2009/10 budget (of which £254,987)</th>
<th>All projects 2009/10 budget (of which £1,028,053)</th>
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<td>32</td>
<td>56</td>
<td>49</td>
<td>223</td>
</tr>
<tr>
<td>Average cost</td>
<td>£5,292</td>
<td>£3,771</td>
<td>£6,891</td>
<td>£3,642</td>
<td>£5,204</td>
<td>£4,610</td>
</tr>
</tbody>
</table>

The Belfast, Southern and Northern projects have similar models in that they work with the children and their families until they feel that the level of risk is low or greatly reduced; this tended to be on average across the first two years of the Programme between approximately seven to eleven months (see section 4.2.3, Table 24). The Western and South-eastern projects on the other hand have an intensive model which is 16 weeks long and this goes some way to explain the differences in the average costs. In addition some of the new start information for

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6 Includes 19 cases which were live when the Programme began in April 2008
these projects relate to re-referrals, which, if taken into consideration - especially for immediate (that is with no gap between discharge and re-admission) re-referrals\textsuperscript{7} - would increase the average costs for the Western project and in turn the overall average costs.

It is difficult to get costs that would compare to those of the Early Intervention Programme. It could be argued that if the children continue on the path they are on, there is a likelihood of them either ending up in a care placement or in a custodial setting. Indeed, through interviews it was said that a few children were prevented from being taken into care due to the intervention of the projects. Below gives some costs for care and custody for children and young people in 2009.

In a written answer to a question posed in the Northern Ireland Assembly in April 2009\textsuperscript{8} average costs (per occupied patient week) were given for maintaining a young person in residential care in each of the five Trust areas in Northern Ireland. These are detailed in the table below with an added column giving what these figures would translate to for a per annum cost.

<table>
<thead>
<tr>
<th>Trust</th>
<th>Average cost per occupied patient week\textsuperscript{9}</th>
<th>Average cost per year\textsuperscript{10}</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belfast HSC Trust</td>
<td>£2,619</td>
<td>£136,188</td>
</tr>
<tr>
<td>Northern HSC Trust</td>
<td>£2,687</td>
<td>£139,724</td>
</tr>
<tr>
<td>South Eastern HSC Trust</td>
<td>£3,099</td>
<td>£161,148</td>
</tr>
<tr>
<td>Southern HSC Trust</td>
<td>£3,005</td>
<td>£156,260</td>
</tr>
<tr>
<td>Western HSC Trust</td>
<td>£3,683</td>
<td>£191,516</td>
</tr>
<tr>
<td>Overall average</td>
<td>£3,019</td>
<td>£156,967</td>
</tr>
</tbody>
</table>

In 2009, the average cost for maintaining a child in a residential care home in Northern Ireland on a per annum basis then was over £150,000 a substantially higher cost than that for providing early intervention support in the same year which comes in under £5,000.

\textsuperscript{7} See section 4.2.4 for discussion on re-referrals
\textsuperscript{8} AQW 6281/09 on Friday 3rd April 2009
\textsuperscript{9} The costs were said to take no account of individual case complexity
\textsuperscript{10} Based on the weekly costs multiplied by 52
In a study of intensive family support projects it was estimated to cost between £15,000 and 23,000 a year to work with a family. This was said to represent value for money as they were cost effective, that is they produced positive outcomes that had reduced the need for other services and improved their life chances. The same study suggests that the annual cost for interventions for looked after children or youth justice can cost anywhere between £50,000 and £100,000.\textsuperscript{11}

Custody for children and young people in England and Wales is made up of three different types of establishments: young offender institutions; secure training centres; and secure children’s homes. In answer to a question in the UK Parliament in 2009 regarding the costs of placement in the secure estate the following average costs were given: \textsuperscript{12}

\textbf{Table 3. Average cost of a child’s placement in the secure estate in England and Wales (2009)}

<table>
<thead>
<tr>
<th>Establishment type</th>
<th>Average unit cost per annum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secure children’s home</td>
<td>£215,000</td>
</tr>
<tr>
<td>Secure training centre</td>
<td>£160,000</td>
</tr>
<tr>
<td>Young offender institution</td>
<td>£60,000</td>
</tr>
</tbody>
</table>

The young offender institution figure is estimated as being closer to £100,000 when capital costs, staff pensions, maintenance and so on are added in, as they are in the secure children’s homes and secure training centres costings.

In summary the average costs per annum across the five projects of the Early Intervention Programme are considerably lower than the costs of care and custody placements; interventions that could be argued might become necessary should the behaviour or situations of these vulnerable young people worsen.

\textsuperscript{11} Pawson et al (2009)

\textsuperscript{12} In Youth Justice: An International Journal, Vol 10, No. 1, April 2010
CHAPTER 3. REVIEW OF THE LITERATURE AND GENERAL BACKGROUND

3.1 Children and Young People in the Modern World

3.1.1 The Conditions of Childhood

Currently in the UK there appears to exist a general sense of disquiet and anxiety about the conditions of childhood in the modern world, and about the difficulties that arise when attempts are made, by the state, or more generally, to make some sort of remedial or counter-active response. Pessimistic pictures are drawn, with detailed lists of the problems and difficulties that children are likely to experience, such as unstable, broken-up or divorced families, absent fathers, poverty, sexual abuse, educational failure, crime and violence, drugs and alcohol, obesity and other food related problems, and many others.

A recently published report includes the following:

And yet there is also widespread unease about our children’s experience – about the commercial pressures they face, the violence they are exposed to, the stresses at school, and the increased emotional distress. Some of this unease is exaggerated and reflects unwarranted angst about the greater freedom that children now enjoy. But some of it reflects a genuine fear on behalf of our children – that somehow their lives are becoming more difficult, and more difficult than they ought to be.

(page 1)

13 Layard and Dunn 2009
The pictures and stories presented by the media do little to reduce public anxieties, and make much of reports such as the 2007 study by UNICEF, which ranked 21 developed (or industrialised) countries across 40 indicators (such as poverty, family relationships, and health) from the years 2000-2003. The final report from this study ‘Child Poverty in Perspective’ is subtitled ‘An Overview of Child Well-being in Rich Countries’: the results found that the UK came last for child welfare, with the US second worst.14 Among the detailed findings of the study are that 22 per cent of children live in relative poverty, there is evidence of risk-taking among children in relation to drugs, alcohol and sexual activity, up to 22 per cent of 15-19-year-olds are not in education, and much more.

In the UK the work of the Children’s Society has resulted in a number of relevant studies and researches. The Society is a charity ‘committed to making childhood better for all children in the UK’15, especially those children facing disadvantage in their daily lives. For example, a Society report in 200816 focuses on the problem of ‘Families at Risk’; it describes the need for local systems that serve to improve ‘the life chances of families at risk and helps to break the cycle of disadvantage’. It also outlines the key characteristics of a system that puts family at the front of its concerns at all levels, from governance to the frontline.

One direct consequence of general anxiety about children, buttressed by such reports, was the launching by ‘The Children’s Society’ in September 2006 of a wide-ranging study, in collaboration with the University of York, called ‘The Good Childhood Inquiry’. The consequent report was published by Penguin eighteen months later in February 2009, as a book by Layard and Dunn called ‘A Good Childhood: Searching for values in a competitive age’. The analyses and conclusions of the book rely heavily on the work of what are described as ‘the UK’s leading experts in many fields’. Their findings provide informed and critical perspectives based on contemporary studies in subjects such as sociology, education and psychology, and allow the authors to present important judgements and understandings about how best to allow young people to take advantage of modernity while avoiding endangerment.

A central conclusion of the study is the importance for young people of being happy. In particular their sense of well-being and contentment is strongly influenced by the presence or absence of conflict within the family: perhaps surprisingly the study found that the presence

14 The United Nations Children’s Fund (UNICEF) 2007a
15 www.childrenssociety.org.uk
16 The Children Society 2008
of family conflict has a considerably greater negative impact than other factors, such as living in a single parent household. Children who report that their family ‘gets along well together’ are in general happier than those who do not, regardless of whether they have a lone parent, or step-families, or live with both birth parents. The conditions that young people considered to be important were that happiness existed within their home, and with their friends and family; in contrast, being unhappy was strongly associated with appearance, looks and self-confidence. In general the study reported that among children interviewed in the final year of primary school, and in years eight and 10 of secondary school, an average of two in every class were unhappy.

The book includes a number of specific recommendations aimed at all involved responsible adults, especially parents and teachers. It describes the factors that make for a good childhood, including love, parental commitment, boundaries, moral standards, and many others. There is perhaps less emphasis in the book on how to deal with those situations where adults and parents find it difficult to maintain positive levels of involvement and responsibility.

More generally, in addition to the social, family and personal problems that children in the modern world can experience, the literature identifies and discusses a range of new modern difficulties with many sources and channels. These include in particular the comparatively easy accessibility of new forms of electronic media, such as small personal computers, or mobile telephones. These make it possible for young people to have instant contact with ideas and images in the form of music, film and literature, formerly unlikely to be available. Not all of the ideas, images or communication techniques available in this way to young people are necessarily positive or valuable. It is also likely that a great deal of this extraordinary and expanding access to the wider world that modern technology makes possible, is invisible or unknown to the eyes and perceptions of many adults, including parents. The inevitable uncertainty experienced by both young people, and their parents and teachers, about the value, importance and even the acceptability of much of what can be accessed in this way may contribute to wider feelings of fear and anxiety.

It can also be argued that there is a paradox implicit in these findings. Looked at objectively, it might be thought that this is a good time to be a child. Children in the UK are relatively well-fed and healthy, and most have high levels of access to consumer goods such as clothes, books, food, gadgets, and so on, and to important services such as free medical treatment and
education. The question is about why, alongside these apparently positive lifestyle characteristics, so many young people are unhappy, stressed, quite often violent, and careless in their awareness of difficulties such as early pregnancy, over use of alcohol, and the dangers of drugs. Not least is evidence of increased levels of suicide among young people. The answer most often proposed is that other less acceptable consequences of modern lifestyles, such as family break-up, absent fathers, divorce, the erosion of trust, and unsuccessful examples of parenting, are likely to have a disproportionate and negative impact on children and their feelings.

A new study\textsuperscript{17} focuses on the fundamental question of inequality, thought of as contributing to general social and community questions in most, if not all, societies, and as an apparently ubiquitous factor in the existence and degree of such difficulties as crime, delinquency, mental illness, family break-up and so on. The central and radical conclusion of the work is that the fundamental cause or source of these social ills is not simply the existence of levels of inequality in itself, but depends crucially on the wealth of the society and the resulting size or degree of this inequality. This insight is thought to be the crucial variable in understanding and predicting social problems, and the consequences of this change of focus is then examined and analysed.

3.1.2 The Importance of Early Intervention

There is a general awareness and acceptance that the early experiences and happenings in the lives of children and young people have a profound impact on how they learn to respond to the world, and how they interact, as they grow older, with other people and events. For most, the results of this process of growing up are, in general, positive and life-enhancing: but for a minority, their early encounters with the world can be more negative and unproductive, with little encouragement, inspiration, sense of achievement or of self-confidence.

These early difficulties for young people are often a result of wider day-to-day problems within their parents or families, especially those parents hampered by their own misfortunes and life difficulties\textsuperscript{18}. In some cases the family consists of a single parent, often the mother; in other cases parents can struggle with matters such as poor parenting skills, the absence of educational abilities, difficulties with the management of financial and related resources, and

\textsuperscript{18} Rose \textit{et al.} 2009
problems with mental health. Parents can also be hampered and deskilled by their own addictions to alcohol or drugs.

In many cases the children in such families grow up with - at best - a fragmentary experience of the guidance and day-to-day counselling experienced by other children: the result is that they can have difficulty in developing a sense of judgement and discrimination about what is acceptable behaviour, and what is unacceptable. It is therefore not surprising that many children who have grown up with, or been handicapped by, experiences of this kind are likely to display disruptive and delinquent behaviour at some stage in their lives, or that they are often characterised by an absence of personal and social skills, and educational underachievement.

The importance of finding ways of anticipating, dealing with or alleviating the problems of anti-social and offending behaviour caused by young people is recognised by government authorities. The Home Office website expresses firmly and unequivocally the view that

‘Youth crime harms communities, creates a culture of fear and damages the lives of some of our most vulnerable young people.’ Reducing youth crime and improving the youth justice system is ‘a central part of our effort to build safer communities and to tackle the problem of social exclusion.’

There is therefore a significant degree of awareness and understanding at government level of the importance of setting up structures and procedures to try to ensure the early identification of children facing these problems, and on establishing individually designed intervention programmes. Supportive research evidence suggests that early intervention of this sort can contribute to positive change and can influence in a helpful way the behaviour of children. In addition it is argued in the literature that, although the immediate purpose of any intervention may be on the prevention of currently unacceptable behaviour, its impact when achieved at an early stage can lead to wider and more general improvements and outcomes in the lives of children and their families. There is also support for the view that early intervention is an important element in the process of counteracting the influence of risk factors and strengthening protective factors. For example, Farrington and Welsh write in 2006 that ‘Our immodest aim is to change national policies to focus on early childhood prevention rather than on locking up offenders.’

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19 www.homeoffice.gov.uk/crime-victims/reducing-crime/youth-crime/
20 Loeber et al. 2003
21 Farrington and Welsh 2006
The process of identifying those children likely to benefit from this form of early intervention is not always simple or transparent. It is therefore important to remain aware that in some cases the immediate and most significant feature in the lives of some children is that they are vulnerable, poorly looked after and - at a range of levels – in need of support, attention and care. The problem of current or likely future offending may not be the most immediate priority at this stage. There can be a danger that the vulnerability of such children, and the existence of poor parenting and care, can be mistaken as a signal that there is also a danger of offending or the beginnings of what is thought to be unacceptable behaviour. However, it is also the case that the risk factors for offending are similar to the risk factors for a range of poor outcomes for children and young people: it is possible therefore to argue that an enlightened approach to attending to these risk factors can make positive contributions to the lives of these children and young people. What is important is that the focus of any programme established to address early intervention should have clear criteria for admission so that the right cohort of children and young people are being identified.

The importance and significance of early intervention is also supported by evidence which suggests that children under the age of 13 who commit an offence, are two to three times more likely to become serious, violent or persistent offenders than children who first commit an offence in their teens.²²

There is some evidence that there has been a movement in recent years towards a more child-centred approach to policy development and service delivery in the UK, with greater emphasis on prevention and early intervention in relation to child services and related care. Policies have become based on a deeper understanding of the range of factors that can inform decisions and related actions about protection, risk, the promotion of resilience, and so on. New resources have therefore been made available directed at early intervention, at tackling possible problems and difficulties before they arise or become entrenched, and at addressing matters thought to be root causes of anti-social behaviour²³. The evidence for this stronger awareness at government level can be found in recent policies and strategies such as Our Children and Young People – Our Pledge here in Northern Ireland, Every Child Matters in England, Getting it Right for Every Child in Scotland and Rights to Action in Wales. Clearly these documents underline a belief in the importance of developing systems and programmes that can help to improve the lives of children and young people.

²² Loeber et al. 2003
²³ Axford and Little 2006
Within these documents there is an emphasis on the importance of an official policy on early prevention, a policy which provides guidance and advice on the creation, practicalities and implementation of early prevention programmes specifically designed for children, young people, and their parents and family.

The intention is twofold: first, to intervene directly with young people thought to be at risk or in danger of anti-social behaviour or offending; and, second, to increase the awareness of parents and wider families of the existence and malign influence of risk factors generally. The content of intervention programmes is expected to be flexible and responsive in relation to specific contexts and individuals, but with an underlying emphasis on activities intended to prevent or alleviate early inclinations towards offending. The range of headings will therefore include child skills training, parent management training, preschool intellectual enrichment, and home visiting programs.

Some of the literature on anti-social and delinquent behaviour in young people outlines a developmental path of risk factors associated with different ages. There are, it is claimed, specific factors associated with risks in the early years within the child and family domains, and other factors in later years within the school, community and peer domains. It is therefore argued that interventions should be directed at appropriate times rather than waiting until these escalate. In support of this it is suggested that children under the age of 13 who commit an offence are at greater risk of becoming more serious, violent and persistent offenders than children who first commit an offence in their teens.\(^{24}\)

Parenting programmes have also become central to the UK government social inclusion agenda\(^ {25}\), and it is increasingly recognised that working with parents in order to address children’s behavioural problems represents an important and effective contribution to the prevention and reduction of youth offending.\(^ {26}\) In addition the experience of including parents in the intervention process helps to create communities that are positive places, and therefore makes a significant contribution to improved outcomes for children\(^ {27}\). In support of this, a review in 2003 of 22 evaluations - where the interventions were focused on the family and

\(^{24}\) Loeber \textit{et al.} 2003

\(^{25}\) Dretzke \textit{et al.} 2009

\(^{26}\) Ghate \textit{et al.} 2008

\(^{27}\) Rose \textit{et al.} 2009
family factors (and not focused solely on the child) - concluded that family based interventions have a significant positive effect on prevention of offending.28

It follows from these findings that the behaviour of children ought not to be seen in isolation from the family and the wider community, but that a holistic approach to the problem is of great importance. Recent government policy and strategies in relation to the family recognise the importance of emphasising the contribution that this approach can make to the prevention of offending and anti-social behaviour. More generally there is also evidence that involving the family in this way, not only has a wider impact on other social and individual problems relevant to and affecting children and young people, but that such programmes can also have benefits for parental stress and self-esteem29.

There are also studies which attempt to establish what approaches are likely to be successful in parent support programmes. One paper lists the following as examples of ‘what works’.30

- Both early intervention and later intervention: early interventions report better and more durable outcomes for children; but late intervention is better than none and may help parents deal with parenting under stress.
- Interventions that have measurable, concrete objectives as well as overarching aims.
- Interventions of longer duration, with follow-up/booster sessions, for problems of greater severity or for higher risk groups of parents.
- Short, low level interventions for delivering factual information and fact based advice to parents, increasing knowledge of child development and encouraging change in ‘simple’ behaviours.
- Group work, where the issues involved are suitable to be addressed in a ‘public’ format, and where parents can benefit from the social aspect of working in groups of peers.
- Individual work, where problems are severe or entrenched or parents are not ready/able to work in a group.

It is also suggested that there is value in parental support initiatives being delivered by a range of professionals including social and community workers.31

3.1.3 Definitions of Early Intervention

28 Farrington and Welsh 2003
29 Barlow et al. 2002
30 Moran et al. 2004
31 Dretzke et al. 2009
The emphasis on the phrase ‘Early Intervention’ in relation to children and young people emerged out of relatively recent debates about the care and protection of vulnerable children. In very general terms the intention is to underline the importance of identifying, and providing support for, children in need of help and protection. The department of Children, Schools and Families (DCSF 2010) uses the phrase ‘Securing good outcomes for all children and young people’\textsuperscript{32}. The report goes on to say:

... when early intervention is understood in this way, it means that it targets specific children who have an identified need for additional support once their problems have already begun to develop but before they become serious. It aims to stop those problems from becoming entrenched and thus to prevent children and young people from experiencing unnecessarily enduring or serious symptoms. Typically it achieves this by promoting the strengths of children and families and enhancing their ‘protective factors’, and in some cases by providing them with longer term support.\textsuperscript{33}

There are however some difficulties in reaching any sort of consensus about the meaning or definition of early intervention, and this emerges immediately in a Westminster Hall debate on the report\textsuperscript{34}, in March 2010, where the chairman refers to his uncertainty about the opening definition in the document as follows:

A more serious criticism is that the opening definition of early intervention in the publication is not particularly good ... The definition of early intervention is given as,

‘to tackle problems that have already emerged’

but the whole basis of early intervention is that we get to problems before they emerge. We anticipate and pre-empt, and in some ways that definition is almost the antithesis of early intervention. The real definition of early intervention, and the one arrived at by many practitioners who think about and practise it, is to develop social and emotional capabilities in every baby, child and young person, so that problems do not emerge. It is not about problem-solving; it is about eliminating causes.\textsuperscript{35}

The process of making decisions about when to intervene is also governed by evidence about the value and importance of possible other issues such as coping strategies, protective factors, children’s resilience, and - for example - membership of a large family.\textsuperscript{36}

\textsuperscript{32} DCSF 2010
\textsuperscript{33} ibid
\textsuperscript{34} DCSF 2010
\textsuperscript{35} Graham Allen, Labour MP (www.theyworkforyou.com/whall/?id=2010-03-30b.203.0)
\textsuperscript{36} DCSF \textit{Op. Cit.}
The practical realisation of these important understandings, however, was (and remains) faced with difficult issues of principle and practice. The rights of parents, the process of judgement and decision-making in relation to individual children, the support structures and personnel to be made available, family planning matters, establishing clear approaches to measuring outcomes, the expanding support and analytical literature, and so on: all provide room for deliberation and analysis and even disagreement.

The range of these concerns is reflected in the professional literature, which provides a great many attempts to define ‘early intervention’ in a way that is comprehensive and inclusive, and therefore valuable in all appropriate circumstances. The reach and scope of these available definitions provide clear evidence that the range of important matters for consideration in relation to children and young people is extensive and eclectic. One report from the Social Care Institute for Excellence (SCIE) opens by acknowledging that ‘Definitions of early intervention are contested’, and then begins its own approach by examining the related phrase ‘early identification’, where ‘early’ can takes on a variety of meanings, including:

- chronologically early in life;
- early in exposure to risk factors;
- early in relation to the development of problem behaviours; or
- early in relation to the likelihood that available interventions might be successful.

The report goes on to say that “Any of these (meanings) may be critical to consideration of ‘early identification’, where early is taken to reference the point in time at which a child or young person becomes vulnerable to poor developmental outcomes.”

With specific reference to Northern Ireland, a draft scoping paper on ‘Coordinating Family Support Services’ also looks at this question of definition as follows:

The definition of ‘early intervention’ has been subject to debate about whether it means intervention chronologically early in a child’s life, intervention prior to the onset of difficulties, or intervention at a stage which can alter the impact of difficulties. Whilst in practice there can be considerable overlap, a critical difference is that the chronological definition restricts the focus to early years. It is therefore important to clarify and frame the terms of reference for this discussion. For the purposes of this paper it is proposed to adopt the definition used by the Social Care Institute of Excellence (Research Briefing 27) to the effect that

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37 SCIE 2007
38 Ibid.
39 Wolstenholme 2008
‘early’ is taken to reference the point in time at which the child or young person becomes vulnerable to poor developmental outcomes.\footnote{McTernan 2010}

At its simplest the phrase early intervention can be interpreted in two ways: first, as referring to the chronological age of the child when intervention is found to be important or necessary; or, alternatively, as referring to an early stage in the development or the emergence of a child or young person’s problem. However, it is argued that ‘compelling research has demonstrated that what happens to children when they are very young is a crucial influence on their well-being and achievement through childhood and into adulthood.’\footnote{Feinstein 2006} That is to say, that while early intervention can be important in the lives of children and young people at all ages, its input is likely to be crucial for young children particularly given their dependence on their parents and other family members.

It is clear therefore that the range of views on what is meant by ‘early intervention’ is extensive, and often of consequence in its influence on practice. It is also important to acknowledge that the large majority of definitions and references refer to the central significance and impact of intervening early on in a child’s life. For example, Perry writes:

Research suggests that if a problem is identified early on in a child’s life and effective help is given, this can have a positive ‘multiplier effect’ as the child grows up, so that the eventual benefit is disproportionately great compared either to the original problem that was spotted and successfully treated, or to the scale of the help given.\footnote{19 Perry 2002}

As early intervention itself is variously defined, invariably the choice of and emphases on practical approaches to helping with the related difficulties also vary. For example some approaches refer to the importance of using ‘a variety of methods used in the right order’; others place central emphasis on a high level of collaboration between professionals and services; some argue strongly for the importance of providing family support in situations where difficulties exist; and yet others argue for the importance of recognising that early intervention is a process or sequence of approaches rather than one single event. A relatively general argument about the importance of early intervention places emphasis on the negative consequences of not intervening when the evidence suggests that is it necessary, including the large financial costs for a wide range of public provision far into the future.

There are also examples of local or regional approaches to early intervention where the understanding of the concept reflects local conditions and difficulties, and where definitions

\footnotesize{\textsuperscript{40} McTernan 2010  
\textsuperscript{41} Feinstein 2006  
\textsuperscript{42} 19 Perry 2002}
take on locally relevant emphases. For example the city of Nottingham describes its mission as involving 'early intervention, pre-emption and prevention', and this has led to ‘an extensive and potentially groundbreaking programme’, described as follows:

‘Our aim is to break the intergenerational nature of underachievement and deprivation in Nottingham by identifying at the earliest possible opportunity those children, young people, adults and families who are likely to experience difficulty and to intervene and empower people to transform their lives and their future children's lives.’

‘The purpose of an Early Intervention approach is to work in partnership to improve outcomes for children, young people, adults and families who are very likely to experience difficulties and to break the intergenerational cycle of problems in the long-term.’

In a similar way it is possible to examine definitions and programmes of action for other projects both in the United Kingdom and abroad. For example Scotland established an ‘Early Years Programme’ in 200743, where ‘early years’ are defined as ‘pre-birth to 8 years old’, and which has a focus on poverty and the effects of poverty on children, and the cycle of poverty, poor health and low educational attainment. The Programme sets out to improve ‘a range of health, education and wider social outcomes and (to) tackle the inequalities of opportunity’.

3.2. Contextual Variables

3.2.1 Factors in General

It is accepted that, in most cases, children and young people are best served if they have the opportunities to live with their parents in what is sometimes referred to as a nuclear family. Throughout this extended period when children and young people grow and develop, the duties and responsibilities that devolve on parents evolve and change, as the children themselves evolve and change. This continuing process of development means that parents have to make constant decisions about the lives and activities of their children, and that the conditions that exist in relation to these decisions themselves change continuously.

This process is obviously likely to be very intricate and complex in most families, including those where parents are not particularly accomplished or competent: but, even in those situations thought to be relatively normal or characteristic, or where parents are knowledgeable and skilled, difficulties are often to be found. This complexity is confirmed to some extent by the existence of a very large and continuous body of literature and research on

43 www.scotland.gov.uk/earlyyearsframework, Jan 2009
the subject of children, their families and their early lives, a literature that examines the range of possible experiences, from those thought to be relatively successful onwards.

A number of categories of ‘factors’ in the research literature are considered to be important in realising: first, how best to ensure that children are nurtured and protected during their childhood, when they are particularly vulnerable and for the most part defenceless; and second, how these factors, and their individual meanings, origins, inter-relationships, and interpretations, represent an important element in the dual process, first of protecting children from influences and experiences that might lead them into anti-social or criminal behaviour, and then of encouraging positive – often protective – factors in their personalities and natures. Among these sets of factors are those referred to as ‘protective factors’, ‘risk factors’, ‘resilience’, ‘desistance’ and ‘agency and strength’ and these are now considered in turn.

3.2.2 Protective Factors

The concept of risk factors in relation to children and young people, and the associated dangers that they represent of enticing young people to become involved in offending, are understood as negative influences or contexts in relation to offending. The literature on risk factors is very extensive, and there exists a wide range of understandings, arguments and disagreements about them, their importance, and how to interpret findings associated with them.

The related but opposing notion of ‘protective factors’, can be thought of as logical and functional counters to the influence of risk factors. For example, while living in a disadvantaged neighbourhood can be a risk factor for children, good parental care and supervision can be conceived as a protective factor, not just in protecting young children from general physical, mental or social harm, but also in shielding them from becoming involved in anti-social, offending or criminal behaviour.\(^{44}\) That is to say protective factors can, among other outcomes, serve as responses to risk factors in protecting young people against negative influences. Protective factors, therefore, make it more likely that the health and well-being of children and families can be protected, by acting as supports or coping strategies, and by helping to provide resources for families under stress. Some attempts to

\(^{44}\) Arthur 2005
describe or add detail to the idea of protective factors are outlined below for a small number of examples.

1. **Early experience of nurturing and attachment**

   All aspects of a child’s healthy development and behaviour are influenced by the experience of early contact with consistent caring and affectionate parents, adults and siblings. This positive experience leads to responses such as a willingness to accept advice and guidance, an awareness of being protected, positive relations with peers and an ability to cope with stress.

2. **Effective and sensible parenting**

   Children are exposed to healthy physical and emotional development and guidance from effective parents, that is parents who act with affection, mutual respect and reasonableness and with consistent expectations and rules. Children learn about the importance of communicating and listening, about respecting others, developing independence, and being positively motivated towards educational success.

3. **Community networks**

   Children are protected by being part of a community that can include an extended family, friends, neighbours and colleagues. Community networks and connections of this kind serve to protect children from isolation, and act as supports, advisors and helpers. They also contribute to the everyday protection of children from dangers and risks such as child abuse, offensive or unlawful behaviour, drugs alcohol and so on.

In most cases children grow up within families and communities where parents and other adults take responsibility for protecting them from the negative impact of harmful, damaging or stressful experiences. These family and community interventions are considered as ‘protective’ factors that act both within the family and the wider community to provide children with the shelter and protection necessary for their health, safety and positive development. Protective factors are often qualified as ‘extrinsic’ factors, in that they act from outside the child.

It is argued that many protective factors not only represent valuable ways of shielding children from danger, abuse and neglect, but that their influence also has significant importance in protecting them from any later tendency towards youth crime and anti-social
behaviour. Examples of protective factors include strong positive family attachments, warm family relationships, parents who have some knowledge of and ability in parenting, and parents who are capable of finding and using supports from the community, education, extended families and society in general.

It is also the case that many families experience occasional and often unexpected difficulties or negative happenings such as unemployment, marriage separations, or sudden illness or death within the family. Events of this kind are likely to reduce or impair the ability of the family to cope effectively with a consequent weakening or reduction in the range of available protective factors. Almost inevitably the impact on their children will include increased feelings of vulnerability and exposure. In addition the range and nature of available protective factors are likely to change as children pass through different stages of development in their lives. For example, the changes induced in young people by adolescence often acts as a crucial test for families in their upbringing.

An accumulation of what are deemed to be protective factors is believed to add to the likelihood of ‘resilience’ in children and to an opposition to ‘risk factors’, both of which are discussed below. Protective factors are thought to be in some sense opposed to risk factors, in that they can have the capacity to counter or overcome the negative influence of risk factors. It is also important to be aware that the quantity of work, theory and research available in relation to risk factors appears to be much greater than similar work on protective factors. The two subjects, however, are often put together in discussions, which suggest that they are perceived to be both closely related and opposed to each other. It has even been argued that they are in fact simply the opposite ends of the same scale.

The importance of identifying protective factors is recognised in much of the research literature and in many government documents. For example, one document lists as key the following three factors:

- at least one secure attachment relationship
- access to wider support, such as extended family and friends
- positive experiences at nursery school or in the community

There is also a recent attempt to establish an understanding of the notion of ‘protective processes’ as a development of the notion of ‘protective factors’.

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45 Department of Health Framework for the Assessment of Children in Need and their Families 2000  
46 Daniel 1999
3.2.3  Risk Factors

Much of the writing and research about the welfare and lives of children and young people, including the views and observations of the community of professionals and staff that work with them, places considerable emphasis on recognising the many difficulties and dangers that children and young people are faced with. A crucial dimension of this recognition is the importance of a process of early identification of those who are already involved, or at risk of involvement, in anti-social or offending behaviour.

This process of identification currently leans heavily on the notion of ‘risk factors’: that is a set of signals or indicators, each of which appears to suggest a risk, danger or troubling set of circumstances in the life of a young person. A risk factor can also be defined as a factor that is believed or predicted to increase the likelihood of a child or young person offending. Such a predicted increase is in theory capable of being measured using longitudinal methods.

Until comparatively recently research and study of youth crime focused on risk factors, on the need to develop ways of coping with and responding to their impact, and on their interaction with protective factors. Studies have included trying to understand, define and extend the notion of risk in the lives of young people: the consequences of this analysis include attempts to identify the contexts in which risk emerges, to analyse possible classifications of risk, and to describe how risk factors contribute to child conduct problems. The many outcomes of these analyses have contributed to the creation of lists of presumed risk factors, such as those relating to family mental health difficulties, ineffective parenting, degree of family support, developmental problems such as learning disabilities, risk factors within schools, and community risk factors such as general poverty.

There is a therefore substantial research and analytical literature on the importance of ‘risk factors’, both in general and with specific reference to young people. In addition many lists of risk factors can be found in the literature, which do not always coincide. An accumulation of these would be very long indeed. The following list is therefore not intended to be comprehensive, but to provide an indication of some of the most likely examples.

- troubled home life - family difficulties
- low levels of parental competence
- poor attainment at school, truancy and school exclusion

47 Bowen 2008; Cunningham 2008
• drug or alcohol misuse and mental illness
• deprivation such as poor housing or homelessness
• poverty
• peer group pressure
• crime-related neighbourhoods

Within this literature there are also examples, categories and analyses of risk factors arising from or within specific social subgroups or contexts. These have included – for example - risk factors associated with individuals, peers, families, schools and communities. The ‘family’ represents a central example of a subgroup of this kind, which has attracted some specific studies of ‘family risk factors’. For example Farrington\(^{48}\) has argued in one study that there are five categories of family risk factors, that is:

• criminal and antisocial parents;
• large family size;
• child-rearing methods (poor supervision, poor discipline, coldness and rejection, low parental involvement with the child);
• abuse (physical or sexual) or neglect; and
• disrupted families.

There is now a reasoned belief in some sections of the literature that the causes of youth crime are closely related to the presence of these ‘risk factors’, and that other responses such as punishment are in general ineffective in reducing or preventing antisocial problems and crime. In this analysis the approaches thought most likely to be successful therefore include identifying the risk factors, and devising well-planned interventions intended to act as prevention factors.

One argument used is that no single risk factor is likely to lead a young child to delinquency: that is that risk factors for child delinquency operate in several – usually related - domains, including the individual child, the child’s family, the child’s peer group, the child’s school, the child’s neighbourhood, and the media.

Loeber\(^{49}\) for example provides an outline of what he calls a ‘developmental path of associated risk factors’ in relation to disruptive and delinquent behaviour in young people at different ages. This study suggests that, in the very early years of childhood when the experience of the

\(^{48}\) Farrington 2007, page 17.
\(^{49}\) Loeber 1990
A child is mainly derived from within the family domain, it is possible to identify specific risk factors that are predictive of certain behavioural problems. In addition, when the child enters further domains of experience in the school, community and peer domains, the risk factors for disruptive behaviour also expand. This analysis leads to the view that, to be successful, interventions should be directed at the prevention of disruptive and/or delinquent behaviour at an early stage, to counter the likelihood that this behaviour will persist and develop as the child grows older.

Support for the importance of risk factors continues to be considered significant in reports and documents: for example in a Home Office report on Youth Crime, arising from ‘Findings from the 1998/99 Youth Lifestyles’\(^{50}\). This report found that the greater the number of risk factors in a young person’s life, the greater the chances of him or her becoming an offender. In addition, findings from a study by Liddle and Solanki\(^{51}\) of 41 Persistent Young Offenders provides further evidence in support of this view that there is a close relationship between risk factors and youth crime, and suggests that there is also a cumulative effect.

This analysis is supported by work from other scholars, including Durlak\(^{52}\) and Webster-Stratton and Taylor\(^{53}\), who write as follows:

‘Early intervention programs that successfully target a number of risk and protective factors have the capacity to prevent multiple problems simultaneously, rather than a single outcome’\(^{54}\).

‘cascading domains of risk factors [that] make it imperative to start prevention programs as early as possible in order to ‘nip problems in the bud’ before they create secondary school and peer risk factors and in order to provide adequate fertilization for building the protective factors that guard against substance abuse and violent behavior’\(^{55}\).

Farrington\(^{56}\) believes that there is a likely relationship between the existence of risk factors for children and young people, and a number of other negative characteristics that children may experience, such as poor mental health, alcohol and drug related problems, underachievement at school, unemployment, and so on. It is therefore probable that, by

\(^{50}\) Campbell et al. 2000; (www.homeoffice.gov.uk/crime-victims/reducing-crime/youth-crime/)
\(^{51}\) Liddle and Solanki 2002
\(^{52}\) Durlak 1998.
\(^{53}\) Webster-Stratton and Taylor 2001
\(^{54}\) Durlak 1998
\(^{55}\) Webster-Stratton and Taylor 2001
\(^{56}\) Farringdon 2007
reducing the impact and relevance of risk factors, the influence of these other social problems will also be reduced.

However, more recent writings have tended to qualify this analysis with a more sceptical view about what are deemed to be an overemphasis or over-reliance on risk factors, and have been examining how these risk factors are related to other categories such as protective factors and resilience.\textsuperscript{57} For example some recent trends in health and social care services refer to the importance of taking account of, and promoting, growth opportunities and adaptation in young people, leading to the argument that there may be too great an emphasis on factors that pose risks for children, rather than those which provide opportunities for creative change. There is also some uncertainty evident in the literature in relation to the quality of existing knowledge about some aspects of these factors. For example: ‘... after decades of rigorous study ... a great deal is now known about early risk factors for delinquency and later criminal offending. Disappointingly, less is known about protective factors against offending ...’.\textsuperscript{58}

There is also an ongoing debate relating to the significance of ‘risk factors’, and on how to interpret the role they play in succeeding events or outcomes. Much of the more critical writing is associated with medical research, although the questions raised are more general and often quite complex. In particular there are opposing views about the extent to which any specific risk factor can be interpreted as causal (that is causing problem behaviours) rather than correlational (that is closely associated with or corresponding to problem behaviours). Case and Haines, for example, produce a detailed scrutiny which argues that:

‘there has been growing concern ... on the part of critical criminologists and others, about the theoretical, epistemological, methodological and ethical bases of risk-focused research with young people.’

They have referred in particular to the: ‘overly-deterministic and prescriptive nature of the risk-focused paradigm’ and its influence on youth policy developments and on the design of interventions intended to reduce and prevent problem behaviour. This negative view is contested by many writings and reports, usually with reference to evidence based on empirical data and practical studies and experiments.

3.2.4 Resilience

\textsuperscript{57} McNeill 2009
\textsuperscript{58} Farrington and Welsh \textit{op. cit.} 2003
The existence of children and young people who appear to have the capacity to live with or deal positively with difficulties and adversity has been a stimulus for much research and writing. These studies are characterised by an increasing emphasis on understanding the notion of resilience, which might be perceived as presenting an optimistic perspective in contrast with the existing emphasis on risk factors, problems and bad outcomes. A general definition of the term is given as follows:

The term ‘resilience’ is reserved for unpredicted or markedly successful adaptations to negative life events, trauma, stress, and other forms of risk. If we can understand what helps some people to function well in the context of high adversity, we may be able to incorporate this knowledge into new practice strategies.\textsuperscript{59}

The discussion of resilience in this paper will refer mainly to its relatively modern influence on studies of youth offending, and its impact on children and young people. However the concept has been used in other fields for a much longer period, for example in health and psychiatric research, and this has generated considerable interest in understanding the characteristics that enable individuals to survive severely traumatic experiences.

Much of the literature on the subject appears at times to be a response to what are deemed to be negative characteristics of the emphasis on risk factors, and in particular on the possibility or even likelihood of failure and defeat implicit in this emphasis.

One thing that has become clear ... is how often researchers and care providers alike have been caught up in a pathological model of looking at children. We have focused on looking for problems, a negative approach that may sometimes have the undesirable effect of causing parents to think negatively about their children. That is why (we) will focus on those resilience and ‘self-righting’ factors — those strengths — that seem to protect some children who are at high risk for developmental handicaps.\textsuperscript{60}

There are many definitions of resilience, but there appears to be some difficulty in finding a tangible or concrete definition that can act as a basis for practical support and activity. Perhaps because of this uncertainty the emphasis often appears to be on identifying possible features of resilience, rather than on focussing clearly on exactly what it is, and much of this variation and difference in emphasis can appear to be a result of research studies and analyses rather than on practical outcomes.

\textsuperscript{59} Webster’s New Twentieth Century Dictionary of the English Language
\textsuperscript{60} Frankenburg, W. 1987
In addition, while it seems possible to recognise and identify those situations - individual, family or social - within which resilience can be found, and where good nurturing practices that promote and support resilience exist, it is less obviously the case that universal or general procedures and approaches can be identified that invariably strengthen or intensify resilience.

A number of commentators have referred to this difficulty. Rutter writes

‘... a great deal is known about the processes through which resilience emerges. However, rather less is known about the ways in which we can influence these processes’\(^{61}\); and Rayner and Montague believe that ‘discussion on how resilience theory can be applied in practice has only recently begun’\(^{62}\).

In a broader context Newman\(^{63}\) argues that much of the relevant literature focuses on resilience in relation to the more general world of Child Care Services, against a background of evidence that, in the developed world, children's psycho-social health has been declining in the last fifty years. It is also argued that Child Welfare Services have until recently been more pre-occupied with risk factors than with factors which keep children healthy and safe.

A general or conventional understanding of the word resilience refers to the capacity of an individual child or young person to adapt positively to forms of adversity, vulnerability and misfortunate, such as threats, challenges and the general hazards of life. The word is also associated with a notion of ‘mental toughness’, which makes it possible for a resilient young person to contend with setbacks or negative experiences.

Adversity can result from personal, family or community problems that are thought to be serious or formidable enough to have a negative impact on the lives of young people. Examples might include the impact of family violence, inadequate parenting, financial hardship, hunger, poor schooling, and so on. In addition the social contexts and institutions within which most young people live and where they grow up are both varied and complex. They include the influences of four contexts that are often identified as central, that is: family; neighbourhood; wider community; and school. It is also thought that, in many cases, the influence of religion and association with church might be added. Alongside these relatively public institutional influences and impacts, usually in some sense invisible, are the implicit influences of local and regional cultural, political and economic forces.

\(^{61}\) Rutter 1993  
\(^{62}\) Rayner and Montague 2000  
\(^{63}\) Newman 2002
Resilience therefore refers to the ability of a young person to cope or deal positively with these layers of complexity and patterns of adversity, in ways that succeed in translating such experiences into good outcomes. Resilient young people are likely to display some or all of a range of positive and confirming characteristics, such as a sense of security or self-esteem, an awareness of their own worth and of being valued, and an ability to face up to adversity including stressful or disturbing experiences.

The capacity to be resilient can also be assigned to the experience from an early age of a range of protective factors within a family or community: these factors appear, especially when combined, to create a sense of worth and self esteem that succeeds in opposing or resisting the impact of adversity and misfortune. In contrast it is also argued that, while early protection from difficulties and negative influences of this kind can be influential, some young people are nevertheless able to make use of negative experiences to develop resilience out of their own experiences.

These understandings of resilience help to grasp why some children are able to resist the dangers of anti-social behaviour and the accompanying stresses and dangers, while others find it more difficult and in the end limiting and damaging. It also serves to give strength to the view that those organisations in society that deal with children and young people should be encouraged to provide opportunities for supporting and developing resilience factors rather than emphasising risks and dangers.

Alongside these specific comments on the possible different responses to adversity among young people, especially deprived young people, it is also important to remain aware that in this complex modern world all young people are likely to experience difficult and often unexpected situations. This adds further importance to the need to understand resilience, including the circumstances of its occurrence and impact, its significance and its formation.

A study by Bowen\textsuperscript{64} involving an analysis of 6,553 high risk children up to the age of eight and a half, concluded that – despite the existence of high risks – characteristics predictive of resilience included high levels of self esteem, enjoyment of school, high verbal IQ, attachment to father and positive parenting. In addition, girls appeared to have more resilience than boys, whilst in boys the strongest predictors of resilience were school enjoyment, parenting skills and having a positive male role model.

\textsuperscript{64} Bowen \textit{et al.} 2008
There have also been attempts to identify various types or classifications of resilience. Three kinds are referred to in Masten\(^{65}\). The first includes those children who do not submit to, or seem to resist, the impact of adversity, despite the existence of risk and other factors that might have predicted otherwise. The second group includes those children who manage to acquire or develop coping strategies in circumstances of persistent stress, such as children of drug using or alcoholic parents. The third group includes children who have experienced extreme troubles and difficulties, for example the loss of a parent or being the object of abuse, but have managed to recover and survive.

It is clear that there is now considerable support for the belief that resilience has a central importance in attempting to understand the different ways in which children and young people develop coping strategies. A number of studies have set out to try to identify the various human contexts within which resilience manifests itself and emerges. Alongside this, however, there remains some uncertainty about the ways in which it is possible to influence these processes\(^{66}\). Perhaps the most important question therefore is how to develop procedures and practices that go beyond identifying issues and characteristics that seem associated with resilience, to the position of influencing directly the creation or production of resilience in young people who are currently non-resilient. That is, why do some children and young people manage to resist and overcome difficulties, while others do not; or why do two children from the same high risk-background often emerge so differently?

Answers to this central question have important long-term implications for the way in which it is possible to help children to cope with adversity, so that they are more likely as they grow older to live comfortably and peacefully within society. The problems facing child welfare services may be closely related to this question of creating resilience. If this is so, then it may also be possible to begin to take direct advantage of what is known about the range of factors – that is protective, risk and resilience factors – to produce a coherent approach to child protection. That is to design and implement informed, realistic and significant programmes of activity for young people in relation to anti-social and offending behaviour.

An early paper by Linda Winfield, published in the USA in 1994, contains a detailed explication on how to promote and establish resilience (particularly) in educational contexts. The paper begins by pointing to the fact that:

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\(^{65}\) Masten et al. 1990  
\(^{66}\) Rutter 1993
We have become experts at predicting who will fail and what kinds of programs will compensate for the deficits. But to design effective interventions, we must understand how some students persist and succeed in school and in later life despite the overwhelming odds against them.

The paper refers to the notion of being ‘at risk’ as involving the ‘external’ conditions of the lives of many young people, conditions such as poverty and economic status, and family inadequacies, along with other external risk factors such as local violence, low teacher expectations, abuse of various kinds, alcohol or drugs, and so on.

In contrast, resilience refers to the individual's response to risk factors, illustrated by the fact that some but not all children are able to overcome adversity and succeed. Resilience is therefore a dynamic rather than a static concept, and can be developed and buttressed by educators, family members, and community members, who must find ways to support young people's potential to be resilient. Examples of these protective characteristics include good relationships within families and with their peers, intelligence, empathy, a sense of humour, a high degree of social responsiveness and sensitivity, and critical problem-solving skills.

The paper also emphasises the view that resilience is something that needs to be fostered throughout the early lives of young people. The paper places considerable emphasis on this notion of fostering resilience, that is setting out to develop and strengthen protective processes at critical moments in children’s lives. It is therefore important to design strategies for change directed at practices, policies, and attitudes among associated professionals. In particular protective processes have to be reinforced constantly so that the potential for young people to be resilient when faced with risk factors and vulnerabilities remains intact.

The paper also identifies what she refers to the three characteristics of the process of fostering resilience:

1. The process is long-term and developmental.
2. The process views children with strengths rather than with deficits/risks.
3. The process nurtures protective processes so that children can succeed, by changing systems, structures, and beliefs within schools and communities.

The general conclusion outlined in the paper is that ‘We need to change our approach from one that emphasizes risks, deficits, and psychopathology to one that capitalizes on protection, strengths, and assets.’

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67 Garmezy 1983
3.2.5 Each Child is an Individual

The complexity of the results from some of these sophisticated studies has contributed to the emergence of what might be described as a more intuitive approach, which tries to focus on the importance of treating each child as an individual. This is of particular relevance in training and similar programmes rather than in research studies. The approach begins with the insight that, since each child is different, views or decisions about the existence of risk factors in each individual case is a matter of interpretation, and that - in addition - believing a young person to be at risk in a specific way is not the same as believing that he or she will succumb to the risk or allow the risk to prevail.

This means that the process of identifying possible risk factors in a child's life is not a necessary predictor of future events, nor is it evidence in itself of a need for intervention, since obviously the response of each child to risk will vary according to his or her individual character, background and experience. Similarly the likelihood of a child becoming involved in any form of anti-social behaviour will vary according to individual circumstances, and may be influenced by related variables such as the degree to which more than one risk factor is present. In practice therefore a decision about the need to intervene in relation to any particular child will be a consequence of clear evidence about particular circumstances or activities.

3.3 Researches and Research Centres

3.3.1 Resilience Research Centres

A number of research centres now exist with the central purpose of studying and investigating resilience. A selection of these is described in what follows, including ‘The Resilience Research Centre’ in Canada which hosts an ‘International Resilience Project’ (IRP), and which circulates and publishes a wide range of relevant material. The purpose of the IRP is described as developing ‘a better, more culturally sensitive understanding of how youth around the world effectively cope with the adversities that they face.’ The work involves a ‘cross-cultural approach that employs both quantitative and qualitative research methods to examine individual, interpersonal, family, community and cultural factors associated with building resilience in youth around the world.’

68 The International Resilience Project (IRP) is based in ‘The Resilience Research Centre’ and is coordinated through Dalhousie University in Halifax, Nova Scotia, Canada.
One study from IRP, involving almost 600 children aged 11 years from 30 countries, identified the most commonly mentioned adversities reported by children. In order of frequency, these were death of parents and grandparents, divorce, parental separation, illness of parents or siblings, poverty, moving home, accidents, abuse, abandonment, suicide, remarriage and homelessness\(^\text{69}\). The study also described resilience as ‘a universal capacity which allows a person, group or community to prevent, minimize or overcome the damaging effects of adversity’.

A second research centre focusing on resilience is the Penn Resiliency Program (PRP), which is based in the University of Pennsylvania. This program was created by a team of psychologists with the original aim of preventing adolescent depression. From this it developed the broader focus of building resilience and promoting what it describes as ‘optimistic thinking’. Activities included an emphasis on adaptive coping skills and social problem-solving in children, with the aim of improving psychological well-being characterised by improved behaviour, attendance and academic outcomes. PRP has been trialled more than 13 times in different settings.

The work of PRP involves 18 hours of workshops based on a curriculum that sets out to teach cognitive-behavioural and social problem-solving skills. Central to the work is a developed theory relating to the ‘Albert Ellis’s ABC model’. This Model represents a background or theoretical structure against which the work of the RPR is modelled. Put simply this ABC (or A+B = C) model argues that our response to events often follows a sequence of steps: the first of which (that is A) prompts or activates an adversarial response; this is followed by an interpretation of - or belief about - what has happened (that is B): these two combine to produce an emotional and/or behavioural Consequence (that is C).

The application of this model involves the view that emotional responses by individuals to a specific (activating) event vary, and can for example include an emotion such as happiness, sadness, and anger, shame and guilt. Resulting discussions examine the sources or reasons for specific responses, and this can allow individuals to deal with their own negative responses such as ‘self-fulfilling prophecies’ or pessimistic responses (‘I’m stupid’). Using this approach in carefully structured teaching contexts encourages PRP participants to identify and challenge negative beliefs, to employ evidence to make more accurate appraisals of

\(^{69}\) Grotberg 1997; Bain 1997
situations and of the behaviour of others, and to use effective coping mechanisms when faced with adversity.

Thirteen randomised controlled trials have found PRP to be effective in helping buffer children against anxiety and depression, and some studies have found an impact on behaviour. The skills taught in PRP could be applied in many contexts, including relationships with peers and family members, and achievement in academic or other activities.

3.3.2 Two Recent Studies

The range and quantity of recent studies relating to or examining the question of risk and resilience factors is very large, and will therefore be examined selectively in what follows. First, two reports - which are available online\(^{70}\) - on successive phases of a large initiative from the Department of Children, Schools and Families (DCSF).\(^{71}\)

The two reports focus on school children and describe some results from a large and complex project called *On Track* which was launched in December 1999 in 24 high crime, high deprivation areas in England and Wales, as part of the Home Offices Crime Prevention Programme. Those chosen to be involved were invited to develop multi-agency partnerships to deliver a suite of services including home-school partnerships, parenting support, home visiting, family therapy, and pre-school services. The intention was that individual service users should be offered as many different services as appropriate to their needs, in a ‘multi-modal’ service offer. *On Track*\(^{72}\) was therefore designed as an early pioneer of multi-agency working, intended to identify and support families and then children aged 4-12 at high risk of offending and antisocial behaviour before they entered the youth justice system. The design involved individuals, families, schools, peers and communities, and emphasised the importance of reducing specific risk factors and boosting protective factors related to youth offending.

*Report 1*

The report from Phase One of this project is called *Offenders of the Future? Assessing the Risk of Children and Young People Becoming Involved in Criminal or Antisocial Behaviour*,

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\(^{70}\) Case and Haines 2009
\(^{71}\) A range of reports exist arising from the ON TRACK project, only some of which are looked at here.
\(^{72}\) ‘On Track’ was inspired by a successful, school-based Fast Track programme developed in the US.
and was published by the University of Newcastle in 2004. The project is described as a response to the programme of reform set out in Every Child Matters. It deals with juvenile offending and refers to the need to protect children, and to maximise their potential, so that:

Finding ways of preventing children and young people from becoming involved in crime and antisocial behaviour has become a policy priority ... with a particular emphasis on Early Intervention. ... The objective ... is to assist in the identification of families with children aged between four and twelve who are at risk of becoming involved in criminal or antisocial behaviour.

The report was also prompted by the Children Bill which provided support for initiatives designed to focus on the needs of children, young people and their families. The report examines evidence about risk and resilience, and about ways of determining the existence and influence of possible risk factors in the four key domains of a child's life: that is the neighbourhood; the school; the family; and within the individual child. Successive sections deal with risk, protection, resilience, need, and various aspects of risk assessment.

Much of the document contains a manual intended to assist practitioners in identifying families with children aged between four and twelve who are at risk of becoming involved in criminal or antisocial behaviour, and to facilitate effective targeting of interventions that aim to reduce such risk.

The document is aimed at both planners and practitioners. Planners are defined as those who decide in which neighbourhoods interventions will be located, and who have the responsibility to develop clear priorities and to target resources effectively. Practitioners are considered to be those who deliver the interventions on the ground, and who face the problem of identifying and assessing those children considered to be at risk of offending, and to make corresponding decisions about appropriate actions to be taken as a response to their needs.

The report also sets out to provide background information about related influential factors such as: the significance of risk and resilience; understandings of the complex process of making assessments; procedures and instruments for the detection of risk factors; and so on.

There is specific reference to the central background variables that combine in various ways to influence and affect the development of children, and the four key domains of a child’s life.

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73 McCarthy et al. op. cit. 2004
74 http://www.dcsf.gov.uk/everychildmatters/ (Every child matters: Change for children was published in November 2004).
There is considerable emphasis on understanding the ways in which risk factors, protective factors and resilience work and interact, and their importance in conducting useful and reliable risk assessments. It refers also to the existence of difficulties about coming to a clear understanding about the relationship between risk and protective factors and later offending and antisocial behaviour. The report also acknowledges that identification of risk factors in individual cases is not always easy, and argues that offending has to be understood as ‘part of a larger syndrome of antisocial activity which begins in childhood and often persists into adulthood.’

There is then a set of successive explanatory sections on risk factors, protective factors and resilience, along with an analysis of the differences between risk assessment and needs assessment. These, it is claimed, are often confused and perceived wrongly as going hand-in-hand. They argue that the identification of need follows from an assessment of existing risk factors, and that this sequence makes it possible to identify those children and families that are in need of, and can benefit from focused intervention.

The report also refers to the existence of a number of ‘models’ that are designed to assist in the development of an understanding of the relationship between risk, protection, resilience and need. One of these is described as an additive model that views risk and protective factors as being on a continuum, that is as following each other successively; a second model is called the interaction model, which understands that risk and protective factors interact in a dynamic, simultaneous and interactive way; and, finally the pathways model, which arises from the view that the effect of specific risk and protective factors are context-specific and depend on timing.

The report describes a range of instruments, scales and devices that can be used in the various stages of deciding on the existence of risks and other factors, and on possible related responses and activities. These include a total of 13 instruments, such as: an Adolescent Coping Scale; an Early Development Instrument; a Family Activity Scale; an Inventory of Parental Influence; and so on. Each of these is then developed further with explanations and suggestions.

Report 2

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76 Farrington, D. P. 1993
The UK Resilience Programme (UKRP) is the UK implementation of the Penn Resiliency Program (PRP)\textsuperscript{77}, a well-being programme that has been trialled more than 13 times in different settings. The UKRP was launched in three local authorities in the academic year 2007-08, and was taught from September 2007, and this programme was the subject of this evaluation. The PRP curriculum involved, and its specific implementation in the UK, with particular reference to how this fits with the evaluation.

The aims of the UKRP included improving children’s psychological well-being by building their resilience and promoting positive thinking in their studies and activities. This report presents the interim findings for the evaluation of the UKRP, commissioned by the DCSF. Findings of the study refer in the main to the in-house documentation, and what follows is an attempt at summarising the results.

The Penn Resiliency Program is described as ‘manualised intervention’ comprising 18 hours of workshops. (“Manualised” means that no additional materials or resources are required to lead the workshops.). The curriculum teaches cognitive-behavioural and social problem-solving skills. Central to PRP is Ellis' Activating-Belief-Consequences model that beliefs about events mediate their impact on emotions and behaviour. PRP participants are encouraged to identify and challenge negative beliefs, to employ evidence to make more accurate appraisals of situations and others’ behaviour, and to use effective coping mechanisms when faced with adversity. Participants also learn techniques for positive social behaviour, assertiveness, negotiation, decision-making, and relaxation.

The manualised nature of the curriculum and the intensive training required before using it allows facilitators to be drawn from a wide range of professions and agencies including teachers, learning mentors, teaching assistants, psychologists and health professionals. The training takes around 8-10 days, with the first half of the course focusing on teaching trainees the adult-level Cognitive Behavioural Therapy (CBT) skills, and the second week on familiarising them with the students’ curriculum and practising how to communicate it to pupils.

The first interim report\textsuperscript{78} was published in April 2009 and provided an overview of the Programme, its implementation, and its evaluation, and contained some preliminary findings about impact. The report argues that a key to surviving adversity – arising from resilience

\textsuperscript{77} Reivich 2009
\textsuperscript{78} Challen \textit{et al.} 2009 and 2010
research - is a ‘feeling of being in control. In addition it argues that risk factors are cumulative, and that if this build-up of risk factors can be broken, then most children can recover. This suggests that children can learn to cope through managed exposure to risk, the development of high self-esteem.

Some of the findings of the study are presented as follows:

• Pupils were positive about the programme, with the majority reporting they enjoyed the workshops, and that they had learned skills that would help them solve problems, feel happier, and behave well.
• Interviews with pupils suggested that pupils had applied UKRP skills in real life situations, and some interviewees showed a good understanding of elements of the programme.
• The content of the UKRP is quite intellectually demanding and some facilitators believed that some pupils struggled with this.
• Facilitators were extremely positive about the ideas underlying the programme and about the training they had received. Most reported that they used the skills themselves.
• Most facilitators believed that the skills could make a positive difference to pupils in various domains of their lives, including psychological well-being and peer relationships.
• There was considerable variation in the way schools and facilitators organised the programme. The programme must be taught by trained facilitators in groups of no more than 15 and schools had to overcome the consequent organisational challenges.
• Facilitators found the relatively didactic structure of the programme problematic, with a lot of time taken up with ‘teacher talk.

3.3.3 Longitudinal Studies and Prediction

A number of important and relatively recent studies have been carried out, which provide - among much else - extensive data and analyses of relevance to the subject of early offending and the extent to which this can predict continuing offending as the child grows older. Three of these studies are referred to briefly in what follows, that is ‘The Cambridge Study, 1990’; ‘The Dunedin Study, 1996’; and ‘The Edinburgh Study2001’79.

The results of these studies indicate that while it is possible in childhood, and in certain circumstances, to find useful predictions of offending at a later age, this is not universally the case: that is that many children who experience early difficulties or propensities towards offending, do not as they grow older continue to offend or turn out to have serious criminal

79 Farrington and West 1990 – The Cambridge Study; Silva and Stanton 1996 – The Dunedin Study; and Smith et al. 2001 – The Edinburgh Study
careers. The researches indicate that this absence of anticipated criminal behaviour at later stages is invariably caused by the many experiences and influences encountered by young people as they grow up towards adulthood.

In 1990 Farrington and West\textsuperscript{80} reported on ‘The Cambridge Study’, a longitudinal study of boys from the ages of eight to 32, in an attempt to establish the origins of criminal offending. The results suggest that, while some children who offended when young did continue to experience criminal behaviour, arrests, convictions and spouse abuse, throughout the period under study, many others ended their criminal career much earlier. That is, while aggressive behaviour at age eight can predict continuing criminal behaviour for some, it is not the case for all.

The Dunedin Longitudinal Study (1972)\textsuperscript{81} is a complex, long-running cohort study of 1,037 people born over the course of a year in Dunedin, New Zealand. During each assessment, study members are brought back to Dunedin from wherever in the world they live. They participate in a day of interviews, and a group of other physical tests and survey. The study has been running now for nearly 40 years, and sub-studies include the Family Health History Study (2003-2006), and the on-going Parenting Study and Next Generation Study.

A general report on the study was published by Phil A. Silva and Warren Stanton in 1997 called ‘From Child to Adult: The Dunedin Multidisciplinary Health and Development Study’ (DMHDS), and a total of well over 500 papers have also been published. Silva and Stanton’s book offers a description of the overall study and the methods used, and presents selected results in a reasonably non-technical way. The children were studied at birth and then followed up at age 3, every year until 15, then at 18 and 21.

The extensive time involved, along with the special and complex nature of the study, means that its findings are wide-ranging, detailed and often multifarious. Among a great many other investigations and areas of special interest resulting from the study, there is a detailed analysis of a range of hypotheses intended to build knowledge about ‘adult antisocial behaviour disorders and violence’. A number of questions relevant to this specific focus are examined and the longitudinal nature of the study has allowed findings to be tracked over more than 30 years. Specific hypotheses and questions looked at include the following:

\textsuperscript{80} Farrington and West 1990 – The Cambridge Study
\textsuperscript{81} Silva and Stanton 1997 – The Dunedin Study.  http://dunedinstudy.otago.ac.nz/
• Why do some young adults persist in antisocial behaviour beyond adolescence while others desist?
• What broad constellation of mental disorders and life problems accompanies adult antisocial behaviour?
• Can childhood aggression lead to adulthood abuse of family members?
• Can bonds to a job or a romantic partner foster recovery from antisocial behaviour?
• How does parental antisocial behaviour affect children of study participants?
• Do developmental models of male antisocial behaviour apply to women, or are female-specific models needed?

The research has produced over time a great many books, reports and findings arising from its very large and often detailed studies in relation to these and other questions. For this reason it is only possible here to look closely at one of these, that is at some of its findings relating to the underlying causes of antisocial behaviour and the resulting implications. In particular it looks in some detail at gender difference, where the most robust – and perhaps least unexpected - finding is that men are more likely than women to engage in this area of antisocial behaviour.

Further findings suggest that there are no obvious differences in the causes or origins of antisocial behaviour between the genders, only that males are more likely to behave in this way. The results also argue that the belief that females must pass a higher threshold of risk to develop a disorder is not supported. The pattern of a serious life-course-persistent pattern of antisocial behaviour is comparatively rare in women, with a ratio of 10 men to one woman in the study cohort. The key to understanding life-course-persistent antisocial behaviour involves factors such neurocognitive deficits, undercontrolled temperament, weak constraint and hyperactivity, and these risk factors occur more frequently in males.

There have therefore been a large number of spin-off studies, including a study by Moffitt et al. (1996). This has focussed on the parents of study members and, from 2007, the children of the original study members, making it possible to use information from three generations of the same families.

Finally the third study, called the Edinburgh Study of Youth Transitions and Crime, is a major longitudinal study of around 4,300 young people who started their first year of
secondary school in the City of Edinburgh in August 1998. The paper by Smith et al. begins with the view that increase in crime is one of the ‘most striking social changes since the Second World War’, and argues that this increase is to ‘a large extent the result of an increase in misconduct and ordinary crimes committed by young people’. In addition these developments are to be seen against other related changes such as measurable increases in psychosocial disorders during the teenage years, including suicide, eating disorders and personality dysfunctions (Smith and Rutter, 1995). All of these, it is concluded, have meant that ‘youth crime, and indeed issues in relation to young people in general, have become a salient political issue.’

However only about one-third of those who were subject to poor parenting, having criminal parents, coming from a large family, having low IQ or living in low income families went on to become juvenile offenders. The study warns that it is most likely that it is a combination of risk factors that are related to later offending and certain factors may militate against this happening.

A paper by Sutton et al. summarises the results of relevant studies about what they refer to as the ‘continuities and discontinuities in children’s behaviour.’ First, early studies reported by Robins in 1978 suggest that ‘some striking replications appear with respect to childhood predictors of adult antisocial behaviour. All types of antisocial behaviour in childhood predict a high level of antisocial behaviour in adulthood, and each kind of adult antisocial behaviour is predicted by the number of childhood antisocial behaviours’. His data also suggests, among other things, that ‘most antisocial children do not become antisocial adults’. Sutton reports this conclusion as ‘although antisocial adults had almost always been antisocial as children, most children assessed as antisocial did not go on to become antisocial adults.’ (and that) ‘Nevertheless, early childhood problems among those who do go on to become chronic offenders suggest a strong case for early preventive action.’

In a similar vein Scott reported evidence from the British government’s 2003 consultation paper Every Child Matters (Chief Secretary to the Treasury, 2003). This proposes that, ‘while about 15 per cent of five-year-olds demonstrate behaviour that is oppositional and defiant...’

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82 Smith et al. 2001 – The Edinburgh Study
83 Smith 1995
84 Sutton et al. 2006
85 Robins L.N. 1978
86 ibid
87 Sutton et al. 2006
this proportion changes as they grow older until ‘only about half the children whose
behaviour is routinely troublesome at age eight are likely to be rated as ‘anti-social’ by age 17
– often a ‘career offender’, unemployed and using drugs.’

Scott (2002) in ‘Support from the start’ developed a continuity of anti-social behaviour from
age 5 to 17 to show that children and young people can move in and out of risk taking
behaviour and therefore if at 5 years they are oppositional and defiant (risk factors for future
offending) this does not mean that they will progress as they get older, and in the same way
those with no signs of anti-social behaviour in the early years can engage in risk behaviour in
later years. This relates to what Sutton et al (2004) refer to as two groups which should be
viewed as distinguishable; that is ‘life-course persistent’ and ‘adolescent limited offenders’;
the former being those who engage in anti-social behaviour from an early age and persist into
more serious offending as they get older, whilst the latter are those who in adolescence
engage in anti-social/offending behaviour for a short time perhaps as a result of associating
with the wrong peers. Evidence for a developmental path for anti-social and offending
behaviour is shown in some longitudinal studies of young children who had behavioural
difficulties at aged three and were said to be statistically more likely to become adult
offenders and violent offenders in later life.

A review in 2003 of related literature from the United Kingdom and the USA\textsuperscript{88} concludes
that it is possible to define the factors related to offending behaviour into three broad or
general categories. These categories appear to encompass the range of related factors that
contribute towards, or play a role in, the development of anti-social or offending behaviour.
In broad terms the categories refer to ‘family life’; ‘personal or individual characteristics or
inclinations’; and, ‘the community or social context’. The report makes clear that factors
within separate categories can act together in complex ways and in specific contexts, where
propensities towards particular behaviours are encouraged or supported.

- early social and family life such as harsh and inconsistent parenting;
- individual predispositions such as hyperactivity, temperament and lower
  intelligence;
- community and society-level factors such as poverty and neighbourhood
  characteristics.

3.4 Desistance

\textsuperscript{88} Hagell 2003
Approaches to dealing with the needs of children and young people involved in youth offending, or recognised as in danger of becoming involved, normally fall into one of two general and related categories. The first of these categories comes under the general heading of ‘risk factors’. Until comparatively recently much – if not most - of the practice in use with young people, was informed and designed using a model referred to as the what works or risk-needs model. The central components or features of this model are referred to as risk factors, which are interpreted as signalling the possible presence of a risk, a danger or a troubling set of circumstances in the life of a young person.

Most young people experience or are close to some risk factors at various stages in their lives. In ordinary or routine circumstances, where there are competent parents or relatives, or good neighbours or an interested teacher, the likelihood is that someone will become aware of a danger-signal, however insignificant. A difficult friend, poor performance at school, smoking, stealing an apple, none of these will in itself constitute a significant danger signal: but where more than one risk factor is present, and habits appear to be forming, the accumulation of small danger signs may well be the only early signal when a real risk exists.

A risk factor therefore can be defined as one that is believed or predicted to increase the likelihood of a child or young person offending. Early identification of young people at risk in this way is therefore of great importance in recognising and providing support to those young people who are likely to become, or who appear to be becoming, involved in anti-social or offending behaviour.

The second of the two approaches to dealing with children and young people in relation to offending places an emphasis or focus on what are referred to as desistance factors, that is those factors that may help young people who are already involved in offending or who are in contact with enough risk factors to be in danger of offending. The word desistance is derived from the verb to desist, that is to stop or discontinue, and there is strong support in the criminology literature for the belief that most young people involved in early offending or deviant behaviour eventually stop, grow out of or desist from offending as they become older.

For most individuals, participation in ‘street crimes’ generally begins in the early teenage years, peaks in late adolescence or young adulthood, and ends before the person reaches 30 or 40 years of age.89

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89 Maruna 1999
Desistance studies therefore propose that offending is essentially an age-related phenomenon, that young people start offending in late adolescence and usually stop before they reach 30.\(^90\) One study\(^91\) involved three age groups of young people, that is those aged 14-15 years, 18-19 year, and 22-25 years: results from this study indicated that those in the 14-15 age group believed that desistance from anti-social behaviour had real or potentially positive consequences and there was a growing recognition that offending was pointless or wrong. Those in the 18-19 age group believed that they were becoming more mature and adult, and were beginning to be concerned about jobs, getting into college, beginning a relationship or leaving home. Finally many in the oldest group (especially the women) had taken on family responsibilities and were aware of a change in their general lifestyle.

Support for this ‘growing out of crime’ view places much emphasis on changes in young offenders as they develop maturity and begin to become involved in important social relationships.\(^92\) Taking account of this desistance or change process therefore involves encouraging young offenders by identifying and supporting those factors or strengths that can help to keep them out of trouble. It is therefore important to understand the value of managing offending behaviour, and of recognising that much of this behaviour represents part of a process of growing into an adult.

Part of the argument in support of an emphasis on desistance, and as a criticism of the risk-needs model, is that the later by its nature looks backwards at previous habits, activities and offending, and therefore emphasises the importance of the behaviour and attitude the intervention is trying to reduce. In contrast the focus on desistance, or on the potential strengths emerging in the young person’s attitudes and behaviours, helps to build the positive aspects of his or her development and to encourage a change process.

The question that emerges from this analysis is how to manage this apparently inherent process of change in the positive direction of ‘desistance from offending’, and this then involves looking at and identifying when, how and why changes occur. Each individual young person is most likely to experience this emergent process of desistance differently, so that a general model of change is unlikely. It is therefore important to focus directly on the individual offenders concerned ‘about what might persuade them to desist and about the

\(^{90}\) http://www.strath.ac.uk/mdeia/media_64785_en.pdf
\(^{91}\) Jamieson et al. 1999
\(^{92}\) Rutherford 1992
support that they need to see their decisions through’.

This represents a shift towards a consideration of a ‘strengths focused’ or desistance focused approach, with the emphasis on what the offenders themselves believe can help them to desist from offending.

It is possible to argue from the general literature that approaches based on desistance theory are still in a developmental stage, that evidence about its success remains patchy, and that practical approaches and methods are still under development. These problems, taken together, make a clear singular definition difficult to attain.

For example Weaver and McNeill define desistance in practical terms as referring to that period when offending has ceased, while Maruna and Farrall argue for the possibility of both primary desistance, that is the achievement of an offence-free period, and secondary desistance where there has been an underlying change in self-identity to the extent that the offender now perceives him or herself as an ex-offender, or as free from offending.

There are also debates about such matters as how long a follow-up is required to establish that desistance has actually occurred? One study suggests that two years is adequate whereas Farrington believes that five or even ten years free from crime is no guarantee that offending has terminated. Others have avoided the question as unanswerable, and have suggested using the term ‘suspension’, which allows for the possibility of a resumption of offending at a later stage.

Maruna refers to three theoretical perspectives in relation to desistance:

1. Maturational reform theory – a long standing theory based on established links between age and particular criminal behaviour. In particular it refers to the view that, as offenders mature the likelihood of their offending decreases.

2. Social bonds theory - which stresses the significance of social bonds between the offender and family, employment and education as explanations for changes in criminal behaviour. This theory emphasises the likelihood that the existence of social ties provides a reason to refrain from offending; conversely when social ties are absent there is less to lose in participating in criminal behaviour.

3. Narrative theory – which takes into account subjective changes in a person’s sense of self and identity. This involves taking into consideration changes in self-perception as

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93 McNeill 2002
94 Laub and Sampson 2001
95 Weaver and McNeill 2006
96 Maruna and Farrall 2004 from McNeill 2006
97 Baskin and Sommers 1998
98 Farrington 1986
99 Elliott, Huizinga and Menard 1989
people grow older and the likely impact of such reflection on offending and views on offending.\textsuperscript{100}

Much of this analysis of desistance suggests that there is a need to re-evaluate or re-think current practice on work with offenders.\textsuperscript{101} Proposed changes include the need to focus less on offence-related factors as this can be retrospective, and to place greater emphasis on desistance-related factors. This suggests the need to change the question from ‘what works’ to ‘what helps’ offenders to desist from offending\textsuperscript{102}. Motivation is believed to be an important element in any understanding of desistance, and this is supported by the emergence of the \textit{Good Lives Model} (GLM) involving what are referred to as ‘human goods’\textsuperscript{103}. For some the essential difference between the risk-needs model and the GLM is that the former deals with negative effects such as reducing, eliminating or removing factors whereas the GLM is about ‘promoting pro-social and personally satisfying goods’\textsuperscript{104}. An immediate consequence of this insight is the importance of an emphasis on developing and strengthening the internal skills and capabilities of offenders in relation to these human goods.

In some cases offenders may have been unsuccessful in acquiring these understandings and feelings, and also in developing the personal and social skills needed. The absence of these goods may lead some to offend in order to relieve the sense of dissatisfaction, incompetence or unhappiness that arises because their absence.

Features of normal daily life are claimed by some\textsuperscript{105} to indicate that desistance is a process and to suggest that there are key factors associated with it such as: aging; a good marriage; securing legal, stable work; and deciding to go straight including a reorientation of the costs and benefits of crime. Similarly\textsuperscript{106} Farrall’s analysis argued that bringing together those factors associated with important elements in life, such as employment, a life partner or a family, were often associated with a re-evaluation of life and reasons to abandon offending. Farrall also suggests that social contexts were also important in promoting desistance, and that general relationships with others involved the creation and importance of social capital.

\textsuperscript{100} Maruna 2000
\textsuperscript{101} http://www.cjs.scotland.org.uk/pdfs/Desistance.pdf
\textsuperscript{102} Ward and Maruna 2007
\textsuperscript{103} These human goods include ‘life, knowledge, excellence in play and work, inner peace, spirituality, happiness, creativity, and so on. Ward and Brown 2004.
\textsuperscript{104} Ward and Brown 2004
\textsuperscript{105} Laub, J. and Sampson, R. 2001
\textsuperscript{106} Farrall 2002
In the process of reviewing the literature on what works and desistance, McNeill and his colleagues produced a number of conclusions:

- desistance is a process, not an event and this suggests that there is the need for motivational work to prompt, support and sustain change
- desistance may be encouraged by life events depending on the meaning these have for the offender
- desistance may be encouraged by someone believing in the offender which underlines the importance of workers sustaining an optimistic and persistent approach through periods of lapse and relapse
- desistance involves a change in narrative identities which suggests the need for interventions which support narrative reconstruction
- desistance is an active process in which agency (the capacity to make and enact choices) is first discovered and then exercised, this might imply a prospective focus for practice, drawing on solution-focused interventions that capitalise on strengths, resilience and protective factors
- desistance requires social capital as well as human capital which suggests an advocacy role for practitioners seeking to support change
- desistance is about ‘redemption’ or restoration which implies the need, at an appropriate point, to support the development of a more positive identity

Arising from this they suggest that there are four key skills involved in supporting offenders in their process of change:

1. Building relationships that support change
2. Assessing risks, needs and strengths
3. Research based planning and delivery of interventions, and
4. Managing change

There is a substantial amount of empirical evidence gathered through the research on ‘what works’; much of it finding successes in various interventions based on the risk-needs model. However, some in recent times have begun to point to its weaknesses which include a focus on the negative and the lack of attention to what meaning the offenders put on the reasons for their desistance. On this latter point desistance research should then focus on the success stories of those who desist and their interpretation of how this change came about.

The risk-needs model tries to identify the negative traits of the offender and then treat these in order to reduce or eliminate them, in other words it is focused on the taking away. The newer desistance model is focused on the positive; that is it tends to focus on the strengths that an
offender may possess in order to build and strengthen these; and so it is adding on. However as this model is quite new there is not the same evidence base and so it might take some time to determine which model will have more success in the long run in reducing crime. Perhaps because of this Maruna (2000) supports a marriage of the ‘what works’ research and the desistance research to understand better what processes are involved in change.

According to Ward and Maruna (2007) the RNR model represents a ‘significant achievement’ but it needs to go further to consider the broader issues such as the role of identity and agency in offending and this is possible with the GLM model. They suggest that where one model is weak the other is strong so the sensible approach to take to address offending is to take the strengths from both approaches and use them in any intervention.

To eliminate, reduce or manage risk factors is obviously going to be beneficial to those trying to promote change in offending behaviour and there have been many examples of reduced recidivism using these risk management programmes. To combine elements of the desistance approach to what has been has been learnt and proven through years of research into ‘what works’ would surely strengthen any attempts to tackle offending behaviour.

Another study examined the role of the probationers and their relationship with offenders in relation to desistance. It found that those who felt that probation supervision had assisted to change their behaviour attributed this to the positive characteristics of the probation officers. These included a commitment, support, encouragement and fairness displayed by the officers which in turn meant that offenders were more likely to engage in the work necessary to try and reduce further offending. These relationships between the officers and the offenders seemed to provoke a sense of loyalty in some offenders and helped to motivate them to change their behaviour. Indeed over two-thirds of respondents felt that their engagement in the supervisory relationship meant that they would be less likely to offend in the future.

3.5 Family Support Developments

Models for the provision of welfare services for children and families are under constant inspection and review. A way of organising and planning for the range of concerns arising has recently involved emphasising the notion of ‘family support’ as an overarching concept that appears to allow all the issues to be brought together and planned for in a coherent manner (Dolan, Pinkerton and Canavan 2006). This starting point makes it possible to take

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107 Rex 1999
108 A set of four papers by Eamon McTernan have provided much information in this section.
into account a wide range of contributory factors including, the importance of community, family cultural and other differences, the roles of statutory and voluntary agencies, vulnerable children and children in need, child protection, early intervention, and so on. There is also a strong and consistent emphasis on the need for evaluation and reflection in relation to proposed changes and systems, with an emphasis on significant attributes such as coherence, success, joined-up systems and so on. The inevitability that systems will evolve and change as procedures are tested and practised also supports the need for constant evaluation and assessment to be established.

Family Support is therefore an important central concern in the planning and evolution of welfare systems in Northern Ireland. An evolutionary sequence of ideas, programmes and documents concerning the needs of vulnerable children, their families, and forms of Family Support has been emerging in Northern Ireland since 2006, a sequence that includes a ‘Northern Ireland Family Support Model’ (based on the conceptual framework developed in Dr Pauline Hardiker). These documents provide a series of concrete proposals, intended to prompt and make feasible continuing advances in the support of vulnerable children and young people, and their families, and in ways of ameliorating the difficulties that they face.

Where exactly to start in the examination of this sequence is not obvious, but one clearly significant early step is the 2006 document from the Office of the First Minister Deputy First Minister (OFMDFM) called Our Children and Young People – Our Pledge. This report described in detail what it termed A Ten-Year Strategy Document for children and Young People in Northern Ireland 2006-2016. This pledge document, among other things, describes the intentions of the proposed strategy, and in particular provides a list of six (high level) outcomes that it expects the strategy to achieve during the ten years. This ‘Outcomes Framework’ is introduced as follows:

“We will know that we have achieved our shared vision for our children and young people if, after ten years, we can report progress and evidence exists, which indicates that our children and young people are:

• Healthy;
• Enjoying, learning and achieving;
• Living in safety and with stability;
• Experiencing economic and environmental well-being;
• Contributing positively to community and society; and
• Living in a society which respects their rights.

The document not only sets out these outcomes, but it makes clear that it is important to establish the extent to which any young person has succeeded in achieving them, and the need to provide evidence of this success.

A one year action plan was published in March 2007\textsuperscript{109}, which outlined what government was doing on a cross-departmental basis to deliver the improved outcomes outlined in the 2006 strategy document. This plan was specifically developed for a period of one year only, due to significant changes within the overall public administration system in Northern Ireland.

From April 2009 the responsibilities of the (previous) four Children and Young Peoples Committees (ACYPC) in Northern Ireland were transferred to the new regional Health and Social Care Board, as a consequence of a ‘Review of Public Administration’. The purpose of this board is to plan services for vulnerable children and young people and to produce and implement a Children’s Services Plan. The first edition of this Services Plan (The Northern Ireland Children’s Services Plan 2008-2011) has been produced, and is based on the six outcomes set out in the OFMDFM document ‘Our Children and Young People’ (and listed above). The task of beginning to establish ways of assessing the extent to which these six (high level) outcomes have been achieved for any young person, has involved – in the first place – an ‘Outcome Monitoring Report 2009’ which has been produced alongside the Children’s Services Plan. This 2009 Monitoring Report provides information on indicators (for all children), related to the ten year strategy and trended back over time with geographical comparisons.

The plan also begins the task of identifying and testing desirable indicators in relation to each of eleven specific groups of children and young people. The headings provided in the Monitoring Report include, for example: ‘Children’, ‘Young People and Offending’, ‘Domestic Violence and Early Years’\textsuperscript{110}. Attempts to examine the results of using these indicators, linked to the High Level Outcomes, and as possible evidence of trends, will continue, and the intention is that proposed indicators will allow - over time - work to be done on measuring the effectiveness of approaches to the six high level outcomes.

\textsuperscript{109} The first Children and Young People’s Action Plan 2007

\textsuperscript{110} The total list of 11 categories is: Black and Minority Ethnic Children; Children, Young People and Offending; Emotional, Psychological, and Behavioural Difficulties; Disability; Domestic Violence; Drug and Alcohol, including Hidden Harm; Early Years; Leaving Care/Youth Homelessness; LAC Children; Safeguarding; Young Carer.
Other commitments and related organisational issues have wide implications for the Family Support Model. These include the ratification by the UK Government of the United Nations Convention on the Rights of the Child in 1991. The 2006 OFMDFM 10 year Strategy takes specific notice of this government commitment and the need to implement its requirements. The ACYPCs have been working with OFMDFM to arrive at indicators related to the six high level outcomes of the children's strategy which relate to rights as well as needs. This work has built on work by Children's Law Centre and Save the Children NI on rights based indicators. This has, in turn, supported the incorporation of rights as well as needs into the Northern Ireland Family Support Model. Other departments within Government are also dealing with their separate responsibilities in relation to children, such as Children in Need and their Families\footnote{Family Support Services and the Department of Health Framework for the Assessment of Children in Need and their Families 2000. Also Sinclair 2000} and links between these and the ‘Northern Ireland Family Support Model’ are important. Although their two approaches were designed for different purposes and are not therefore congruent, it may nevertheless be feasible and desirable to consider looking for ways to bring them together so as to produce a single coherent assessment and recording system. Something like this has already been developed by some agencies, in the voluntary sector in relation to information gathering and evaluation systems, based on the High Level Outcome Framework.

It is also important to take account of developments in other administrations such as in the Republic of Ireland. Ways of defining and structuring the work on family support services there are detailed and discussed in Dolan, P., Pinkerton J. and Canavan\footnote{Dolan \textit{et al.} 2006}, and in a considerable body of related journal publications. The essential elements of the approach are outlined below and are intended to provide a framework for assessing agencies involved in providing relevant services. It is also important to be aware that as yet these procedures do not include ways of measuring outcomes for service users.

- Working in partnership (with children, families, professionals and communities)
- Needs led interventions (strive for minimum intervention required)
- Clear focus on the wishes, feelings, safety and well-being of children
- Reflect a strengths based perspective which is mindful of resilience
- Promotes the view that effective interventions are those that strengthen informal support networks
Accessible and flexible in respect of location, timing, setting and changing needs, and can incorporate both child protection and out of home care

Families are encouraged to self-refer and multi-access referral paths will be facilitated

Involvement of service users and providers in the planning, delivery and evaluation of family support services is promoted on an ongoing basis

Services aim to promote social inclusion, addressing issues around ethnicity, disability, and rural/urban communities

Measures of success are routinely built into provision so as to facilitate intervention based on attention to the outcomes for service users to facilitate quality assurance and best practice

Related developments have also emerged in the USA on evaluation frameworks based on high level outcomes. In summary these approaches involve the development of commonly agreed goals, the collection of related and relevant social data and corresponding analyses. These data collections are used to begin to identify key social trends and to attempt to measure progress in relation to each goal. The underlying approach therefore can be compared to current developments in relation to level 2 Family Support Services in Northern Ireland. The first parallel concerns the involvement of a range of concerned and responsible agencies (described as multi-agency Children’s Services Planning); second, common agreed goals; and, third, the expectation that all involved agencies will make a serious and committed contribution. The model begins with the collection of relevant data, brought together in a coherent form, and used to identify social trends related to (or of consequence for) vulnerable groups of children and young people. When these negative community trends have been identified, it is then possible to work backwards towards programmes and strategies designed to improve the impact of services on specific groups. This means that it is possible, based on the data and identified trends, to consider what activities are needed to influence movement towards more positive developments. All involved agencies are then intended to act together on the basis of agreed decisions, plans and strategies in order to improve their overall impact.

Another analysis from the USA depends on the work of Bruner. His argument is that family support is less about programmes than about relationships: that is that good and positive intergroup relationships and levels of participation within and between families can be encouraged and supported by promoting local or community activities and social events, rather than formal programmes. Possibilities include local social gatherings, common

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113 Freedman 2006; Hogan 2002
114 Bruner 2006
organised activities, and open-ended events.

It is also thought that, in relation to family support, while this approach may produce relatively high levels of variation from participant to participant, it may also help to create higher levels of resiliency in parents and carers and to construct more supportive communities.

3.6 Cost Benefits

The policies and writings in favour of ‘Early Intervention’ place considerable emphasis on the positive and socially helpful outcomes that can result from early attempts to provide support for children in need of help and protection. A report from the Department of Children, Schools and Families (DCSF)\textsuperscript{115} uses the phrase ‘Securing good outcomes for all children and young people’, and goes on to argue that the predominant ambition in advocating ‘early intervention’ is to promote ‘the strengths of children and families and enhancing their “protective factors”, and in some cases by providing them with longer term support.’ There is also a considerable body of evidence that, when children and young people with social and other difficulties are not supported, the result creates significant costs - both social and financial.

The central objective of these policies is therefore altruistic in the first place: but there is also an underlying appreciation of the extended positive consequences for the community of succeeding in this ambition to support those young people who are vulnerable and in need of help. More specifically an important secondary element in the analysis refers to the financial implications of succeeding in helping young people to desist from anti-social and offending behaviour. The DCSF report writes that:

> When the high costs of ‘non-intervention’ are compared to the significantly lower costs of intervening early, it becomes clear that early intervention is often the better approach.

That is to say that the arguments about the importance and implications of early intervention refer not only to the current financial costs of failing to find ways of improving the situation, but also to the resulting problem of creating financial difficulties and demands for a wide range of public services far into the future.

\textsuperscript{115} DCSF 2010
The results of a study in the USA are often referenced in connection with this argument. The ‘High Scope’ study in Michigan examined the lives of 123 African Americans born in poverty and not performing well at school. The young people - at ages 3 and 4 - were randomly divided into two groups, one of which received a high-quality preschool program, and the other received no preschool program. The most recent results of this indicate that the subjects (now adults aged 40) who had the preschool program ‘had higher earnings, were more likely to hold a job, had committed fewer crimes, and were more likely to have graduated from high school than adults who did not have preschool.’

The financial implications for any society in which differences of this kind are allowed to emerge and remain are clear and serious. The DCSF paper goes on to refer to more recent studies to illustrate further the costs of not planning for the future in relation to young people in need of support, and as a way of beginning to understand the positive financial impacts of early intervention. For example:

The cumulative cost to public services of children with troubled behaviour is ten times that for other children. The mean extra cost is more than £15,000 a year, of which families themselves bear a third (mainly through reduced earnings); education services bear a third; health services and the benefit system each bear 15% and social services bear 6%.

Equally convincing data are described in relation to a study of the USA Nurse Family Partnership which generated $17,000 in net benefits per child, part of which was the result of ‘lower rates of offending in adolescence by those whose mothers had been visited during pregnancy and infancy.’ Similarly, a study in England looked at the costs (£1,344 over a six month period) of improving the behaviour of young people diagnosed with disruptive behaviour, and compared this to the estimated figure for similar young people with untreated disruptive behaviour who, at age 28, had cost an additional £60,000 to public services.

A series of other similar studies provided evidence that intervention with young people at an early age invariably acted to support and reduce public expenses, often to a very considerable degree. In relation to poor literacy and educational failure, the lifetime costs for an individual are estimated to be between £5,000 and £64,000. In those contexts where interventions were

116 DCSF 2010; Schweinhart 2005; Schweinhart et al. 1993; Schweinhart et al. 2005; Barnett 1996
117 Scott et al. 2001
118 Aos S. et al, 2004
targeted at children with early evidence of problematic behaviour, studies indicated that every pound invested generated over seven pounds sterling worth of social value.\footnote{120 Action for Children and the New Economics Foundation 2009}

Similarly other studies in America\footnote{121 Curie \textit{et al.}, 2004} suggest that preventive measures and specific programmes for children and young people such as Multi-Systemic Therapy and Functional Family Therapy can produce a benefit to cost ratio of over 20:1, that is for every dollar spent on services today there would be an expected 20 or more dollars return to taxpayers and victims of crime in the years ahead.

Some of the wider more general attempts to provide estimates of financial loss and possible gains to the public finances are also outlined in the DCSF paper, as follows:

\begin{quote}
... it has been suggested that a reduction of just 1\% in the number of offences committed by children and young people has the potential to generate savings for households and individuals of around £45 million a year. Similarly, a study by the London School of Economics for the Prince’s Trust has estimated that the cost to the economy of educational underachievement is around £18 billion a year.\footnote{122 DCSF 2010}
\end{quote}

Some studies have tried to provide an analysis of the possible benefits resulting from early intervention. In particular the prevention of offending and related social ills at later stages would have a direct impact on costs, even when it is argued that the results or outcomes of early intervention would not be witnessed immediately.

For example, a paper by Scott \textit{et al.}\footnote{123 Scott \textit{et al.} 2002} looked specifically at the financial cost of social exclusion as part of a follow-up study of antisocial children. The study involved a sample of 142 individuals, selected in three groups in childhood: that is those with no problems, those with conduct problems, and those with conduct disorder. Cost measures were established for 1998. By age 28, costs for individuals with conduct disorder were ten times higher than for those with no problems and 3.5 times higher than for those with conduct problems. In all groups crime incurred the greatest cost, followed by extra educational provision, foster and residential care, and state benefits. In relation to forecasting, conduct disorder predicted the greatest cost, while social class had a relatively small effect on antisocial behaviour. Being male, having a low reading age, and attending more than two primary schools all made substantial contributions to overall picture.
The results suggest further that ‘antisocial behaviour in childhood is a major predictor of how much an individual will cost society. The cost is large and falls on many agencies, yet few agencies contribute to prevention, which could be cost effective.’ The paper also contrasted an estimated cost of £70,000 for dealing with a child with severe conduct disorder, with the £600 per child cost of a parent training programme. In addition if indirect costs were included, such as the impact of crimes or the costs to victims, these might multiply the figures dramatically.

Aked et al. compared the costs of social problems across 16 European countries and found that the UK has to spend £161.3 billion annually to address such social problems as: crime; substance misuse, mental health, family breakdown, violence experienced by children, losses to productivity of 16-19 years old not in education, employment or training. The conclusions included the extreme likelihood that by investing now there would be savings later. Targeting interventions to those in need would result - over a 10 year period - of savings of £460 billion, while related interventions are estimated at costing £191 billion.

An individual study relating to the financial implications for one young man referred to as James, is outlined in the SCSF report. This sets out to clarify the sort of savings that might result from early intervention when contrasted with the costs arising when a child comes into contact with the criminal justice system.

‘Looking at James’ life with the benefit of hindsight, he might well have gained a lot from early parenting support, pre-school education, anger management, learning support and mentoring. If these had been provided early on and continued throughout James’ teenage years, some or all of his offending might have been avoided. The costs of these support services would have been £42,000 up to the time he was 16, compared with the actual costs of £154,000 for the services he did receive, which include expensive court appearances and custody. Effective intervention when problems first emerged could have saved over £110,000 to public services, and if the costs and inconvenience to the community of his offending are factored in the potential savings would be shown to be even greater. James' current wellbeing and future life chances would have been immeasurably better too.’

The evidence suggests that early intervention is beneficial in terms of preventing offending and also in addressing other social ills. The implications are that the effect of putting

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124 Aked et al. 2009
125 Department for Children, Schools and Families (2010). This report gives a breakdown of these estimated costs in the Appendix.
resources – not necessarily large - in the early years prevents more intensive and costly resources at a later stage.

3.7 What helps in terms of support services for children and their families?

There have been many studies in the research literature that have tried to establish what approaches are successful in relation to child-centred preventative services, that is to be clear about the types of programmes that are thought to work well. This section will summarise some of these elements which are repeatedly mentioned as being successful in effecting positive change in children and their families.

3.7.1 Multi-modal and multi-agency interventions

There are a number of studies which have concluded that the most effective early intervention approaches are those which address multiple risk factors.126 Wasserman & Miller (1998) suggest that multi-modal intervention programmes are more successful than interventions targeted on a single risk factor. In one study of three family support projects, managed by a voluntary organisation and funded under the Scottish Government’s Youth Crime Prevention Fund, there were two messages that were thought to stand out:

- ‘that programmes that focus on the child alone are not effective without family and school interventions’; and
- ‘that interventions are most effective where child-training programmes are combined with parent and teacher- training programmes’. 127

Farrington & Welsh (2003) carried out a review of 22 evaluations where the interventions were focused on the family and family factors (and not focused solely on the child), and concluded that family based interventions have a significant positive effect on prevention of offending.128 Indeed, some have suggested that inappropriate styles of parenting or parenting behaviour can increase the likelihood of future offending and other poor outcomes, and that where there are positive parenting practices this can have a positive effect on outcomes for children.129 It is also believed that taking a whole family approach can boost protective factors for children within a relatively short period of time.130

126 Department for Children, Schools and Families (2010)
127 Rose et al (2009)
129 Department for Education and Skills (2007)
There has been a growing recognition of the effectiveness of working with parents in order to address children’s behavioural problems; that is that better outcomes can be achieved for children and young people across a range of dimensions, including preventing and reducing youth offending and anti-social behaviour, when parenting support is provided. In previous times the focus has been on the child presenting with the difficulties, but more recently there has been a growing awareness that the behaviour of the child should not be seen in isolation and that there is a need for a more holistic approach to the problem involving seeing the child as part of the family and indeed the wider community. This is why there has been an emphasis in Government policy and strategies on the family, particularly in relation to the prevention of offending and anti-social behaviour but also in regard to other social and individual problems relevant to and affecting children and young people. It is also believed that taking this approach not only benefits the children but there has been evidence to suggest that programmes can have benefits for parental stress and self-esteem. It might reasonably be argued that if the child’s behaviour is improved then it follows that parental stress would be reduced.

Some suggest that the most effective interventions in terms of good outcomes are where the parents are supported to help themselves. It is also believed that group work and helping to build social networks for parents are effective as they benefit from the social aspect of mixing and working with peers who are in the same situation as themselves.

In support of this there has been a growing recognition that children’s problematic behaviour should not be seen in isolation: in other words the problem is not just the responsibility of the criminal justice agencies but of many different agencies. A National Audit Office (2004) report claims that:

‘Many of the factors that may increase the risk of offending lie in the hands of agencies outside the criminal justice system. Whilst this report examines the performance of the criminal justice agencies in meeting their objectives, it is important to acknowledge that effective action to tackle fully the issues posed by young offenders depends on the ability of a much broader range of agencies to work together before the young people become caught up in the criminal justice system’.

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131 Ghate et al. (2008)
132 Barlow et al (2002)
133 Scottish Government & COSLA (2008)
Many recent studies have suggested that multi-agency working is an essential element in preventative services for children: that is that promoting partnerships with the family, the school, and in the community and, at the same time, working alongside specialist services (as and when required) are much more effective taken together, and this approach allows the parents to access other services that may meet their needs. Indeed it is argued that it is unrealistic to suggest that a single service will meet the often complex needs of families and for this reason a joined up combined service is essential.

Some studies talk about a continuum of support, about having access to other supports and a follow up service. They suggest that a strategic approach should be taken in the planning and provision of services so that families are linked in to local services to meets their needs.

3.7.2 Meaningful engagement

MacQueen et al. (2007) suggest that what is increasingly recognised throughout the literature is that the key factor in bringing about positive change in clients involves dealing with them in an effective way. They refer to many studies which support this view and suggest that meaningful engagement is necessary to sustain change. It is also argued that one element of meaningful engagement is when the service user has an active role in the service planning and setting of gaols.

When clients feels there is an unequal power balance between them and their key worker, this can serve to hinder real engagement: that is when they feel they are being judged or the intervention is being forced on them. MacQueen et al. (2007) also suggest that effective examples of encouraging real positive engagement can be found in the literature, including: highlighting the strengths in the family and building on those; setting up a group situation for parents to meet and share their experiences and sustaining this; and incorporating service users’ feedback so that they can contribute to the design and delivery of the service. In fact some suggest that a collaborative approach in working with parents should be taken. This would involve acknowledging the role of the parent as the ‘expert’ in terms of their family and working with them in a non-hierarchica structure. Being flexible in how the service is delivered is another way of encouraging and retaining participation, such as arranging to meet

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138 Drumbrill (2006)
139 Rose et al (2009)
with parents at home, changing the programme to suit the client and providing practical information which is easily understood.\footnote{Gordon (2002), Burgess & Walker (2006)}

Many studies\footnote{Aldgate et al (2007), Gordon (2002) Saint-Jacques et al (2006) Moran et al (2004)} suggest that the qualities of the staff are important requisites to encouraging effective engagement and sustaining the participation of families: qualities such as openness, sensitivity, honesty, empathy, trust, warmth, understanding, being non-judgemental and flexible have all been cited as reasons for successful engagement by and with families. One report suggests that effective interventions include those where the workers have credibility with their clients, in that they are culturally similar and have a high level of face-to-face contact with the families. The report also suggests that staff, in addition to offering support have other positive attributes such as being respectful and treating family members as equals. It is also thought to be important that parents are not made to feel inadequate or doing wrong. Interventions where the workers have built good relationships and support, not only with the families but with other involved agencies that make for more effective interventions.\footnote{Rose et al (2009)}

McNeill \textit{et al.} (2005) also suggest that contextual factors including client and therapist factors and working relationships, are of considerable significance as predictors of positive outcomes (in terms of desistance from offending), possibly greater than particular methods of intervention. Burgess & Malloch (2008) suggest that successful engagement with parents can increase the chances of their completing a programme. Good relationships involve taking time in the early stages to build relationships, showing an interest in them as individuals, making sure that all concerned are clear about the programme content and approach, these can increase the chances of parents attending and completing the programme.

3.7.3 Well trained and knowledgeable staff

It is also important that the staff who work with the children and families have certain experience and skills, if they are to be successful in engaging meaningfully with their service users. In other words staff should be well trained and skilled, sensitive to the feelings of others and supported by good management and supervision.\footnote{Rose et al (2009) and Moran et al (2004)} The DCSF (2010) report states that ‘... the professionals who deliver a programme need to be technically proficient and
equipped with the training to deliver it well.’ It has been further suggested that the personal qualities of the workers are at least as important as qualifications and experience.\textsuperscript{144} Moran et al (2004) refer to the training of staff so that they are competent to engage successfully with clients and to understand the various issues they might be facing, such as alcohol and drug misuse, mental health problems, domestic violence and so on. In addition, White et al (2008) suggest that one key worker should be assigned to each individual family.

3.7.4 Flexibility of approaches
The literature also suggests the need for a cocktail of methods when delivering interventions. Moran \textit{et al.} (2004) talk about multi-component interventions which include both group work and individual work. Group work is excellent when addressing issues suitable for an open, more public format, for example where parents may benefit from the social aspect of working with peers in the same situation as themselves. The individual work may be more suitable in situations where the problems are said to be more entrenched and severe and where group work may be off-putting for parents. Rose et al. (2009) suggest that a mix of approaches should be used for both parents and children, and that while group work can be effective in the right circumstances, families with a high level of vulnerability may benefit more carefully planned individual support.

There are issues with both modes of engagement. For example while group work may be less labour intensive and benefit parents in terms of social networking, it can be difficult to achieve logistically, and for it to be successful it requires regular attendance of a sizeable number of people with similar circumstances and issues. Individual work whilst being more labour intensive may be more useful for those with more complex problems who wouldn’t be ready for group work.\textsuperscript{145} The literature seems to suggest that there needs to be flexibility in determining the approaches to be used in the interventions.

It is also argued that it may be useful at appropriate times to mix up group work with leisure, interactive fun activities, and play sessions as these can encourage engagement and allow children, parents or both to socialise.\textsuperscript{146}

\textsuperscript{144} White et al (2008)
\textsuperscript{145} Ghate & Ramella (2002)
3.7.5 Evidence based interventions with clear measurable outcomes

Another measure of effectiveness of interventions refers to the importance of a strong theory base. For example programmes with clearly stated aims and measurable outcomes, with a sense of what they want to achieve (the aims), how they propose to achieve them (the methods), and how they are going to measure the impact their activities, are said to be associated with greater effectiveness.147 In addition aims should be realistic in that they are achievable and this should also be clear to the clients. The intervention should also be ‘delivered as intended in theory and in practice.’148

It is also claimed that the methods used need to be tailored to the individual needs of the children and their families, that one size doesn’t fit all and so different responses are needed for different needs.149 Finally, the outcome indicators should be measurable and linked to the identified needs and risk that are to be addressed.

3.7.6 Duration/length of engagement

The length and intensity of engagement can impact on the outcomes and the sustainability of positive change and this is largely due to the level of need or risk that is being addressed. For example short, relatively light-touch interventions can successfully address some antisocial, or at risk behaviours for children. However, children (and their parents) with more established problems or complex needs or risks may require more intensive and of longer duration interventions. It is suggested that when problems are severe or risk is high then interventions should be ‘of a much longer duration (beyond the typical 10-20 weeks) and have follow up booster sessions.’150 It is recognised in the research that longer interventions are more effective when dealing with families with complex needs and circumstances.151

In an evaluation of family intervention projects set up to reduce anti-social behaviour, the average time the projects engaged with the families was found to be between six and 12 months. This was felt necessary in order to reduce or stop anti-social behaviour in addition to sustaining positive outcomes. Long term support was viewed as necessary to tackle complex, and/or entrenched issues. One project manager believed that it took this long to allow time at

148 Whyte (2003)
151 Rose et al (2009)
the start to build up trust with the family before any substantive work could begin. Many staff also felt that the intervention should be phased out rather than having an abrupt exit.\textsuperscript{152} A review of international literature suggests that it is useful to spend some time in the beginning to build up a rapport with the families as this encourages user satisfaction.\textsuperscript{153}

Finally, there were other suggestions in the literature as to what helps in providing early intervention services to children and their families: these include services being community-based and accessible, the provision of transport and carrying out home visitations. It is also suggested that the services should be non-stigmatising.


This chapter is on the statistical data derived from the monitoring processes and is organised into two sections; the first section presents and discusses the new starts, or admissions, information for all five projects in the first two years of the Programme. The second section details and discusses the statistical information gathered on discharged cases in the first two years of the Programme. The term ‘case’ is used to refer to a child or young person (and his/her parent or carer) admitted on to the Programme.

The chapter details some of the statistical data collected through the monitoring process for each of the five projects under the Programme. It was decided to use the data directly from two databases\textsuperscript{154} (unless otherwise stated): one managed by NIACRO which collated all the information collected on the two NIACRO Caps projects, (covering the Belfast and Southern Trust areas) and two Extern S2S projects (covering the Western and South-eastern Trust areas); and one managed by Action for Children for the Northern Area Early Intervention Project (covering the Northern Trust). Originally it was thought that the data presented in the quarterly monitoring returns would suffice but as the study aimed to compare the first two years of the Programme it became evident that the data in the quarterly monitoring returns

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\textsuperscript{152} White et al (2008)
\textsuperscript{153} Moran et al (2004)
\textsuperscript{154} the Project Management Board is currently examining the whole monitoring process, in part, to assimilate the data collection process better across the five projects
was not presented in a manner which allowed this to be easily extracted\textsuperscript{155}. Not all of the monitoring data that is collected for each project is presented here, instead it has been the aim of the study to present what was determined to be the most relevant data and for the purposes of comparison, to present data which is collected in the same manner for each of the five projects.

4.1 SECTION ONE

4.1.1 Introduction to section one

This section sets out to try and establish details of the workload, the demographic data and the difficulties that may be presenting in the children and young people who have been referred and accepted onto the Programme in the two years. The available, relevant and most complete data collected on each case is analysed below, treating each year separately to determine if there were any differences in the two years and across projects. It was anticipated that, as the majority of projects were only being set up in 2008 and would therefore have to establish themselves in the communities in which they were based, this might have an impact in terms of numbers and perhaps in other potential start-up issues.

4.1.2 Enquiries and waiting times

An enquiry to a project will determine if a referral is appropriate. This determination is based on the young person meeting the referral criteria (age, location etc) along with a brief assessment of the risk/protective factors in evidence. On the basis of this brief assessment a referral form is sent to the referral agent for completion. Some of the children and young people referred may not meet the criteria, and in this case can be referred on to other services if it is determined that they would benefit from some alternative support. The table below shows the numbers that have progressed as a percentage of the number of enquires with an average of 63\% in each year progressing. There was some variation across the five projects in the two years which may have been affected by the workload of the projects at a particular time or indeed the number of staff, as there have been periods when there has not been a full quota of staff for some projects. It should also be noted that the number of enquiries at each of the projects (with the exception of Southern which has been in operation prior to the first year) has risen from year one to year two, in the Northern project an increase of almost 100\%. Some of the projects have also shown a rise in the numbers that are progressing in the

\textsuperscript{155}data in the quarterly monitoring returns tended to count new, live and discharged cases together on some variables and so it was difficult to extract specific information, this is currently under examination (see above)
same period; the Northern project showing the highest increase, from 40 progressing in year one to 103 progressing in year two, an increase of 93%.

Table 4. The percentage of enquiries which progressed by project and year\textsuperscript{156}

<table>
<thead>
<tr>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Southern</td>
<td>62</td>
<td>40</td>
<td>64%</td>
<td>57</td>
<td>33</td>
<td>58%</td>
</tr>
<tr>
<td>Belfast</td>
<td>66</td>
<td>36</td>
<td>54%</td>
<td>85</td>
<td>58</td>
<td>68%</td>
</tr>
<tr>
<td>South-eastern</td>
<td>60</td>
<td>46</td>
<td>77%</td>
<td>71</td>
<td>45</td>
<td>63%</td>
</tr>
<tr>
<td>Western</td>
<td>78</td>
<td>57</td>
<td>73%</td>
<td>104</td>
<td>62</td>
<td>60%</td>
</tr>
<tr>
<td>Northern</td>
<td>84</td>
<td>40</td>
<td>48%</td>
<td>162</td>
<td>103</td>
<td>64%</td>
</tr>
<tr>
<td>Total</td>
<td>350</td>
<td>219</td>
<td>63%</td>
<td>479</td>
<td>301</td>
<td>63%</td>
</tr>
</tbody>
</table>

The average waiting times from the point of referral (when completed forms are received back from the referral agent) for each project in the two years are detailed in the table below. In a few projects (Belfast and South-eastern) the average waiting times in year one are higher than those in year two; the reasons for this are not always clear considering the rise in the numbers progressing in the second year, but may have been affected, in part, by start up issues such as acquiring a full quota of staff. There was little variation in the two years in the Southern project which might have been expected as the project was already established prior to the funding for this Programme. The greatest increases in the waiting times from year one to year two are shown in the Western and Northern projects. This is perhaps not surprising considering the numbers of enquiries and the numbers progressing for both projects (shown in Table 4).

Table 5. The average waiting times for each project in the two years

<table>
<thead>
<tr>
<th>Project</th>
<th>Average waiting times 1\textsuperscript{st} year</th>
<th>Average waiting times 2\textsuperscript{nd} year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Southern</td>
<td>2 weeks, 2 days</td>
<td>2 weeks, 1 day</td>
</tr>
<tr>
<td>Belfast</td>
<td>2 weeks, 1 day</td>
<td>1 week, 4 days</td>
</tr>
<tr>
<td>South-eastern</td>
<td>3 weeks, 2 days</td>
<td>2 weeks, 0 days</td>
</tr>
<tr>
<td>Western</td>
<td>1 week, 1 days</td>
<td>3 weeks, 5 days</td>
</tr>
<tr>
<td>Northern</td>
<td>1 week</td>
<td>5 weeks, 3 days</td>
</tr>
</tbody>
</table>

4.1.3 New starts in the first two years of the Programme

\textsuperscript{156} derived from Annual Reports
As shown in Table 6, there were 186 admissions across the five projects under the Programme in 2008/09 and 223 admissions in 2009/10 making a total of 409 cases over the two years; a case being a child or young person (and their parents/carer) who has been referred and admitted onto the Programme. These figures suggest an increase of 20% (or 33% if the 19 live cases in the Southern project are omitted) in the number of admissions from year one to year two. These numbers varied greatly by projects, as is shown in the table below; however this also requires some explanation as projects operate differently. For example the South-eastern and Western projects run an intensive 16-week programme, whilst for the other three projects the programme tends to keep cases open for a longer time until they are satisfied there is no longer need. This is therefore likely to affect the throughput. In addition some of the new start information includes re-referrals of young people and their families. Another issue which may have impacted on the numbers admitted and worked with, is the number of project workers. This has varied between projects and within projects at various times throughout the course of the two years, ranging from two project workers (with sessional staff) to five project workers. In addition the smaller increase (from 30 to 32 new starts, omitting 19 live cases in the first year) shown in the Southern project is likely to be as a result of having been in operation prior to the funding of this Programme. Therefore they will have already established themselves and perhaps not be expected to have a substantial increase from year one to year two. It is also important to point out that these figures refer to new starts only (unless otherwise stated) and that the actual workloads that each project is carrying is likely to be much higher depending on what point in time this information is collected.

<table>
<thead>
<tr>
<th>Project</th>
<th>New 2008/09 starts</th>
<th>New 2009/10 starts</th>
<th>Percentage increase from years one to two</th>
</tr>
</thead>
<tbody>
<tr>
<td>Southern</td>
<td>30 (+19 live)= 49</td>
<td>32</td>
<td>7%</td>
</tr>
<tr>
<td>Belfast</td>
<td>28</td>
<td>39</td>
<td>39%</td>
</tr>
<tr>
<td>South eastern</td>
<td>27</td>
<td>56</td>
<td>107%</td>
</tr>
<tr>
<td>Western</td>
<td>42</td>
<td>47</td>
<td>12%</td>
</tr>
<tr>
<td>Northern</td>
<td>40</td>
<td>49</td>
<td>22%</td>
</tr>
</tbody>
</table>

The Southern Caps project had been in operation prior to the funding for this programme and had 19 cases carried over in the first year’s figures.
### 4.1.4 Age of admissions

Figure 1 below shows the ages of the children and young people who were admitted in the first two years of the Programme. The graph shows that the majority of children and young people across both years tended to be in the age range of between 10 and 12 years old (59%). Eight years olds represented the lowest number of cases in both years (11%).

<table>
<thead>
<tr>
<th>Total</th>
<th>167 (omitting 19 live cases) or 186 (including the 19)</th>
<th>223</th>
<th>33% (omitting 19 live cases) or 20% (including the 19)</th>
</tr>
</thead>
</table>

Figures 2 and 3 (below) show the age of admissions across the five projects in each of the two years as a percentage of all admissions to each project. Figure 2 shows that for the Southern and South-eastern projects the highest percentages of admissions in the first year were 10 year olds, for the Western project it was 11 year olds, for the Belfast project 12 year olds and the Northern project had a higher percentage of 13 year olds in the first year.
In the second year (Figure 3) 12 year olds accounted for the highest percentage of admissions for the Belfast, Northern and South-eastern projects, whereas for the Southern and Western projects it was more mixed: in the Southern project there were equal percentages of 9 and 10 year olds; and in the Western project it was equal percentages of 10, 12 and 13 year olds.
In both years the average age for admissions was 10.7 years. There was some variation across the five projects in terms of the average age for all admissions in the two years as show in the table (below) although the variation is quite small.

Table 7. The average age of admissions across projects and years

<table>
<thead>
<tr>
<th>Project</th>
<th>2008/09</th>
<th>2009/10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Southern</td>
<td>10.0</td>
<td>10.0</td>
</tr>
<tr>
<td>Belfast</td>
<td>11.2</td>
<td>10.9</td>
</tr>
<tr>
<td>South eastern</td>
<td>11.2</td>
<td>10.7</td>
</tr>
<tr>
<td>Western</td>
<td>10.7</td>
<td>10.9</td>
</tr>
<tr>
<td>Northern</td>
<td>11.2</td>
<td>10.7</td>
</tr>
</tbody>
</table>

The Southern project has the lowest average age across both years which might be explained by the fact that traditionally they have worked with a younger age range; the project in the earlier stage worked with an age range of eight to 11 year olds.

4.1.5 Gender of admissions

In the first year, 69% (128) of admissions were male and 31% (58) were female whilst in the second year male admissions accounted for 77% (172) and female 23% (51). These figures are quite consistent with services dealing with those presenting with offending type behaviours, for example in a previous study evaluating the work of the Youth Justice Agency’s Community Services the young people admitted to their projects were of a 78% male and 22% female ratio.\(^{158}\)

There was some variance across the five projects with a male/female ratio range of 55/45 percent to 79/21 percent in the first year and 66/34 percent to 94/6 percent in the second year (shown in table below).

### Table 8. Numbers and percentages of new starts across the five projects in both years

<table>
<thead>
<tr>
<th></th>
<th>2008/09 Male</th>
<th>2008/09 Female</th>
<th>2008/09 Total</th>
<th>2009/10 Male</th>
<th>2009/10 Female</th>
<th>2009/10 Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Southern</td>
<td>37 (76%)</td>
<td>12 (24%)</td>
<td>49</td>
<td>21 (66%)</td>
<td>11 (34%)</td>
<td>32</td>
</tr>
<tr>
<td>Belfast</td>
<td>22 (79%)</td>
<td>6 (21%)</td>
<td>28</td>
<td>31 (79%)</td>
<td>8 (21%)</td>
<td>39</td>
</tr>
<tr>
<td>South Eastern</td>
<td>21 (78%)</td>
<td>6 (22%)</td>
<td>27</td>
<td>39 (70%)</td>
<td>17 (30%)</td>
<td>56</td>
</tr>
<tr>
<td>Western</td>
<td>23 (55%)</td>
<td>19 (45%)</td>
<td>42</td>
<td>35 (75%)</td>
<td>12 (25%)</td>
<td>47</td>
</tr>
<tr>
<td>Northern</td>
<td>25 (62.5%)</td>
<td>15 (37.5%)</td>
<td>40</td>
<td>46 (94%)</td>
<td>3 (6%)</td>
<td>49</td>
</tr>
<tr>
<td>Total</td>
<td>128 (69%)</td>
<td>58 (31%)</td>
<td>186</td>
<td>172 (77%)</td>
<td>51 (23%)</td>
<td>223</td>
</tr>
</tbody>
</table>

The greatest changes between year one and year two can be seen in the Western and Northern projects which both witnessed a sizeable percentage increase in the number of male admissions from the first to the second year. There were some explanations given anecdotally for the variations in the ratio of males and females; for example in year one the Northern project had a much higher ratio of female admissions than it did in the second year. It was explained that in general referrals are on an individual basis although in this year the project received referrals for a group of girls who were involved in an assault; which perhaps goes some way to account for the higher female ratio in the first year.
4.1.6 Nationality, religion and ethnicity of admissions

In the first year 95% of admissions were recorded under ethnicity as white and 5% as Irish traveller; in the second year it was 98% white, 2% of mixed ethnicity and 0.5% as Irish traveller. In terms of the religious background of new starts, in the first year 44% were from a Catholic background, 48% from a Protestant background and 8% were in the ‘other’ category. This changed slightly in the second year with slightly less from a Catholic background (37%), slightly more from a Protestant background (57%) and 6% in the ‘other’ category. The breakdown of religious background across projects is shown in the table below and tends to reflect the community backgrounds of the catchment areas of projects.

Table 9. Religious background for admissions to projects in each year

<table>
<thead>
<tr>
<th>Projects</th>
<th>Catholic</th>
<th>Protestant</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Southern</td>
<td>40 (82%)</td>
<td>27 (84%)</td>
<td>8 (16%)</td>
</tr>
<tr>
<td>Belfast</td>
<td>14 (50%)</td>
<td>11 (28%)</td>
<td>12 (43%)</td>
</tr>
<tr>
<td>South-eastern</td>
<td>1 (4%)</td>
<td>9 (16%)</td>
<td>25 (92%)</td>
</tr>
<tr>
<td>Western</td>
<td>25 (59%)</td>
<td>24 (51%)</td>
<td>16 (38%)</td>
</tr>
<tr>
<td>Northern</td>
<td>2 (5%)</td>
<td>11 (22%)</td>
<td>28 (70%)</td>
</tr>
<tr>
<td>Overall</td>
<td>82 (44%)</td>
<td>82 (37%)</td>
<td>89 (48%)</td>
</tr>
</tbody>
</table>

Some of the projects tend to stay largely the same in their community background data from year one to year two (Southern and Western) whilst there have been slight changes in the compositions in the other three projects which might be explained by their expansion into other areas by the second year.

Nationality was also collected and in the first year 42% were described as British, 31% as Irish and 27% as Northern Irish, in the second year 55% British, 29% as Irish, 13% as Northern Irish, 2% as English and 0.5% as Latvian. The nationality data shows that very few came from outside Northern Ireland; indeed only one was said to be Latvian and four as English. The remaining data largely reflects the religious background figures as those from a Protestant background tend to regard themselves as British or in some cases as Northern Irish, whereas those from a Catholic community background regard themselves generally as Irish or in some cases Northern Irish.
4.1.7 Geographical area

The five projects have catchment areas that reflect the five Trust areas in Northern Ireland and as such are expected to provide a service to those that require it in their own Trust area. Maps were developed for each project for the first two years of the programme in order to determine the distribution of the children engaged in the projects in each year, and these are all contained in Appendix 2 of the report. The evaluators also had access to maps showing various relevant indicators for each ward in the Trust areas for year two of the programme: these included the percentage population of children aged 0-17 years; multiple deprivation measures; children at primary school with less than 85% attendance; and children at post-primary school with less than 85% attendance. This allowed for a comparison of the distribution of children attending each project against these indicators to try and determine if there were any gaps in service delivery. It was decided to consider (in general) only areas where there was shown to be wards where the three conditions were absolute; that is, that it is a combination of high multiple deprivation, high percentage populations of children (0-17 years) and high numbers with less than 85% attendance (both primary and post primary) to determine whether there were children attending the projects from these areas. These areas will be referred to as ‘high need’ areas in the following discussion and refer only to the second year (2009/10) as the data in the previous year was not collected in the same manner.

It is clear from the expansion maps (in Appendix 2) that there has been expansion in the second year across all projects with perhaps less expansion in the Southern project because it was already running before this programme was established. Looking at the Western project, in the first year the distribution was concentrated in the north of the Trust area and by year two there had been expansion into central and southern parts of the Trust area. The project had been encouraged during the second year to reach out into other areas and they had done so by extending the membership of the advisory group and by having discussions with referral agents in areas where no referrals had been received. There was said to be some pressure put on the project due to this expansion, and the package of support to children and their families had to be reduced as a result. An examination of the Trust area in relation to ‘high need’ was carried out, and when compared to children engaged with the project it did indicate that the project were receiving referrals from these ‘high need’ areas. To give examples of this, in and around the Derry area and Newtownstewart. There were also wards where there was high deprivation (Glenderg as an example) and no referrals but the percentage population of children and those attending less than 85% tended to be low.
In the Belfast project there was expansion shown between year one and year two. In year one the referrals were concentrated in the central part of the Trust area and slightly north of this, and in year two this extended out to the north, north-west and to the east. The project had been encouraged to reach out into west Belfast and it was evident that they had done so by year two, although there were still some wards from which they had received no referrals. Anecdotal evidence suggested that there were a lot of agencies and groups already working in these areas. An examination of the Trust area in relation to ‘high need’ was carried out and when compared to children engaged with the project it did indicate that the project were receiving referrals from these ‘high need’ areas. There were a few wards in the west which were high multiple deprivation and had high populations of children from where no referrals had been received, but they tended not to have high percentages of children with less than 85% attendance rates.

In the Southern project there was less expansion shown, than in other projects, the reason being that the project was already operating when this programme was established. Nevertheless, there were new wards from which referrals had been received by year two, mainly in the west of the Trust area; such as the Derrynoose and Aughnacloy wards. There were a few areas of high deprivation, namely in South Armagh where referrals had not been received, but it was believed that attendance at the locality group and presentations in all areas would help correct this. When areas considered to be ‘high need’ were examined it was evident that the project was working in many of the areas meeting these conditions (in terms of deprivation, high percentage population of children and high percentages with less than 85% attendance rates). One area which satisfied the conditions for ‘high need’, and from where no referrals had been received, was in and around Coalisland; another ward in which certain conditions (not all) were high from which no referrals had been received by the second year was Kilkeel Central; although the percentage of those at primary school attending less than 85% was not high in this ward. At the time of writing there had been three referrals to the project from in and around the Kilkeel area. It was said that others had found it equally difficult to encourage referrals from this area but the senior practitioner at the project had joined the Locality Planning Group and carried out numerous presentations and held meetings with various agencies and it was now beginning to show dividends.
In the South-eastern project there has been expansion in year two, mainly in relation to the Ards peninsula. In year one the referrals were concentrated in the Bangor/Ards area but by year two referrals were also being received from a number of wards in the peninsula. The project was asked to extend into areas in the west of the Trust area (to Lisburn, Twinbrook, Collin Glen), and in order to do so they undertook to arrange the membership of the Advisory Group to include representatives from agencies in those areas and to setting up an outreach office in Lisburn. The Coordinator was also proactive in carrying out presentations with many organisations in these areas. They increased the size of their team from three to four workers to facilitate this expansion and by the end of year two/beginning of year three they had started to receive referrals from these areas and also from the Downpatrick area. In relation to the ‘high need’ areas there was only one ward that had a high percentage population of children and so, in this instance, the wards were considered in terms of a relatively high to medium percentage population of children. The project did have referrals from many of the wards which were considered to be ‘high need’ areas (using the above criteria) although there were some wards/areas from which no referrals had been shown on the maps in year two. However, there have been referrals received in the third year (as stated above) from many of the following areas; the Ardglass/Cathedral area; the Collin Glen/Kilwee area and the Ballymaglave ward.

In terms of the expansion between year one and year two, the Northern project showed expansion to the west and north-west of the Trust area in year two. In year one the concentration of referrals was between (and in and around) Larne and Ballymena and in year two this had extended to areas such as Maghera, Castledawson and the Triangle area (Coleraine, Portrush and Portstewart). There was a sense that the expansion had to be incremental as service users were so dispersed, and this involved more travel and time for staff. In terms of ‘high need’ areas the project was receiving referrals from some of these areas. However, many of the ward areas of high multiple deprivation did not have a high percentage population of children, so it was difficult to apply the same conditions here as in other projects. There was a sense that a few highly deprived wards (such as in and around Dunnamore and Killycolfy) had a relatively medium to high level of children with less than 85% attendance and there had not been any referrals from these areas. It was said that the reason for this may have been due to the referral agents in the area only beginning to know what the service could provide and the fact that the project was running at full capacity when it reached out into this area.
4.1.8 Referral source for new starts

The referral source for each case is also collected and recorded in the database, and it is worth mentioning that the following data may not reflect the referral agent who has first identified the child as being in need of support. The reasons, given through interviews, were that the child or young person may have come to the attention of one agency who then brings it to the attention of another and it is that latter agency who makes a decision to refer to the programme. Through interviews it was discovered that this can happen at times and examples were given of the police bringing a child or young person to the attention of a Gateway team which then makes the decision to refer the child or young person to one of the projects, or where the child or young person may have been ‘picked up’ by behavioural support or education psychology but the decision to refer has been made by the school. The largest number of referrals which have been admitted to projects in each year have been made by Social Services; 45% in year one and 47% in year two. The next three referral sources have tended to make around one tenth or slightly more of referrals in each year; they are:

- the Police Service of Northern Ireland (PSNI) accounting for 16% of referrals in the first year and 8% in the second year;
- the Education Welfare Service (EWS) accounting for 10% of referrals in the first year and 11% in the second year; and
- the Child and Adolescent Mental Health Services (CAMHS) accounting for 9% of referrals in the first year and 12% in the second.

There was variation in the percentages across the different projects for the two years and the table below show the percentages for the top four referral agents accounting for the majority of referrals in each year.

<table>
<thead>
<tr>
<th>Table 10. The four top referral agencies accounting for the majority of referrals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Projects</td>
</tr>
<tr>
<td>Southern</td>
</tr>
<tr>
<td>Belfast</td>
</tr>
<tr>
<td>South eastern</td>
</tr>
<tr>
<td>Western</td>
</tr>
</tbody>
</table>
Table 10 shows that in the Western project in year one 88% of referrals are recorded as being from Social Services and this figure dropped to 55% in the following year. The likely explanation for this is that referrals in the second year were coming from a wider range of referral agents, such as the Education Welfare Service (EWS) and CAMHS as shown in the table. Figures (5 and 6) that follow show all referral sources including the category ‘other’ which comprises a range of referrers, such as schools, Woman’s Aid, self (family) referrals and so on, for both years.

Figure 5. Referral source for new starts 2008/09 (percentage)

The main difference from year one to year two is that projects appear to be accepting referrals from a wider range of referral sources. This might suggest that they have developed better community links and become more widely known in their areas.
4.1.9 **Other agencies involved with young people on admission**

When children and young people are referred and accepted onto the Programme the number of other agencies (besides the referral agent) involved with them at that time is recorded. This is perhaps another indication of the difficulties being experienced in the children and young people’s lives that have necessitated interventions from other agencies.

As can be seen from the table below 85% of the cases in year one have had one or more agencies (besides the referral agency) involved with them at the time of admission, with the largest groups being those who have had one or two agencies involved, although a sizeable number (23 or 12%) have had either three or four agencies involved with them.

**Table 11. Number of agencies (other than the referral agent) involved with children and young people at their time of referral in year one (2008-09)**

<table>
<thead>
<tr>
<th>Number of agencies</th>
<th>Belfast</th>
<th>Southern</th>
<th>South Eastern</th>
<th>Western</th>
<th>Northern</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>3</td>
<td>18</td>
<td>4</td>
<td>1</td>
<td>2</td>
<td>28 (15%)</td>
</tr>
<tr>
<td>1</td>
<td>11</td>
<td>15</td>
<td>9</td>
<td>22</td>
<td>25</td>
<td>82 (44%)</td>
</tr>
<tr>
<td>2</td>
<td>7</td>
<td>11</td>
<td>11</td>
<td>11</td>
<td>13</td>
<td>53 (28%)</td>
</tr>
<tr>
<td>3</td>
<td>7</td>
<td>3</td>
<td>2</td>
<td>7</td>
<td></td>
<td>19 (10%)</td>
</tr>
<tr>
<td>4</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
<td>4 (2%)</td>
</tr>
<tr>
<td>Total</td>
<td>28</td>
<td>49</td>
<td>27</td>
<td>42</td>
<td>40</td>
<td>186</td>
</tr>
</tbody>
</table>

**Figure 6. Referral source for new starts in 2009/10 (percentage)**
Table 12 shows that in year two 89% of cases have at least one other agency involved with a small number (9 or 4%) having as many as four or five other agencies involved with them on admission in addition to the referral agent.

**Table 12. Number of agencies (other than the referral agent) involved with children and young people at their time of referral in year two (2009-10)**

<table>
<thead>
<tr>
<th>Number of agencies</th>
<th>Belfast</th>
<th>Southern</th>
<th>South Eastern</th>
<th>Western</th>
<th>Northern</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>3</td>
<td>9</td>
<td>8</td>
<td>3</td>
<td>1</td>
<td>24 (11%)</td>
</tr>
<tr>
<td>1</td>
<td>15</td>
<td>14</td>
<td>21</td>
<td>23</td>
<td>32</td>
<td>105 (47%)</td>
</tr>
<tr>
<td>2</td>
<td>15</td>
<td>4</td>
<td>19</td>
<td>9</td>
<td>16</td>
<td>63 (28%)</td>
</tr>
<tr>
<td>3</td>
<td>4</td>
<td>3</td>
<td>5</td>
<td>10</td>
<td></td>
<td>22 (10%)</td>
</tr>
<tr>
<td>4</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td></td>
<td>7 (3%)</td>
</tr>
<tr>
<td>5</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>2 (1%)</td>
</tr>
<tr>
<td>Total</td>
<td>39</td>
<td>32</td>
<td>56</td>
<td>47</td>
<td>49</td>
<td>223</td>
</tr>
</tbody>
</table>

4.1.10 Residential status on admission in each year

The residential status of children and young people when they are accepted on to the Programme is detailed for both years with the percentages being quite similar for both years.

**Table 13. Residential status of children and young people on admission in the first year**

<table>
<thead>
<tr>
<th>Status</th>
<th>Southern</th>
<th>Belfast</th>
<th>South Eastern</th>
<th>Western</th>
<th>Northern</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>At home (both parents)</td>
<td>14</td>
<td>7</td>
<td>7</td>
<td>5</td>
<td>15</td>
<td>48 (26%)</td>
</tr>
<tr>
<td>At home (one parent)</td>
<td>28</td>
<td>13</td>
<td>12</td>
<td>29</td>
<td>20</td>
<td>102 (55%)</td>
</tr>
<tr>
<td>At home (one parent plus partner)</td>
<td>3</td>
<td>2</td>
<td>5</td>
<td>7</td>
<td>3</td>
<td>20 (11%)</td>
</tr>
<tr>
<td>Family placement (eg. aunt)</td>
<td>3</td>
<td>6</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>13 (7%)</td>
</tr>
<tr>
<td>Foster Placement</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>2 (1%)</td>
</tr>
<tr>
<td>Residential care placement</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1 (0.5%)</td>
</tr>
<tr>
<td>Total</td>
<td>49</td>
<td>28</td>
<td>27</td>
<td>42</td>
<td>40</td>
<td>186</td>
</tr>
</tbody>
</table>

Tables 13 (year one) and 14 (year two) show that the majority of children and young people are living at home with one parent, 55% in the first year and 57% in the second year. The
next highest grouping is those living at home with both parents, 26% in both years, with the third highest grouping those living at home with one parent and their partner, which account for 11% of cases in both years. In each year a small number (in year one it was almost 9% or 16 cases, in year two almost 7% or 13 cases) were in some type of placement. For the majority it was a family placement, indeed in the Belfast project 21% of admissions in year one were living in a family placement. Although the percentages in both years were small (1.5% in year one, 2.5% in year two) six children and young people were in foster care and two in a residential care placement across the two years. It would be hard to argue that these children and young people have not had a lot of difficulties or reached some crisis in their (and their families') lives to necessitate a placement, and any early intervention programme would hope to catch children and young people before this became necessary.

Table 14. Residential status of children and young people on admission in the second year

<table>
<thead>
<tr>
<th>Status</th>
<th>Southern</th>
<th>Belfast</th>
<th>South Eastern</th>
<th>Western</th>
<th>Northern</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>At home (both parents)</td>
<td>9</td>
<td>7</td>
<td>21</td>
<td>8</td>
<td>13</td>
<td>58 (26%)</td>
</tr>
<tr>
<td>At home (one parent)</td>
<td>17</td>
<td>27</td>
<td>27</td>
<td>30</td>
<td>27</td>
<td>128 (57%)</td>
</tr>
<tr>
<td>At home (one parent plus partner)</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>7</td>
<td>7</td>
<td>24 (11%)</td>
</tr>
<tr>
<td>Family placement (eg. aunt)</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>8 (4%)</td>
</tr>
<tr>
<td>Foster Placement</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>4 (2%)</td>
</tr>
<tr>
<td>Residential care placement</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1 (0.5%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>32</strong></td>
<td><strong>39</strong></td>
<td><strong>56</strong></td>
<td><strong>47</strong></td>
<td><strong>49</strong></td>
<td><strong>223</strong></td>
</tr>
</tbody>
</table>

4.1.11 School status on admission in each year
The school status for each child or young person was examined for the two years and it was discovered that around 90% in both years were attending mainstream primary or secondary schooling. The remaining (approximately 10%) were attending an EOTAS provision, a special school or a Learning Support Unit.
Table 15. School status of admissions in year one

<table>
<thead>
<tr>
<th>Status</th>
<th>Southern</th>
<th>Belfast</th>
<th>South Eastern</th>
<th>Western</th>
<th>Northern</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mainstream Primary</td>
<td>34</td>
<td>10</td>
<td>11</td>
<td>24</td>
<td>12</td>
<td>91</td>
</tr>
<tr>
<td>Mainstream Secondary</td>
<td>12</td>
<td>12</td>
<td>14</td>
<td>12</td>
<td>27</td>
<td>77</td>
</tr>
<tr>
<td>EOTAS</td>
<td>1</td>
<td></td>
<td>2</td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Special</td>
<td></td>
<td>5</td>
<td>1</td>
<td>4</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Learning Support Unit</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>49</strong></td>
<td><strong>28</strong></td>
<td><strong>27</strong></td>
<td><strong>42</strong></td>
<td><strong>40</strong></td>
<td><strong>186</strong></td>
</tr>
</tbody>
</table>

There was a little variation between projects in both years with the Belfast project having the least percentage - 79% (or 22 young people) - in mainstream schooling in year one and the Northern project having the highest percentage - 97% (or 39 young people) - in mainstream schooling. In year two the same two projects had the least percentage (Belfast with 85% or 33 young people) and the highest percentage (Northern with 98% or 48 young people) in mainstream schooling.

Table 16. School status of admissions in year two

<table>
<thead>
<tr>
<th>Status</th>
<th>Southern</th>
<th>Belfast</th>
<th>South Eastern</th>
<th>Western</th>
<th>Northern</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mainstream Primary</td>
<td>19</td>
<td>24</td>
<td>31</td>
<td>24</td>
<td>23</td>
<td>121</td>
</tr>
<tr>
<td>Mainstream Secondary</td>
<td>9</td>
<td>9</td>
<td>22</td>
<td>18</td>
<td>25</td>
<td>83</td>
</tr>
<tr>
<td>EOTAS</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td></td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>Special</td>
<td></td>
<td>4</td>
<td>3</td>
<td>3</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Learning Support Unit</td>
<td>1</td>
<td></td>
<td>1</td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Not Recorded</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>32</strong></td>
<td><strong>39</strong></td>
<td><strong>56</strong></td>
<td><strong>47</strong></td>
<td><strong>49</strong></td>
<td><strong>223</strong></td>
</tr>
</tbody>
</table>

EVALUATION OF THE EARLY INTERVENTION PROGRAMME
However, even though the majority in both years were in mainstream schooling there were quite a number of children with a Code of Practice\textsuperscript{159} (suggesting that there were some problems in school). When this information was examined it was discovered that in year one 40% of admissions had a Code of Practice and in year two it was 43% (Table 17). So, on average across projects this was almost half of all admissions for each year.

<table>
<thead>
<tr>
<th>Project</th>
<th>Year one</th>
<th>Year two</th>
</tr>
</thead>
<tbody>
<tr>
<td>Southern</td>
<td>57%</td>
<td>56%</td>
</tr>
<tr>
<td>Belfast</td>
<td>71%</td>
<td>43%</td>
</tr>
<tr>
<td>South-eastern</td>
<td>33%</td>
<td>41%</td>
</tr>
<tr>
<td>Western</td>
<td>19%</td>
<td>38%</td>
</tr>
<tr>
<td>Northern</td>
<td>25%</td>
<td>43%</td>
</tr>
<tr>
<td>Overall</td>
<td>40%</td>
<td>43%</td>
</tr>
</tbody>
</table>

The table above shows the variation across projects and years. For example, the Belfast project had 71% of admissions with a Code of Practice in the first year with other projects ranging from 19% to 57%. In the second year the Southern project had over half of admissions (56%) with a Code of Practice where other projects ranged from 38% to 43%.

Taking into consideration those who did have a Code of Practice, for 78% of the children and young people in year one it was at level three\textsuperscript{160} or above and in year two 62% had a Code of Practice at level 3 or above. In addition a sizeable number had reached a level 5 which meant that they had a Statement of Education Needs; in year one this was 36% (or 28 young people) and 39% (or 38 young people).

4.1.12 Children and young people presenting with a particular disability

Another possible indicator of need or vulnerability is where children and young people have a particular disability, and the data showed that 19% of admissions (or 33 young people) in year one had confirmed or were under assessment for Attention Deficit Hyperactivity Disorder (ADHD) and this rose to 27% (or 60 young people) in year two. In addition a small

\textsuperscript{159} this is when children are identified and assessed as having special educational needs which may require special educational provision; that is different or extra support to the mainstream provision

\textsuperscript{160} level 3 meaning that there had been first teacher, then Special Education Needs Co-ordinator (SENDO) and finally Board support involvement
number were also confirmed or under assessment for autistic spectrum; in year one it was 9% of admissions (or 13 young people) and 3% (6 young people) in year two.

4.1.13 The numbers on the Child Protection Register

Another indicator of need/risk is whether a child or young person is on the Child Protection Register (CPR), and the figures show (Table 18) that the percentage of admissions in year one on the CPR was 27% (or 51 young people), and in year two 29% (or 64 young people). This varied across projects with the Western project having half of the children and young people admitted in year one on the CPR whilst other projects ranged from 11% to 33%. In year two the Southern project had 41% of its admissions on the CPR with others ranging from 12% to 39%.

Table 18. Percentage on the CPR on admission across projects and years

<table>
<thead>
<tr>
<th>Project</th>
<th>2008/09</th>
<th>2009/10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Southern</td>
<td>33%</td>
<td>41%</td>
</tr>
<tr>
<td>Belfast</td>
<td>11%</td>
<td>21%</td>
</tr>
<tr>
<td>South-eastern</td>
<td>26%</td>
<td>39%</td>
</tr>
<tr>
<td>Western</td>
<td>50%</td>
<td>32%</td>
</tr>
<tr>
<td>Northern</td>
<td>12%</td>
<td>12%</td>
</tr>
<tr>
<td><strong>Average</strong></td>
<td><strong>27%</strong></td>
<td><strong>29%</strong></td>
</tr>
</tbody>
</table>

Table 19 gives an indication of the reasons why the children and young people across both years are on the Child Protection Register. The numbers represent the percentages of those on the CPR and not a percentage of all cases. In addition these figures are derived from annual statistics for each project which count live and new start cases together. The figures are presented here to give an indication of the forms of abuse that the children and young people might be experiencing. It should also be noted that a child or young person can be on the register for more than one factor, for example there could be potential physical abuse and confirmed neglect. Bearing all this in mind, over one-fifth of cases (22%) showed confirmed emotional abuse and in almost one-fifth of cases (18%) confirmed neglect has been determined. The next highest factor categories are potential physical abuse (14%) and potential neglect (12%). Not as many are said to be potentially, suspected or confirmed as being subject to sexual abuse than for the other three factors (physical, emotional and neglect).
Table 19. Percentage on CPR by factor and category across two years

<table>
<thead>
<tr>
<th>Factor</th>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td>Potential</td>
<td>14%</td>
</tr>
<tr>
<td></td>
<td>Suspected</td>
<td>4%</td>
</tr>
<tr>
<td></td>
<td>Confirmed</td>
<td>7%</td>
</tr>
<tr>
<td>Emotional</td>
<td>Potential</td>
<td>6%</td>
</tr>
<tr>
<td></td>
<td>Suspected</td>
<td>8%</td>
</tr>
<tr>
<td></td>
<td>Confirmed</td>
<td>22%</td>
</tr>
<tr>
<td>Sexual</td>
<td>Potential</td>
<td>6%</td>
</tr>
<tr>
<td></td>
<td>Suspected</td>
<td>2%</td>
</tr>
<tr>
<td></td>
<td>Confirmed</td>
<td>1%</td>
</tr>
<tr>
<td>Neglect</td>
<td>Potential</td>
<td>12%</td>
</tr>
<tr>
<td></td>
<td>Suspected</td>
<td>2%</td>
</tr>
<tr>
<td></td>
<td>Confirmed</td>
<td>18%</td>
</tr>
</tbody>
</table>

4.1.14 Police status on admission

The table below shows whether or not the children and young people were known to police at their time of admission to the various projects in the two years. It shows that 42% were known to police on admission in the first year and this was slightly less at 36% in the second year. In the first year the percentage of those known to the police on admission ranged from 26% to 51% across the projects, with the Southern, Northern and Belfast indicating above average percentages for the year. In the second year four of the projects had between 42-44% of admissions known to police and for one project (South-eastern) it was lower with 14% known to police on admission.

Table 20. Whether children and young people were known to the police on admission in the two years

<table>
<thead>
<tr>
<th>Project</th>
<th>2008/09</th>
<th></th>
<th>2009/10</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Known to police</td>
<td>Not known</td>
<td>Known to police</td>
<td>Not known</td>
</tr>
<tr>
<td>Southern</td>
<td>25 (51%)</td>
<td>24 (49%)</td>
<td>14 (44%)</td>
<td>18 (56%)</td>
</tr>
<tr>
<td>Belfast</td>
<td>13 (46%)</td>
<td>15 (54%)</td>
<td>17 (44%)</td>
<td>22 (56%)</td>
</tr>
<tr>
<td>South-eastern</td>
<td>10 (37%)</td>
<td>17 (63%)</td>
<td>8 (14%)</td>
<td>48 (86%)</td>
</tr>
<tr>
<td>Western</td>
<td>11 (26%)</td>
<td>31 (74%)</td>
<td>20 (42%)</td>
<td>27 (58%)</td>
</tr>
<tr>
<td>Northern</td>
<td>20 (50%)</td>
<td>20 (50%)</td>
<td>21 (43%)</td>
<td>28 (57%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>79 (42%)</strong></td>
<td><strong>107 (58%)</strong></td>
<td><strong>80 (36%)</strong></td>
<td><strong>143 (64%)</strong></td>
</tr>
</tbody>
</table>
4.1.15 Summary of statistics on admissions

The previous data gives demographic and background information on the children and young people who were admitted to the five projects in the first two years of the Programme. It shows that the number of enquiries and the numbers progressing have increased in the second year, while in some projects the waiting times have also shown an increase in year two. The number of admissions across the two years was 409 cases; 186 in the first year and 223 in the second year, indicating an increase of 20% from year one to year two. It was also evident that the referrals were coming from a wider range of referral agents in the second year too. There were slight variations between projects on some of the variables between year one and year two, but overall the differences were not extreme. The largest numbers of children and young people were in the 10-12 age range and the majority were male, accounting for almost three quarters of admissions. The children and young people were predominately white with slightly more Protestants than Catholics but largely reflecting the religious composition of the catchments areas for projects. Many of the referrals came through Social Services although it was difficult to determine if the referral source recorded in each instance was always the original referrer or whether the referrals sometimes came through a conduit referral agent.

The projects had all expanded their service into other areas by year two although there were still some areas from which there had been no referrals. When this was considered in terms of high need, (that is where there was high multiple deprivation, high percentage population of children and high percentage of those with less than 85% attendance at school) there were some gaps in the service for some projects. However, these issues had already become evident and steps were being taken to address where there were thought to be gaps in the service.

What was clear through the monitoring data was that the children and young people referred to the various projects were found to be presenting with various challenges and difficulties in their lives. For example, quite a number had two or more agencies, besides the referral agent, involved with them at time of referral and/or previously suggesting there were problems in some areas of their lives. The majority came from homes with only one biological parent residing, with some in each year in placements. Although the majority of admissions were in mainstream schooling, there was evidence that there were difficulties in school with two-fifths of children and young people having a Code of Practice. Almost one-quarter of admissions were confirmed or under assessment for ADHD type behaviour, and a small
number confirmed or under assessment for the autistic spectrum of behaviours. Over one-quarter of children and young people admitted to the projects in each year were on the Child Protection Register, and around two-fifths of those admitted on to the Programme were known to police on admission.

4.2 SECTION TWO

4.2.1 Introduction to section two

This section details the discharge information which is collected by each project when a case has been discharged. Cases can be discharged for a number of reasons although the aim is obviously for completion of the programme. The following information includes the outcome data for each discharged case in terms of their scores on admission and discharge on risk and protection factors across the five domains: individual, parental, family influence, community influence and school.

4.2.2 Discharge status

Table 21 details the discharge status of each case in each year with 281 discharged across the two years. In the first year there were 81 discharged cases across the five projects, 78% of which had completed the programmes, 11% had disengaged, 5% had moved from the area and for 5% the discharge was for some other reason (getting specialist support, too many agencies involved etc).

<table>
<thead>
<tr>
<th>Status</th>
<th>2008/09</th>
<th>2009/10</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Numbers</td>
<td>Percentage</td>
</tr>
<tr>
<td>Completed</td>
<td>63</td>
<td>78%</td>
</tr>
<tr>
<td>Disengaged</td>
<td>9</td>
<td>11%</td>
</tr>
<tr>
<td>Moved from area</td>
<td>4</td>
<td>5%</td>
</tr>
<tr>
<td>Other reason</td>
<td>4</td>
<td>5%</td>
</tr>
<tr>
<td>Missing data</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>Total</td>
<td>81</td>
<td>100%</td>
</tr>
</tbody>
</table>

In the second year there were 200 discharged from the projects, 76% had completed the programmes, 15% had disengaged, 3% had moved from the area and 5% were discharged for some other reason. Considering that the early intervention Programme is a voluntary service,
the completion rate in both years could be considered as being high with almost three quarters completing the Programme, indeed just over 10% in each year actually disengaged.

Table 22. Discharge status of cases for each project and year

<table>
<thead>
<tr>
<th></th>
<th>Year</th>
<th>Completed</th>
<th>Disengaged</th>
<th>Moved</th>
<th>Other</th>
<th>Total cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belfast</td>
<td>year 1</td>
<td>0</td>
<td>0</td>
<td>1 (50%)</td>
<td>1 (50%)</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>year 2</td>
<td>24 (58%)</td>
<td>9 (22%)</td>
<td>3 (7%)</td>
<td>5 (12%)</td>
<td>41</td>
</tr>
<tr>
<td>Southern</td>
<td>year 1</td>
<td>25 (89%)</td>
<td>1 (4%)</td>
<td>2 (7%)</td>
<td>0</td>
<td>28</td>
</tr>
<tr>
<td></td>
<td>year 2</td>
<td>24 (86%)</td>
<td>4 (14%)</td>
<td>0</td>
<td>0</td>
<td>28</td>
</tr>
<tr>
<td>Western</td>
<td>year 1</td>
<td>19 (73%)</td>
<td>5 (19%)</td>
<td>0</td>
<td>2 (8%)</td>
<td>26</td>
</tr>
<tr>
<td></td>
<td>year 2</td>
<td>38 (79%)</td>
<td>7 (15%)</td>
<td>0</td>
<td>3 (6%)</td>
<td>48</td>
</tr>
<tr>
<td>South-eastern</td>
<td>year 1</td>
<td>14 (87%)</td>
<td>1 (6%)</td>
<td>0</td>
<td>1 (6%)</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>year 2</td>
<td>45 (90%)</td>
<td>5 (10%)</td>
<td>0</td>
<td>0</td>
<td>50</td>
</tr>
<tr>
<td>Northern</td>
<td>year 1</td>
<td>5 (55%)</td>
<td>2 (22%)</td>
<td>1 (11%)</td>
<td>1 (11%)</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>year 2</td>
<td>22 (67%)</td>
<td>6 (18%)</td>
<td>3 (9%)</td>
<td>2 (6%)</td>
<td>33</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>216 (77%)</td>
<td>40 (14%)</td>
<td>10 (4%)</td>
<td>15 (5%)</td>
<td>281</td>
</tr>
</tbody>
</table>

Table 22 (above) shows the discharge status across the five projects and the years, and there is some variation with a range of 55% (although in this instance the numbers are actually low) to 90% of cases completed. The actual numbers of children and young people who disengaged from the Programme tended to be low in each year; and where there was a relatively high percentage of cases that disengaged (around 20% for example) it was explained through interviews that these tended to be high risk children, in other words with a lot of difficulties in their lives and this tended to be backed up by the statistical data.

In some instances a number of those who disengaged were from an ethnic minority background, particularly from an Irish Traveller background. Anecdotally, it was suggested that the older age range can sometimes be more difficult to engage and to get to complete the Programme, as problematic behaviour may have become entrenched. Those with the highest percentage disengagement figures of 22% (Belfast and Northern projects) did tend to have a higher percentage of children and young people in the 12 to 13 age range with almost half of admissions across the two years being of this age.
It should be noted that the Western and South-eastern projects tended to work to an intensive 16-week programme and therefore the number of discharges for these projects is likely to be higher than the other projects for each year. The Southern project was already running prior to this Programme which might explain the relatively high number of discharges in year one in comparison with many of the other projects.

### 4.2.3 Duration of Programme for discharged cases

The length of time that each discharged case is on the Programme for all projects is collected in the monitoring data. Table 23 (below) shows the average length of time for all discharged cases across each of the five projects, whilst Table 24 shows the average length of time for completed cases only across the five projects. In terms of all discharged cases (Table 23) in all but one project (South-eastern) the average length of engagement has increased for all discharged cases between year one and year two, with the average duration of all projects showing a slight decrease between year one and year two from 6.5 months to 6.2 months. The South-eastern projects’ decrease in the length of programme from the first year (6.2 months) to the second year (4.7 months) might be as a result of having extensions to the 16-week programme for a number of cases in the first year; this resulted in 19 cases being extended on average two months each. In addition there were a number of re-referrals in the second year for the South-eastern project and in the first and second years for the Western project, and so some cases would be the same children who have completed the 16 weeks twice (therefore eight months), but as they have a different reference number on re-referral they are counted here as separate cases (see 4.2.4 for further details on re-referrals).

<table>
<thead>
<tr>
<th>Project</th>
<th>2008/09 No. of cases</th>
<th>2009/10 No. of cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Southern</td>
<td>10.2 months 28</td>
<td>11.2 months 28</td>
</tr>
<tr>
<td>Belfast</td>
<td>1.7 months 2</td>
<td>6.6 months 41</td>
</tr>
<tr>
<td>South-eastern</td>
<td>6.2 months 16</td>
<td>4.7 months 50</td>
</tr>
<tr>
<td>Western</td>
<td>4 months 26</td>
<td>4.2 months 48</td>
</tr>
<tr>
<td>Northern</td>
<td>3.5 months 9</td>
<td>6.7 months 33</td>
</tr>
<tr>
<td><strong>Average duration</strong></td>
<td><strong>6.5 months 81</strong></td>
<td><strong>6.2 months 200</strong></td>
</tr>
</tbody>
</table>

It was anticipated that the average duration of programmes would increase when the figures for those cases which disengaged, moved out of the area or other reasons for discharge were omitted from the Table 24 as it was likely that, especially in the case of disengaged cases, the
duration would be shorter. It is evident that in many cases the duration for discharged cases has increased when considering completed cases only (Table 21), although in one instance the duration has decreased (in the Southern project from 10.2 months in year one discharged cases, to 9 months in the same year for completed cases only).

In terms of completed cases only (Table 24), in all but one project (the South-eastern) the average length of time has increased between year one and year two; this is perhaps most notable in the Northern project (which increased from 5.2 to 9.7 months) and the Southern project (which increased from 9.3 to 12 months). The average duration of all projects also shows an increase between year one and year two from 6.6 months to 7.2 months for all completed cases.

<table>
<thead>
<tr>
<th>Project</th>
<th>2008/09 No. of cases</th>
<th>2009/10 No. of cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Southern</td>
<td>9 months 25</td>
<td>12 months 24</td>
</tr>
<tr>
<td>Belfast</td>
<td>- 0</td>
<td>8.9 months 24</td>
</tr>
<tr>
<td>South-eastern</td>
<td>6.3 months 14</td>
<td>4.9 months 45</td>
</tr>
<tr>
<td>Western</td>
<td>4.1 months 19</td>
<td>4.3 months 38</td>
</tr>
<tr>
<td>Northern</td>
<td>5.2 months 5</td>
<td>9.7 months 22</td>
</tr>
<tr>
<td><strong>Average duration</strong></td>
<td><strong>6.6 months</strong></td>
<td><strong>7.2 months</strong></td>
</tr>
</tbody>
</table>

4.2.4 Re-referrals and extensions

In some projects children and young people have been re-referred or have had an extension for further work. This has tended to be more common in the South-eastern and Western projects and may be related to the fact that these two projects operate in a different manner to the others in that they run 16 week intensive programmes, whereas the other three projects operate less intensive but longer in duration programmes (that is until it is determined that it appropriate to discharge a case). The table below shows the number of re-referrals and the time between when a case is discharged and re-referral for the projects (two projects had no re-referrals).
Table 25. Re-referrals of children and young people and time elapsing from discharge to re-admission to project

<table>
<thead>
<tr>
<th>Projects</th>
<th>Number of re-referrals</th>
<th>Time elapsed from discharge to re-admission</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Year 1</td>
<td>Year 2</td>
</tr>
<tr>
<td>South-eastern</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Western</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>Northern</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>

The South-eastern project had no re-referrals in the first year although at that time they did run an extension to the 16 week programme for some children and young people who were deemed to require it; 19 cases (70% of the South-eastern new starts in that year) were extended for anything between one and four months in this period, averaging two months each. There were various reasons given for these extensions which all centred on the children and young people (and at times their parents) requiring further support. This may have been because they took longer to engage fully; and/or had difficulty processing; and/or there was still a lot of conflict or upheaval in their family circumstances; and/or they had come into contact with the police due to their behaviour; and/or their behaviour in the home or school was problematic; and/or issues arose which were not evident on admission; and/or the project thought they would benefit from certain services such as family therapy or an informational session run by the police; (available in the programme). In the second year of the Programme the tendency to extend cases was replaced by a re-referral system and they had six re-referrals, accounting for 9% of all new starts for that year. The majority of those were re-referred between two and four months after discharge with two others much later. The Western project which did not operate an extension system had a total of 14 re-referrals in the two years; six in the first year (equating to 14% of new starts in that year) and eight in the second year (equating to 13% of new starts in that year). Almost all of these re-referrals happened at the point of discharge and the one case that was re-referred a few months later was actually a second re-referral for a young person. It should be noted that when cases have been re-referred they do not necessarily carry out the same 16-week programme as before, rather it is usually the case that specific pieces of work are undertaken with the service users.

161 contained in the Extern Strength to Strength Annual Report 2008-2009
The Northern project discharges cases as and when it is decided that they no longer require support. The project had 2 re-referrals, both three months after discharge, in the first year equating to 5% of the new starts in that year. These two re-referrals were siblings who had originally been referred by the police and social services, had both completed the programme and were discharged as the project felt that they were doing well. However, after they were discharged there were changes in their family circumstances and the mother felt it necessary to do a self referral to the project in order to sustain the change.

4.2.5 Validation of the outcome data
Before presenting the statistical data in relation to the risk and protection factors it should be noted that although the scoring is usually done in agreement with all (that is the child, parent, referral agent and staff) it could still be argued that it is subjective data. Therefore, in order to validate the scoring, interviews were carried out with a sample of parents and children who had completed the programme, and the findings compared to scores on the factor domains on admission and discharge. In many cases parents and children were very open about their circumstances and the issues in their lives at the time of starting at a project. However, as some of the cases had been closed a number of months (at the time of interview), and taking into account that for some the length of engagement was long, then they were perhaps being asked questions about how their lives had been well over a year previously. For this reason they may have forgotten how bad things were, or indeed had moved on with their lives. Nevertheless, the interviews did appear to validate the scores on the outcome data for the various factor domains.

4.2.6 Risk/protection factor status on admission and discharge for completed cases
It was decided to concentrate on the risk/protection factor status for completed cases only as to include those who did not finish the Programme (for whatever reason) may not have presented a true picture in relation to the impact of the Programme. Children and young people are scored on a number of risk and protective factors when they are first referred to a project; in this way it can be determined at the end of the Programme whether they have made progress, stayed the same or regressed on each factor. The scale for this scoring is on a 1-9 basis with lower numbers indicating more difficulties. In terms of the completed cases only, the table below shows the risk/protection factor status of the completed cases across the five domains (individual, parenting, family influences, community influences and education factors) when they were admitted to the various projects. Being in mind that the children and
young people may, for example, be doing well on some of the five factors and have a lot of difficulties on others, the table below shows that the majority of cases (69%) have ‘a lot’ or ‘some’ difficulties in the five domains of their lives when first admitted to the projects.

Table 26. Risk/protection factor status on admission for completed cases (n=216)

<table>
<thead>
<tr>
<th>Project</th>
<th>A lot of difficulties</th>
<th>Some difficulties</th>
<th>OK</th>
<th>Doing well</th>
<th>Very good</th>
</tr>
</thead>
<tbody>
<tr>
<td>Southern</td>
<td>24%</td>
<td>56%</td>
<td>11%</td>
<td>8%</td>
<td>2%</td>
</tr>
<tr>
<td>Belfast</td>
<td>22%</td>
<td>41%</td>
<td>18%</td>
<td>16%</td>
<td>2%</td>
</tr>
<tr>
<td>South-eastern</td>
<td>12%</td>
<td>47%</td>
<td>21%</td>
<td>16%</td>
<td>4%</td>
</tr>
<tr>
<td>Western</td>
<td>19%</td>
<td>55%</td>
<td>15%</td>
<td>10%</td>
<td>1%</td>
</tr>
<tr>
<td>Northern</td>
<td>38%</td>
<td>52%</td>
<td>10%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Overall</td>
<td>18%</td>
<td>51%</td>
<td>16%</td>
<td>12%</td>
<td>2%</td>
</tr>
</tbody>
</table>

It should also be noted that the scoring on the various factors is subjective and even though the scores may be agreed between the project staff, the referral agent, the child or young person and their parent/s or carer/s, scoring is likely to vary between projects and within projects depending on who is involved. Nevertheless it does give a sense of the difficulties facing the children and young people admitted to the projects, and it also assists projects in devising a work plan for intervention with the aim of improving or strengthening areas of the children and young people’s (and indeed parent/s’) lives. It also allows a comparison to be made between where each child or young person was on admission with where they are on discharge. The figure below shows more clearly the same data in graph form.

Figure 7. Risk/protection factor status on admission for completed cases
Table 27 details the risk/protection factor status on discharge for all completed cases and shows clearly that the percentage displaying ‘a lot’ or ‘some’ difficulties is small (14%) with the majority (68%) either ‘doing well’ or ‘very good’ across the five domains on discharge.

Table 27. Risk/protection factor status on discharge for completed cases (n=216)

<table>
<thead>
<tr>
<th>Project</th>
<th>A lot of difficulties</th>
<th>Some difficulties</th>
<th>OK</th>
<th>Doing well</th>
<th>Very good</th>
</tr>
</thead>
<tbody>
<tr>
<td>Southern</td>
<td>3%</td>
<td>11%</td>
<td>24%</td>
<td>48%</td>
<td>13%</td>
</tr>
<tr>
<td>Belfast</td>
<td>1%</td>
<td>11%</td>
<td>19%</td>
<td>45%</td>
<td>24%</td>
</tr>
<tr>
<td>South-eastern</td>
<td>1%</td>
<td>13%</td>
<td>16%</td>
<td>52%</td>
<td>18%</td>
</tr>
<tr>
<td>Western</td>
<td>2%</td>
<td>9%</td>
<td>20%</td>
<td>50%</td>
<td>8%</td>
</tr>
<tr>
<td>Northern</td>
<td>0%</td>
<td>1%</td>
<td>11%</td>
<td>33%</td>
<td>55%</td>
</tr>
<tr>
<td>Overall</td>
<td>1%</td>
<td>13%</td>
<td>19%</td>
<td>48%</td>
<td>20%</td>
</tr>
</tbody>
</table>

Comparing table 26 (risk/protection on admission) with table 27 (risk/protection on discharge) it is quite evident that the percentage of completed cases having ‘a lot’ or ‘some’ difficulties on admission, are far higher in all projects than on discharge. Indeed discharged cases are more likely to be ‘doing well’ or ‘very good’ on the 5 categories of risk and protective factors across all projects. This is perhaps more clearly shown when comparing Figure 7 (on admission) and Figure 8 (on discharge).

Figure 8. Risk/protection factor status on discharge for completed cases
4.2.7 Risk/protection factor change

As previously stated young people and their families are scored on a 1-9 scale (1 being ‘a lot of difficulties’ and 9 ‘very good’) on risk and protective factors and these are organised into five factor categories. The scoring is done at various stages, most notably at referral stage, at review stage and on discharge. The tables below show the changes on each of the five categories between referral stage and discharge stage; that is whether they have progressed (improved on their score), stayed the same or regressed (their score has gone down). Where data was not available the numbers of cases related to are included in the brackets under each factor. It should also be borne in mind when examining the risk factor change that in some cases the children and young people may have come to the projects with a lot of difficulties on some factors but doing well in others, so they would not be expected to have shown improvement, or indeed regression, in areas of their lives where there were no difficulties to begin with. It should also be noted that the Northern project operates in a slightly different manner to the others in terms of the monitoring data, in that Action for Children has its own outcomes framework and outcomes indicators; the other four projects use Farrington’s risk factor indicators as measurements. This means that the Northern project has to decide on how the cases have done in terms of their own outcomes indicators, and they must also score the cases using Farrington’s five risk factors based on the information they have gathered at referral and closure stages from children, parents and referral agents. This process may account for some variance in their scores, when compared to the other projects in the following tables.

Table 28. Factor change from admission to discharge for completed cases in year one (n=63)

<table>
<thead>
<tr>
<th>Factor categories</th>
<th>Progression</th>
<th>Stayed the same</th>
<th>Regression</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>92%</td>
<td>6%</td>
<td>2%</td>
</tr>
<tr>
<td>Parenting</td>
<td>87%</td>
<td>13%</td>
<td></td>
</tr>
<tr>
<td>Family influences</td>
<td>94%</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Community influences</td>
<td>95%</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td>Education (n=62)</td>
<td>76%</td>
<td>14%</td>
<td>10%</td>
</tr>
<tr>
<td>Overall average</td>
<td>89%</td>
<td>8%</td>
<td>3%</td>
</tr>
</tbody>
</table>

Nevertheless the very high percentage improvement for almost all the factor categories in both years shown in the table above (Table 28) and below (Table 29), indicate that children, young people and indeed parents/carers have all benefited from the early intervention programme. In year one (table 28) the individual, family and community influence factors
have shown the most percentage improvement (92%, 94% and 95% respectfully) whilst the education factor has shown the lowest percentage improvement (76%).

Table 29. Factor change from admission to discharge for completed cases in year two (n=153)

<table>
<thead>
<tr>
<th>Factor</th>
<th>Improved</th>
<th>Stayed the same</th>
<th>Regressed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>87%</td>
<td>10%</td>
<td>3%</td>
</tr>
<tr>
<td>Parenting</td>
<td>88%</td>
<td>8%</td>
<td>4%</td>
</tr>
<tr>
<td>Family influences</td>
<td>89%</td>
<td>7%</td>
<td>3%</td>
</tr>
<tr>
<td>Community influences (n=152)</td>
<td>90%</td>
<td>5%</td>
<td>4%</td>
</tr>
<tr>
<td>Education (n=150)</td>
<td>66%</td>
<td>25%</td>
<td>4%</td>
</tr>
<tr>
<td>Overall average</td>
<td>84%</td>
<td>11%</td>
<td>4%</td>
</tr>
</tbody>
</table>

In the second year (Table 29) the community influences factor showed the highest percentage improvement (90%) followed closely by the others with the exception of the education factor at 66% improvement.

Table 30. Factor change from admission to discharge for completed cases in both years for all projects (n=216)

<table>
<thead>
<tr>
<th>Factor change</th>
<th>Belfast</th>
<th>Southern</th>
<th>Western</th>
<th>South eastern*</th>
<th>Northern</th>
</tr>
</thead>
<tbody>
<tr>
<td>Progressed</td>
<td>21 (87%)</td>
<td>45 (92%)</td>
<td>52 (91%)</td>
<td>47 (80%)</td>
<td>26 (96%)</td>
</tr>
<tr>
<td>Same</td>
<td>3 (12%)</td>
<td>1 (2%)</td>
<td>5 (9%)</td>
<td>9 (15%)</td>
<td>1 (4%)</td>
</tr>
<tr>
<td>Regressed</td>
<td>0</td>
<td>3 (6%)</td>
<td>0</td>
<td>3 (5%)</td>
<td>0</td>
</tr>
<tr>
<td>Progressed</td>
<td>19 (79%)</td>
<td>43 (88%)</td>
<td>53 (93%)</td>
<td>48 (81%)</td>
<td>27(100%)</td>
</tr>
<tr>
<td>Same</td>
<td>3 (12%)</td>
<td>5 (10%)</td>
<td>4 (7%)</td>
<td>8 (13%)</td>
<td>0</td>
</tr>
<tr>
<td>Regressed</td>
<td>2 (8%)</td>
<td>1 (2%)</td>
<td>3 (5%)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Progressed</td>
<td>20 (83%)</td>
<td>43 (88%)</td>
<td>55 (96%)</td>
<td>52 (88%)</td>
<td>26 (96%)</td>
</tr>
<tr>
<td>Same</td>
<td>0</td>
<td>3 (6%)</td>
<td>2 (3%)</td>
<td>7 (12%)</td>
<td>1 (4%)</td>
</tr>
<tr>
<td>Regressed</td>
<td>4 (17%)</td>
<td>3 (6%)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Progressed</td>
<td>20 (83%)</td>
<td>46 (94%)</td>
<td>55 (96%)</td>
<td>51 (88%)</td>
<td>26 (96%)</td>
</tr>
<tr>
<td>Same</td>
<td>3 (12%)</td>
<td>1 (2%)</td>
<td>1 (2%)</td>
<td>3 (5%)</td>
<td>1 (4%)</td>
</tr>
<tr>
<td>Regressed</td>
<td>1 (4%)</td>
<td>2 (4%)</td>
<td>1 (2%)</td>
<td>4 (7%)</td>
<td>0</td>
</tr>
<tr>
<td>Progressed</td>
<td>14 (58%)</td>
<td>36 (73%)</td>
<td>37 (65%)</td>
<td>37 (67%)</td>
<td>26 (96%)</td>
</tr>
<tr>
<td>Same</td>
<td>8 (33%)</td>
<td>11 (22%)</td>
<td>18 (32%)</td>
<td>11 (20%)</td>
<td>1 (4%)</td>
</tr>
<tr>
<td>Regressed</td>
<td>2 (8%)</td>
<td>2 (4%)</td>
<td>2 (2%)</td>
<td>7 (13%)</td>
<td>0</td>
</tr>
</tbody>
</table>

* 1 case missing under community, 4 cases missing under education

Table 30 shows the factor change for all projects from admission to discharge and tends to show across all projects that there is been great improvement across all factors (between 80% and 100%) with the exception of the education factor which ranges between 58% and 73% except in one project where it has show 96% improvement. This 96% improvement in the
education factor for completed cases in one project was explained as resulting from the project being linked in well with educational services, and from the fact that they also had an education worker. The lower percentage improvement (when compared to other factors) shown in some projects might, in part, be explained by the fact that some projects do not have an education worker.

There is a need to be cautious when examining these figures, as it became evident through interviews that sometimes children are scored at referral stage with less difficulties than when they go through assessment after being admitted to the projects; therefore it may look like they have regressed when, in reality, they have not; this is perhaps because full information on all factors in their lives was not available at referral stage.

The previous tables in this section have looked at the change there has been for all the factor domains, and they clearly show that there has been a great improvement from the time of admission to the time of discharge across the five factor domains. However, although this shows improvement it doesn’t determine by how much; in addition it also doesn’t differentiate between cases admitted as doing OK (a score of 5) and being discharged as doing very good (a score of 9), with cases admitted as having a lot of difficulties (a score of 1) and discharged as doing OK (a score of 5). This example shows that there has been 4 points improvement from admission to discharge but it could be argued that coming in with a lot of difficulties and going out doing OK might be considered a better outcome than coming in OK and going out very good. For this reason the completed cases were analysed in more depth in order to determine the individual scores on each of the five factors on admission and discharge for all completed cases. The following tables (Table 31 and 32) show the average scores on admission and discharge for each of the five factor domains for year one and year two.
Table 31. Average score on admissions (ad) and discharge (dis) across the 5 risk/protection factor categories for the five projects in 2008/09 for completed cases

<table>
<thead>
<tr>
<th>Individual factor</th>
<th>Parenting factors</th>
<th>Family influences factor</th>
<th>Community influence factor</th>
<th>Education factor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ad</td>
<td>dis</td>
<td>ad</td>
<td>dis</td>
</tr>
<tr>
<td>Western</td>
<td>3.7</td>
<td>5.8</td>
<td>2.8</td>
<td>4.7</td>
</tr>
<tr>
<td>Belfast*</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Southern</td>
<td>3.4</td>
<td>6.5</td>
<td>3.2</td>
<td>6.2</td>
</tr>
<tr>
<td>South-eastern</td>
<td>3.5</td>
<td>6</td>
<td>4.6</td>
<td>6.4</td>
</tr>
<tr>
<td>Northern</td>
<td>3.2</td>
<td>7.4</td>
<td>3.8</td>
<td>6.8</td>
</tr>
<tr>
<td><strong>Average</strong></td>
<td><strong>3.5</strong></td>
<td><strong>6.2</strong></td>
<td><strong>3.4</strong></td>
<td><strong>5.9</strong></td>
</tr>
</tbody>
</table>

*The Belfast project had no completed cases in the first year.

In relation to the admission scores in year one (table 31), the average scores for admission across the first four factors on all projects range from 3.2 to 3.5 whilst the education factor is slightly higher at 4.5. Therefore this suggests that, on average, the completed cases in this year were admitted with some difficulties across the five factors. The Western and South-eastern projects were higher than the average score on three of the factors, which suggests that the cases have slightly fewer difficulties on average on admission than the other projects.

Table 32. Average score on admissions (ad) and discharge (dis) across the 5 risk/protection factor categories for the five projects in 2009/10 for completed cases

<table>
<thead>
<tr>
<th>Individual factor</th>
<th>Parenting factors</th>
<th>Family influences factor</th>
<th>Community influence factor</th>
<th>Education factor</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>ad</td>
<td>dis</td>
<td>ad</td>
<td>dis</td>
</tr>
<tr>
<td>Western</td>
<td>3.7</td>
<td>5.6</td>
<td>3.3</td>
<td>5.2</td>
</tr>
<tr>
<td>Belfast</td>
<td>3.4</td>
<td>6</td>
<td>4.4</td>
<td>7.1</td>
</tr>
<tr>
<td>Southern</td>
<td>3.2</td>
<td>5.7</td>
<td>3.5</td>
<td>5.6</td>
</tr>
<tr>
<td>South-eastern</td>
<td>3.8</td>
<td>5.7</td>
<td>4.3</td>
<td>6.4</td>
</tr>
<tr>
<td>Northern</td>
<td>2.8</td>
<td>8</td>
<td>2.7</td>
<td>7.6</td>
</tr>
<tr>
<td><strong>Average</strong></td>
<td><strong>3.5</strong></td>
<td><strong>6</strong></td>
<td><strong>3.7</strong></td>
<td><strong>6.2</strong></td>
</tr>
</tbody>
</table>

In the second year (Table 32) the average scores on admission are showing as slightly higher with a range of 3.5 to 3.7 on the first four factors and 4.7 for the education factor, again indicating on average, that cases are showing some difficulties on admission for all factors. The Western and South-eastern projects again showed cases with fewer difficulties than the
other three projects on admission in that they are above the average scores on three factors and five factors respectively.

The average difference between admission and discharge in terms of the scoring across the five factors is examined for all projects for completed cases. It indicates how much progress has been made from, being admitted to the various projects, to discharge. In some instances the scores for some of the factors may have been lower on discharge than on admission indicating a regression and some cases may have stayed the same on some of the factors indicating no progression but no regression either. When the scores for completed cases are taken together and averaged across the five factors the Southern project in year one (Table 33) shows progression in the region of three points for four of the five factors and is higher than overall average on four of the five factors. In year one the Western and South-eastern projects have shown most progression on the community influences factor (when compared with their scores on other factors) with the latter being above the overall average for all projects for this factor. The Western project is below average on all factors when compared to the other projects and the South-eastern is below average on four of the five factors, suggesting an overall lower progression. The Northern project has shown highest progression in the individual and the education factors being well above average when compared to the overall average for all projects.

Table 33. Average difference from admission to discharge in year one for completed cases

<table>
<thead>
<tr>
<th></th>
<th>Independent</th>
<th>Parenting</th>
<th>Family influences</th>
<th>Community influences</th>
<th>Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Western</td>
<td>2.1</td>
<td>1.9</td>
<td>2.2</td>
<td>2.8</td>
<td>1.9</td>
</tr>
<tr>
<td>Southern</td>
<td>3.1</td>
<td>3</td>
<td>2.7</td>
<td>2.8</td>
<td>2.1</td>
</tr>
<tr>
<td>South-eastern</td>
<td>2.5</td>
<td>1.8</td>
<td>1.9</td>
<td>3.5</td>
<td>0.8</td>
</tr>
<tr>
<td>Northern</td>
<td>4.2</td>
<td>3</td>
<td>2</td>
<td>2.6</td>
<td>4.4</td>
</tr>
<tr>
<td>Overall average</td>
<td>2.7</td>
<td>2.5</td>
<td>2.4</td>
<td>3.0</td>
<td>1.7</td>
</tr>
</tbody>
</table>

In year two the Northern project is above overall average for all projects on all five factors, whilst the Belfast project is above overall average on three factors. Both the Western and South-eastern projects are lower than the overall average on all five factors whilst the Southern is lower than overall average on four factors.
Table 34. Average difference from admission to discharge in year two for completed cases

<table>
<thead>
<tr>
<th>Area</th>
<th>Independent</th>
<th>Parenting</th>
<th>Family influences</th>
<th>Community influences</th>
<th>Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Western</td>
<td>1.9</td>
<td>1.9</td>
<td>1.7</td>
<td>2.3</td>
<td>0.9</td>
</tr>
<tr>
<td>Belfast</td>
<td>2.6</td>
<td>3.7</td>
<td>2.1</td>
<td>3.0</td>
<td>1.2</td>
</tr>
<tr>
<td>Southern</td>
<td>2.5</td>
<td>2.1</td>
<td>2.2</td>
<td>2.5</td>
<td>1.2</td>
</tr>
<tr>
<td>South-eastern</td>
<td>1.9</td>
<td>2.1</td>
<td>2.1</td>
<td>2.2</td>
<td>0.6</td>
</tr>
<tr>
<td>Northern</td>
<td>5.2</td>
<td>4.9</td>
<td>4.1</td>
<td>4.8</td>
<td>5.1</td>
</tr>
<tr>
<td>Overall average</td>
<td>2.5</td>
<td>2.5</td>
<td>2.3</td>
<td>2.7</td>
<td>1.4</td>
</tr>
</tbody>
</table>

The previous four tables provide considerable evidence of the progression of children and young people between admission to and discharge from the projects. It also indicates that on average the majority are coming in with difficulties in many of the factor domains, and are discharged doing much better on all factor domains. There is also some variation across projects; the Northern project for example showed, on average, cases admitted with more difficulties and more progression between admission and discharge; and the Western and South eastern projects showed, on average, cases admitted with fewer difficulties and less progression between admission and discharge. In terms of the Northern project the structure of the process of deciding on the scores for these risk factors perhaps does not allow it to be carried out in the same way as the other projects and this might account for some of the variance in their scores. We do also have to be aware that the scoring is subjective for all projects and there may be variance between and within projects depending on who has been involved in determining the scores.

4.2.8 Known to police on discharge

The figures in the table below may differ slightly from previous discharge data as they are taken from the annual monitoring returns which have a specific cut-off time for submission, whereas the database (from which much of the tables are derived) can be added to as full and complete information is gathered for discharged cases.
Table 35. The youth diversion status of discharged cases in years one and two

<table>
<thead>
<tr>
<th>Status</th>
<th>Northern Year 1</th>
<th>Belfast Year 1</th>
<th>Southern Year 1</th>
<th>South-eastern Year 1</th>
<th>Western Year 1</th>
<th>Belfast Year 2</th>
<th>South-eastern Year 2</th>
<th>Western Year 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number discharged</td>
<td>9</td>
<td>2</td>
<td>28</td>
<td>16</td>
<td>26</td>
<td>28</td>
<td>50</td>
<td>28</td>
</tr>
<tr>
<td>Number known to police on admission</td>
<td>7</td>
<td>12</td>
<td>20</td>
<td>19</td>
<td>15</td>
<td>10</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>Number to attention of police during the programme</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Change of status on discharge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Known to Police</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Informed Warning</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caution</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

It is evident from Table 35 that the numbers known to police on admission are substantially higher in each project and year than those coming to the attention of police during or on discharge from the Programme. For example 50% of admissions (20 of 40) in year two in the Belfast project were known to police on admission, only three (or 7%) came to the attention of the police during the Programme, and three (or 7%) were known to the police on discharge. These figures are perhaps what might be expected or hoped for in terms of outcomes for a successful early intervention programme, in that it would be hoping to divert children and young people away from the criminal justice system and it appears from the data that this Programme, across all projects, is achieving this aim.

4.2.9 Summary of the results on discharged cases

This second section detailing the information on discharged cases in the first two years of the Programme has shown that over three quarters of discharged cases in each of the two years have been completed with only about one-tenth in each year disengaging. Where there have been high numbers in some projects that have disengaged it has been explained as the young people and their families having a lot of difficulties in their lives. On average across projects children and young people attend the Programme for between six and seven months, although there is some variance between projects. Those projects which work to a fixed term programme were more likely than other projects (who were not fixed term) to have extensions or re-referrals following discharge. It is evident from the outcome data in terms of risk and protection factors that the levels of improvement in all domains of the children, young people and families’ lives have been very high. Indeed the improvement in individual, parenting, family and community factors are especially high across all projects with perhaps the education factor showing the least progression. However, it should be borne in mind that
some children and young people may not have had difficulties to start with and so would not be expected to improve as such. On average, across all projects, cases have been admitted with ‘some’ difficulties and on discharge are, on average, doing ‘OK’ or ‘doing well’. Across all projects, on average, cases have been shown to progress on all five factor domains with some variance on the level of progression between projects. These improvements, taken in conjunction with the reduced numbers coming to the attention of the police on discharge, support the view that the Programme is having success in achieving its objectives.
CHAPTER 5: THE VIEWS OF THE EARLY INTERVENTION PROGRAMME AND THE PROJECTS INVOLVED

5.1 Introduction
The aim of the Early Intervention Programme is to support children 8-13 years old, vulnerable to offending and anti-social behaviour, and their families across Northern Ireland. The evaluation undertook to determine how well the programme and each of the projects have been supporting children and their families and, in the process, how well the objectives of the Programme were being met. In addition to examining the quantitative data (reported on in the previous chapter) the evaluation included interviews and discussions with the different stakeholders involved with the Programme, the findings of which are reported in this chapter. The interviews carried out included with:

- the management and staff at each of the three agencies and the five projects;
- representatives of the referral agencies involved;
- key stakeholders including representatives of the Department of Justice, the DHSSPS, the Health and Social Care Board, the Youth Justice Agency and others
- parents/carers and children and young people.

The findings from all these interviews and informal discussions which took place at various times throughout the evaluation are detailed below.

5.2 General views on the overall Programme
Before beginning to discuss the views of the interviewees on the many aspects of the programme, it should be noted that the overall view of the programme and the various projects was very positive. The Programme was seen as very beneficial, there was thought to be no other services that compared in terms of the support provided to these vulnerable children and young people and their families, and it not only supported the client group but it helped other agencies in terms of reducing their caseload. Indeed, the increase in demand shown in the previous chapter, combined with the views of many interviewees, suggests that it would benefit many other children and their families if the service could be sustained and indeed expanded should resources permit.
5.3 Views of management and staff at each of the Agencies

Approximately 30 formal interviews took place with members of the management team of the three agencies and with management and staff at each of the five projects, with informal discussions taking place throughout the course of the evaluation. The findings from these interviews are arranging in the subsections below.

5.3.1 Views on admission criteria and referral processes

In general the majority of enquiries were said to meet the criteria for admission. There were occasions when a few enquiries were said to not meet the criteria, but many felt that this happened more at the start of the programme; that is, that as other agencies became more aware of the criteria there were fewer that didn’t meet them. However, on occasions, where perhaps there had been a change of staff in an agency, enquiries were received that were not appropriate, in which case it was either referred back or to another agency that the projects felt could offer support. There was a view that, at times, referrers, due to their large caseloads, would try to ‘offload’ cases that did not quite meet the criteria, but that projects were strict in terms of accepting the appropriate referrals as they are not there to do the work of other agencies.

It was said that at times when there were a few difficulties with the referral process in relation to full and complete information being received from referral agents. In some cases the referral agent was said to have not had all the information required in order to complete the referral forms, and this resulted in a delay whilst chasing up this information from another source. Two referrers were mentioned especially in relation to delays in getting back forms and they were Gateway teams and schools. A few interviewees also suggested that whilst many referral agents do highlight the difficulties presenting in the children and young people’s lives sometimes other issues only became evident when the projects had carried out an assessment themselves. Nevertheless, there was a general view that the referral process had improved since the programme first began over two years ago.

Interviewees strongly believed that they were targeting the right cohort of children in terms of preventing anti-social and offending behaviour although some felt that younger children, especially those whose siblings were already receiving a service, might also benefit from the early intervention programme. On occasions enquiries had been made for children under the age of eight who were displaying worrying behaviour that would meet the criteria for
admission except that they were not old enough. On a few of these occasions where the children were almost eight the projects would keep in touch with the referral agents and admit as soon as was possible. The interviewees suggested that there were very few services for five to eight year olds (and their families), especially services which might provide support to those at risk of getting into trouble with the police. Some felt that if a great need was evident in this age range then there should be flexibility to allow the projects to work with the children and their families.

5.3.2 Views on staff training, appraisal and support
Each Agency has mandatory training which the staff have to undertake at each of the projects. The staff are also subject to supervision sessions, or reviews and an annual appraisal. An annual appraisal of training needs based on the supervision sessions and individual appraisal is carried out for whole teams and from this a plan of training needs is put forward to management for agreement. Staff can also suggest, or put forward proposals to undertake certain courses of interest. All interviewees were satisfied with the supervisory and appraisal aspects of their employment, and also the levels of training opportunities available in their respective agencies. Many gave examples of undertaking in-house and/or external, training programmes, courses and in some cases, degrees (which were said to be sometimes part funded, or the staff were paid for day release, by an Agency) in various topics and subjects related to the work they engage in with the children and young people in the projects. The only slight complaint from some was that sessional or short-term staff were not supported to undertake training.

Staff at all the Agencies were satisfied that they were supported by their respective agencies. They referred to having regular meetings with their project managers who were said to be very open and approachable. The project managers themselves have regular meetings and correspondence with senior management in order to discuss the practicalities of the work and to highlight any issues that may arise in relation to the work of the projects. All expressed satisfaction with the structures and resources in place to support them in their work.

5.3.3 Views on external support, partnerships and links
Project staff referred to the good working relationships they have with all the referral agents, many saying that they can contact them on an informal basis at any time. This was not only in relation to cases that have been referred from the various sources but also in relation to
referring children on to other services after their case is closed by the projects. Keeping this close contact was also said to be a good way of ensuring that there was no duplication of services. Interviewees said that they try to encourage referrals agents to keep in contact, and to attend review meetings whenever possible but inevitably some were said to be better than others at doing so. Staff also attend some of the referral agents’ meetings (for example a case conference or Looked After Child review), at times producing a report on a particular child to assist the agency in determining where the child is at in terms of the specific problems present in their lives. It was felt that other agencies appreciated and valued this input from the early intervention projects and that it was a good example of interagency working for the benefit of the children and their families.

Four of the five projects have an Advisory Group comprised of representatives of the main referral agencies involved with each project. These Advisory groups have not all been in operation since the start of the programme but at the time of writing, four of the five projects had a group operating. They have all found the Advisory Group to be beneficial in a number of ways such as providing practical support, networking and accountability. Various examples were given of these benefits in terms of support, advice, acquiring a knowledge of local needs, promoting the project, ensuring that others are aware of the cohort of children the projects are working with, and discussing whether there have been issues in the processes involving the referral agents. The groups were also said to permit discussion of the referrals, live cases, those progressing and the waiting lists. In this way they can determine whether there are any gaps in the service; that is if they are reaching those they need to be working with.

The interviewees suggested that they can discuss practice issues, for example how cases in general might be progressing in the programme, what difficulties, if any, might have emerged and how they might address these, and so on. It was also said to raise the profile of the projects within other agencies and help build relationships and partnerships between themselves and these agencies. Staff said that as a result of these partnerships they get invited to other events where they meet others working in this area and this assists in developing local links and in raising the profile of the projects. Having an Advisory Group was also felt provide accountability as it permits those outside the projects to determine whether or not the projects are meeting their objectives. One difficulty was mentioned on a few occasions in
relation to getting the right mix of membership, that is that the appropriate agencies were represented and at the right management level.

One project does not have an Advisory Group although members of the management team sit on other groups and forums which was said to help build relationships with various agencies and groups and also to raise the profile of the project. They felt that many of the benefits alluded to above can be achieved through their participation on these groups although there was acknowledgement that sometimes practice matters and individual cases may not be discussed as openly in these situations.

The project managers referred to attending various meetings and having discussions with groups and agencies in the localities in order to develop links and potential referral sources from areas where no referrals had emerged. In most cases this was said to have been successful but on a few occasions there had still not been a referral from a particular area. It was explained that sometimes these areas already have a range of agencies working there and therefore it is difficult to encourage referrals.

Staff and managers were satisfied that they have developed strong links with specialist services in their areas, so that if support was required for a child or their parent then they could be linked in, or referred, to these services. Examples were given of a diverse range of services such as housing support, welfare support, clinical nurse or mental health support, career advice, educational support such as tutoring, addiction support services and others. Interviewees also said that great effort was made, especially at the beginning of the programme, to also develop links with community and voluntary groups in the localities so that children and their parents might be put in touch with these services if it was deemed that they might benefit from such support. It was felt that building up this network of support in the statutory, voluntary and community sectors was important to give a joined-up service and support to the children and their families who might be experiencing difficulties in their lives. In addition it was useful in terms of providing aftercare following discharge from the projects.

5.3.4 Views on interventions and resources

The interviewees were conscious that the five projects operate in different ways from each other, although there were also said to be similarities within Agencies and across them too.
Whilst the Western and South-eastern were said to have a similar model in that they would engage children in more group-based work, such as activities and residential, they were also said to have individual sessions with children and their parents/carers. The other projects (the Southern, Belfast and Northern projects) tend to do more individual-based work with children and their parents, although it was said that they also carry out some activities, group outings and parents’ groups. The main difference between the Western and South-eastern projects and the other projects was said to relate to the duration of the programme; that is they run a more intensive but shorter in length programme lasting 16-weeks, whereas others are less intensive but last longer in that they work with the families until they feel the level of risk is low. There were mixed views within the Western and South-eastern projects on the length of the programme with some feeling it was long enough and others feeling that it didn’t allow enough time to engage with the children and their families in order to effect sustainable change in some of the children. For the former the 16 weeks was useful as it kept things focused and there was a concern that a longer engagement would encourage dependency. The view was that if it wasn’t long enough for some children then they could be re-referred if necessary. A few of those who thought the engagement could be longer suggested a booster or extended period for those who appeared to require that extra support. It was felt that, for those who did get re-referred, the focus of the intervention might change, especially if it was an immediate re-referral as there was little point in repeating the previous 16 weeks.

Many of the staff across the five projects talked about the issues presenting in the young people and their families, and these tended to be similar in that there was evidence of issues such as anger, separation and loss, mental health, domestic violence, criminality, self esteem issues, alcohol and substance misuse and so on. The staff talked about using resources such as Teen Talk (for older children), Kids Talk and Just Like Support (for younger), anger management programmes, Solution Focused Brief Therapy, ASDAN Citizenship course and family trees to engage and work with the young people. In addition there was reference to parenting programmes to encourage parent engagement. In some projects there was a therapeutic angle with family, play and/or art therapy being used to help address issues. Activities and outings were also said to be used as a means of engaging young people and sometimes their parents. Many said that they will use whatever resources are necessary to engage successfully and build up trust with the children and their families in order to support them. All of the projects tend to use outings and activities as a treat to reward progress in some area of the programme.
At times staff would suggest that other services could or should be provided within their project, suggestions included a therapist (art or play) or an education worker although most were satisfied that their project provided ample support and that if specialist support was required this could be accessed externally. In general, the interviewees felt satisfied that they had all the resources they required at their disposal to work with children and their families.

Some staff suggested that it tends to be harder to engage with older young people (the oldest being 13 when starting on the programme) as some of them have already become entrenched in their problematic behaviour and are resistant to change. Indeed many felt that it was less difficult, in general, to bring about change in the younger aged children. Some also felt that boys were harder than girls to engage with, whilst others said it was impossible to generalise in this manner. Finally a few felt that those in urban areas are often presenting with more complex issues and are therefore more difficult to engage. The general feeling was that, if you got the child or young person to engage with you, then that was half the battle in terms of turning them around.

5.3.5 Views on the monitoring process

Each project is contracted to carry out monitoring on a quarterly basis at which time details on new starts and live cases are presented on a number of variables. Outcome monitoring data is also presented for all discharged cases in that quarter. The Northern project operates slightly differently in that it uses different outcome indicators than the other four projects, although they do then relate these to the scoring system used by the other four projects on the five factors outcomes. Many of those interviewed, whilst seeing the benefits of the monitoring process, felt that it was difficult to grasp especially at the start of the programme. This was because the forms went through a lot of changes in the beginning, and this resulted in much confusion for staff. However, it was said to have settled down since and many appreciated the help and assistance provided to them by the YJA Early Intervention Coordinator. This support was felt to have been particularly useful as the Coordinator had practical experience, having managed the early intervention project which was established in the Southern Trust area prior to this EIP, and was also able to bring experience in relation to YJA strategies and policy/ views on risk and protective factors, and best practice addressing offending behaviour.
The scoring on the risk and protection factors is carried out at review stages and finally at discharge and these are entered into the database. The comments from staff at the different projects suggest that those who are involved in the scoring at various stages can vary greatly, although it is the referral agents who determine the risk scores right at the start of the programme. At review stage when scores are determined it is sometimes the staff and parent/s, with the child or not, and sometimes it also includes the referral agent. In the Belfast and Southern projects they have a separate child assessment form used to gauge the children’s views after sessions and reviews, although the results are not fed into database for analysis; it was felt that this tends to give an indication of how the child is progressing. The South-eastern project has recently produced a child feedback form too. Some staff suggested that the review could be too harrowing for the young people as they would have to sit and listen when everyone is discussing the aspects of their lives. If this is the case they will discuss the scores with the child on their own after the meeting to see if they agree. All projects said that the final scores are agreed with all concerned, even if they are not all actually sitting down together at the time to do it.

A few interviewees described how some children would come in on a low risk score, but that, after carrying out their own assessment, it was determined that the risk was higher. This was then seen as the child regressing by the first review stage when in fact this was not the case. The belief was that some referral agents were not aware of all of the risks in certain domains at the time of referral.

The majority of staff felt that the review process allows the staff, young person, their parent/s and (where they attend) the referral agents a time to discuss any progression/regression that has taken place from admission or from the last review. This can help shape the plan from then on, to see if the focus needs to change. However, it was said by some interviewees that there can be difficulties at times in terms of reaching an accurate score as parents can score lower or higher depending on what mood they are in at the time. For example if they have just had a row with their child before the meeting then they are likely to score their behaviour lower. This was also said to be true of parents with mental health issues. This is why they felt it useful to have the young person, parent, the staff and the referral agent there to reach a consensus.
There was a view amongst some of the interviewees that the monitoring process was capturing the hard outcomes, but not measuring softer outcomes such as an increase in confidence or self esteem (for parents as well as children); whether the children have engaged well in group work; or have progressed well in terms of managing their anger or through their therapy sessions. There were suggestions for improving the monitoring process which included collecting the softer outcomes, and determining such things as the CPR status, the placement status and the number of agencies involved with the young people and their families on discharge. It was also felt that the monitoring process did not capture the labour intensity model adopted by the Extern projects in that it wasn’t showing the amount of time and effort involved in residential, activities or day trips. In other projects it was felt that monitoring wasn’t capturing the amount of time and effort put in by staff when they are working on behalf of the young people or their parents in order to access support from other agencies. Some also questioned whether the use of UNOCINI would be more beneficial than current referral forms as many of the referrals sources tend to use the UNOCINI referral and assessment templates.

Nevertheless, even though there were certain suggestions by interviewees to improve the monitoring process there was still said to be value in what is currently collected. For instance many thought it useful in terms of programme accountability, in order to keep the focus on what needs to be addressed and as an encouragement for young people and their parents when they can view the progress made.

Action for Children have a different procedure which uses indicators tied in to the six higher level outcomes (in the 10 year Strategy for Children). The staff were satisfied with the process, ‘it accurately reflects our work and whether we have met our objectives’ and they were satisfied that the intervention was contributing to these higher level outcomes. There are also required under their contract to score the cases based on the Farrington risk factor indicators used by the other four projects, and this was said to be extra work and difficult at the start but they were getting used to it now.

5.3.6 Views on participation practices

There was said to have been some confusion at the start of the programme in relation to what participation actually involved. Staff at all projects felt that they carried out participation on a regular basis by talking to their service users about the service and what they might want to
change. They felt that participation was an integral part of the work that they did. They all gave examples of having changed some aspect of the service due to feedback from parents and/or children such as, changing the times and days of contact to suit the families involved, arranging activities on the bequest of service users or changing the keyworker to a female on the request of a parent. Other accepted changes included, extending the duration of a parents group after feedback; changing the parents group to be activity based after feedback; arranging activities for young people based on what they have chosen themselves; and encouraging children to debate and vote on a variety of issues. They all felt they consulted with their service users at all times to determine what they wanted from the service. Some felt that at times this backfired as service users would suggest some activity or course and then they did not attend when it was established.

The Extern and NIACRO projects contracted Include Youth at the start of the programme to facilitate the participation of young people and their parents/carers in the design, delivery and evaluation of their projects. In addition Include Youth provided training to staff at the beginning of the Programme in order to help them to deliver participation. This was said to have been successful in most cases although there were a few concerns. One was that Include Youth were said to work better within a group youth model and that it was harder to facilitate their involvement on an individual model basis to which some of the projects worked. In addition on a few occasions it was felt that expectations had been raised within service users which were impossible to deliver; for example one young person wanted to stay at a project longer, but his case was due to be closed. However many staff found it useful to have feedback from Include Youth and it made them think more about how they could include service users in the design and delivery of the projects.

Action for Children had recently (at the time of interview) established a participation group involving a group of young people in thinking about the way that the service might be delivered. This was felt to be very successful as it gave the young people a more formal avenue for saying how the service might be changed to suit better those who required it. The participation group were said to have chosen a name (Kids in Action), designed their t-shirts with the logo and produced a newsletter. It was early days but the staff felt that this was a good way of including service users in the design and delivery of the programme.
As interviews were carried out almost two years after the start of the programme many staff felt that they were getting a better grip on what participation actually meant, that it wasn’t just changing something to suit one young person or their parent but it was about making changes to the programme itself. Many have adopted a formal system of feedback from their service users, and now they are looking at ways of using this feedback as one interviewee commented ‘without being patronising’ to improve the service. Interviewees have also said that already there had been some changes made as a consequence of this feedback, with service users being more involved in many more aspects of managing and delivering the programme. As an example a few projects have involved parents and young people in the design and delivery of promotional material for the projects which they felt was a really useful exercise as it allowed other potential users to view for themselves how other parents and young people view the projects. Many interviewees felt that they were reaching a stage where participation was becoming part of what they did in a more formal way than before.

5.3.7 Views on geographical spread and rurality issues

Many of the staff referred to the expansion of the catchment areas by the second year of the programme. For a few projects it did not appear to be of great concern, they were managing to cover the Trust areas by assigning staff to families on a basis of where staff lived and might be travelling through to get to the project. However most thought that there were transport issues which could be costly and time consuming. For some this has meant a stretch on resources as one interview stated; ‘I could spend over an hour out there to visit a family and the same back....I could have seen three families in that time’. In one project it was said that they had to reduce the content of their programme due to the expansion, this resulted in less activities (in terms of family days and residential) and reduced educational support being delivered to all young people. This project was said to depend more on sessional staff to cover the areas that had been extended into. However for many the view was that the service was not being diluted, it just meant more travel and time for staff and more costs for transport. This lead to a few commenting that it might be better to concentrate on a smaller geographical area.

Another issue with this expansion was that it meant, at times, working with families in quite rural areas. This presented as a problem when trying to link the young people or their parents into other services as there were little or no services in their locality to provide them with support in more specialist areas or for aftercare purposes. It was also remarked on a few
occasions that it was difficult to include all the current service users (be they parents, young people or both) in all activities as to bring them all to the project when they were so dispersed was a logistical challenge and could be very costly if it meant providing taxis. Because of this it was said that sometimes a young person or parent might be left out and this worried staff in terms of inclusion and equality.

5.3.8 Views on parental engagement

The management and staff were asked about the engagement of parents on the programme, how this was carried out and what form it took. Through these interviews it was determined that much effort appeared to have been made to encourage parental involvement and that sometimes this seemed to be more successful than others. In all projects parents groups have been run at the very least on a few occasions during the first two years of the Programme although recently a few of the projects have changed parents’ engagement to being more activity-based for various reasons. The main reasons for this included, that it was as a result of parent’s feedback, or the numbers attending were so low it wasn’t the best use of resources, or that parents had (or were) attending a parenting programme run by another agency, or the crèche facilities tended to be expensive.

The majority of interviewees suggested that every effort is made to encourage parents to attend a parenting group or programme and it was said that when they do, they often seem to enjoy and learn from it. However it was also said that there are still some parents who were very reluctant to attend. This is why some projects tried a different approach by trying to engage the parents in activities or day trips as a means of encouraging them to join a parents group, or at the very least getting them involved in the programme and opening up communication.

Many said that the parents are told at the start of the programme that the project does not work in isolation with their children, that they have to be involved in some way themselves. It was agreed that a number of parents engaged well and were glad of the support as they had reached a crisis or at their ‘wits end’ when the project has become involved. However, a few staff referred to having to chase a small number of parents to keep them involved and often it was said to be because they were suspicious of any agency involvement but as one commented, ‘once they see us as no threat...we’re not social services...then they’re OK’.
Most projects meet with the parents on a weekly basis, whether this is through some form of

group session or activity or on an individual basis. There is also family therapy offered in a

few projects which is said to engage parents and others siblings too. For some projects

parental engagement was said to involve a visit from the keyworker, mostly on a weekly

basis to discuss all aspects of the programme and how things were in their and their

children’s lives. Staff referred to working with parents to reinforce the boundaries and rules

they have set for their children and to giving them advice and support on a range of matters.

Staff also said that they, on the invite of parents and children, attended meetings with other

agencies or advocated on their behalf with some agency or institution such as a school. For

many the relationship with the parents was as important as it was with the young people as it

allowed them to get an insight to what things were like at home, in school and in the

community, especially useful for when the children were being less than open with staff

about these areas.

5.3.9 Views on the impact of the programme

All of the interviewees were convinced that the service they were providing was filling a gap

for the young people and families who they were working with. Frequently it was mentioned

that there were no other services for children of this age which took a holistic approach in

working with the families. They felt that the rising demand for the services and the value put

on their services by the referral agents was proof of this. They were all confident that in most

instances when a case is closed there has been much improvement in many areas of the young

peoples and their parents’ lives. Many examples were given of positive feedback from

referral agents and from children and their families on how the intervention has benefited

them. These included recollections of particular families and/or young people who had been

helped by the projects in terms of: reducing the risk factors present on admission; increasing

protective factors such as strengthening families through helping to build relationships and

providing them with coping strategies and parenting techniques; helping raise self esteem and

confidence in both young people and parents; helping get young people back into education;

and putting young people and their parents in touch with other avenues of support and many

more examples. There were also a few examples given where children and their families

didn’t do so well, and these were explained as being when the young people were perhaps too

entrenched in their behaviour or where they disengaged from the programme.
However, all believed that they were being successful with the majority of children and their families and there were various reasons given as to why they thought this was achievable. The strongest or most quoted reason for this success was because they worked with the whole family and did everything possible to engage them and build a good relationship with them. This was helped by the fact that they were not seen as a threat, the engagement was voluntary and they were flexible in their work with them. There was also a strong belief that being able to work closely with other agencies helped not only in identifying the areas to focus on but also in linking families into other support services. They also felt that the parents appreciated the help and support in other areas of their life, the staff’s non-judgemental manner and the fact that they are responsive to their needs. They also recognised that they are able to work with them for longer periods of time than many other agencies, or in some cases for a more intensive time and outside normal working hours and at weekends. Management also felt that the staff had the skills, experience and commitment which helped them to engage positively with the families and to sustain that engagement.

5.4 The views of a sample of the referral agents

Interviews were carried out with a total of 16 representatives of some of the referral agents to the projects. This sample of 16 interviews comprised of seven from social services, three from the police service, two from mental health teams, two from education, one from the youth justice and one from community paediatrics and covered all five projects. The findings from these interviews are detailed below and refer to all projects unless otherwise stated.

5.4.1 Referral agents views on the staff and resources

The referral agents had nothing but positive things to say about the staff at each of the projects. They all felt that they had excellent knowledge of the children, the parents and their needs, and had the skills and experience to know how to engage well with them. Comments included; ‘they are well cued in to the needs of the children and their parents’, and; ‘the work they do is specialised and specific...they cover a range of issues with the families’, and; ‘I leave them to get on with the assessment and what to focus on as they know better’. There was also a strongly held view that if the staff felt that it was outside their scope of experience or knowledge then they would refer the young people or their families on, or provide them with access, to the appropriate support services.
Another thing that came across strongly in these interviews was the dedication of staff and their willingness to go above and beyond their role to help families. Some interviewees talked about the feedback that they have received from parents and children which included that the staff were very supportive of the family’s needs, they were friendly and approachable and have a good way of putting everyone at ease.

It was generally felt that the projects had the resources they required to carry out their work with children and their parents and other more specialised support could be accessed externally. A few suggestions were made in relation to a few projects for services such as family therapy, or more structured family therapy as this was thought to benefit the families. Other interviewees could only suggest that the projects have more staff and resources in order to work with more families.

5.4.2 Referral agents views of admission criteria and the referral process

In general the criteria for admission was considered to be appropriate although a few wished that the threshold was lower in that more vulnerable children (those with low self esteem, victims of crime, at risk of social exclusion etc.) would benefit from the service. There were also suggestions for the projects to take both younger (under eight years old) and older ages (over 14 years old). For example, one quarter of those interviewed believed that there were those under eight who were at high risk of offending, and gave examples of rioting and stealing present in children as young as six or seven year olds. They felt that there were no services of this nature for this age range and if not caught early the behaviour might become entrenched in a few years time. There were also a few who suggested that projects work with older at risk children, for the same reasons; that there were no services to support them from entering the criminal justice system.

Only one of those interviewed said that they had a referral turned down but admitted it was because she hadn’t been sure of the criteria at that time. Others felt that it was because they were aware of the referral criteria that none had been turned down. A few interviewees stated that more recently a number of their referrals had been put on a waiting list. For all of them there was a recognition that the waiting lists were growing and, although some felt there was no sense of urgency, others would prefer that referrals were taken as soon as possible. This latter view tended to be in relation to the Northern project. Most interviewees, however, understood that this was not always feasible. However, it was said that when on the waiting
list the projects were very good at keeping the referrers informed and prioritising the cases based on need. The interviewees also admitted that there was nowhere else to refer these children to and so it was necessary to wait until the projects could take them.

The referral process was considered in general to be without problems although some felt that the forms could be time consuming to complete. A few suggested the process could be done on electronic format so sections could be cut and pasted or if a re-referral became necessary as much of the information would already be there. A few also suggested that the UNOCINI referral form would be a good substitute as they already use these in their work. The interviewees said that there were times when there could be delays in getting all the information together for the referral form, especially whilst waiting for schools to complete the education section. One described how, as the school was closed over the Christmas period and as the child’s behaviour was deteriorating, the project decided to admit the young person whilst waiting on the education section to be completed.

There was a unanimous view from referral agents that there were no other services providing this early intervention support for the children and their families in these project areas. Some said that there were other types of support such as specialist services, but no one working with this age group of children who were deemed to be at risk and, also importantly their families. The projects were viewed as offering early intervention support and services for a wide spectrum of behaviours taken over a range of domains, and that this holistic approach working with the both children and their parents/carers was what made this programme unique. Many of the referrals agents suggested that they rely, at times quite heavily, on the projects.

5.4.3 Referral agents views on the review and monitoring processes
Generally reviews were carried out half way through the programme or on a quarterly basis if the duration of engagement was longer. It varied across and, at times, within projects who attends the review meeting which goes some way to explain the following views from referral agents. For those interviewees who had attended all or the majority of reviews for the families they had referred, there was a general sense of satisfaction with the manner in which they were conducted. In these cases the review process was described as inclusive in that they involved staff from the project, the young person and their parent/s and the referral agent.
The reviews were said to go through in detail the progress made from the previous time (on referral or a previous review) and what areas they might need to focus on (unless it was a discharge). It was said that everyone is encouraged to contribute to the discussion so that it was, in the end, a shared decision making process. In the case of one review it was said that it went well beyond what was expected; as one referral agent commented, ‘I was very impressed with a recent review which tied it (review) all in to theory and literature...it was very good’.

For those who had perhaps missed a review meeting because of other commitments they were satisfied that they were kept informed, usually through a detailed written report. There was a small number of interviewees who had not attended a review; this was explained as being because they didn’t feel it was appropriate (in the case of police, as seen as punitive for them to be there), or a few said they had not been asked to a review. It was unclear why this would be as all projects stated that they do encourage referral agents to attend, for some of them it may have been because there had not been a review of the case at the time of interview or that staff had attended other agencies’ case conferences at which time progression/regression of cases was discussed. However for those who hadn’t attended most were satisfied that they were kept informed by more informal methods such as verbal feedback, although a few said it would be useful to have a written report.

The majority of those interviewed were happy that the reviews including the final review, at which point a case is closed, were carried out satisfactorily with progress clearly shown and decisions on discharge appropriately made. There were very few concerns about the processes across all projects. However a few interviewees felt that in some cases the engagement was too short although it was recognised that re-referrals could often be made in these cases. These comments were in relation to the projects delivering a 16 week programme, that is the Western and South-eastern projects.

Projects were also said to be very adept at signposting on discharged cases if it was determined that the young people or parents would benefit from further support from elsewhere. Some interviewees said that discussions would take place at the discharge stage concerning what support might be beneficial, and this could be specialist support or it might be some community support. A few examples were given of projects making referrals, providing access or providing information on support in the local community to/for some of
the discharged families. These included reference to services and groups such as social services, Women’s Aid, drug and alcohol support services, mental health services or local sports or community groups. The interviewees were confident that the projects were so well linked in to services in their localities to be able to do this.

In terms of the monitoring of cases, in particular the scoring of cases on the risk and protective factors throughout the engagement at four of the projects (the Northern project having a different system) the majority of interviewees were satisfied that it accurately reflects the levels of risk and protective factors in the child’s life. There was a recognition that the scores can be subjective but many felt that if the scores are agreed between the referral agent, the staff and the young person and their parent and substantiated by information from other agencies such as schools, then it could be considered to stand up to criticism (robust). They felt that the scores tended to present the difficulties, or lack of, on the various domains of the child’s life and circumstances. Many felt it was a good method of showing the progression, or regression, in the various areas of the child’s lives.

A small number of interviewees did not appear to be very aware of the scoring system except perhaps at the actual referral stage, as they would have been responsible for doing it then. The level of knowledge on this matter tended to correlate with whether they had attended reviews or not. Some of them, not involved in the decision making process on the scores at review stage, said that they tended to agree that the scores accurately reflected where children were at, at the time.

The Northern project has different outcome indicators (from the Farrington risk factors used in the other four projects) and these are linked to the six higher level outcomes in the Children’s Strategy. On discharge the outcomes indicators for each case are assessed as having been met, partially met or not met. Whilst referral agents said that they were satisfied that cases are only discharged when they have achieved what they have set out to, those who took part in interviewees did not appear to be aware of the review or the monitoring processes, as they said they had not attended a review. However one had only made a referral quite recently and another did admit that the staff attended their case conferences at which the children’s progress was discussed. They were happy enough that they were kept informed but a few suggested that they would prefer to be invited to a review and/or have a written report. It was unclear why a few interviewees felt that they had not been invited to reviews as staff
insist that all referral agents are invited but admit that sometimes they do not attend. The staff speculated that this might be due to the timing of reviews which are normally carried out outside normal working hours.

5.4.4 Referral agents views on levels of communication and partnership working

The interviewees were very satisfied with the levels of communication between the projects and themselves. The staff were said to keep the referral agents regularly informed of how their referrals were doing and in particular would contact them if they had any concerns about them. This was also said to be true if the referrers had any concerns; that is, that they would let the staff at the projects know and so many referred to it as being ‘two-way communication’ or ‘open lines of communication’ between themselves and the project staff. Some interviewees also mentioned that they knew of instances where project staff would inform other agencies involved with the families of any concerns or issues. The staff at the projects were said to be easily contactable and if not available at a time, will return a call quickly if a message is left.

The close working relationships said to have been built up between referral agents and the projects were considered essential in order to support the young people and their parents and in order to understand each other’s roles in order to avoid duplication of services. Often staff from the projects would attend the referral agents meetings. Many examples were also given of the projects working closely with other agencies involved with the families and this too was commended. Comments included ‘we have a great working relationship which helps to link services in right away’ and ‘it is definitely a partnership approach, everyone attends case planning so everyone knows what each other is doing so there is no duplication’ and ‘the project works in partnership with all the agencies (who are) involved (with the family)...this could be social services, the police and schools' and finally ‘they work alongside us...we’re all working to the same goals’.

There was also a sense that the work carried out by the projects complements the work of the referral agents and it was even said that it helps them in their role. Different reasons were put forward to explain these views. For example some interviewees suggested that, as a result of projects addressing the risk taking behaviour, it then made it easier for other professionals to concentrate on what they were trying to address or prevent, be that in relation to education, mental health or child protection. One interview said ‘we rely on them heavily...early
intervention is important and if timely then it could prevent mental health problems later in life’. In addition, and perhaps more directly relevant to the objectives of the programme it was said to help prevent offending so that the children were not coming back to the attention of the police, therefore cutting the caseloads there. As one interviewee said ‘it’s making my job easier as I can refer them to a service that may be able to prevent them coming into the criminal justice system’. Because the projects were said to be good at engaging it helped other agencies to build bridges with the families; for example one family was willing to ask for support from social services, whereas before they would have resisted their intervention.

Many of the interviewees admitted to having large caseloads and therefore not being in the position to engage with these children, and certainly not for long periods, and so the projects taking on this role alleviated the pressure on them. Comments included, ‘we are very grateful to (name of project) as it means that they (the families) do not get added to our caseload’, and ‘it helps my role as it prevents families going on the child protection register’, ‘we don’t have the resources to do this intensive support so they’re (the project) filling a void’ ‘it takes the pressure off us knowing there is this project that young people and families will benefit from’.

5.4.5 Referrers’ views on what impact the projects were having and why
Without exception the interviewees were very positive about the support provided to young people and their families, and commented on it as being ‘excellent’, ‘worthwhile’, ‘very positive’ and a ‘valuable service’. Many gave examples of the benefits children and their parents had achieved as a result of the support they received from the projects. Behaviours and attitudes were said to be less problematic or improved; relationships were said to have improved; parenting skills were strengthened; coping mechanisms developed and emotional problems improved. Possibly the best way of presenting this is to recount some of the referral agents examples of great improvement, and as the ‘stories’ tended to be similar across projects, rather than present them all, only one example from each project is detailed below. Some of these case examples are shorter than others and this should not be taken to suggest that they were in any way less problematic or successful, only that the referrers differed in how much information they gave. These are snapshots taken from interviews with referrers, condensed to present the main points.
**Case example 1.** 10 year old presenting with aggression, anger, trouble in school and in the community, hanging with an older peer group, on edges of anti-social (query drink/drugs), parents struggling. (name of project) correctly identified problem- death of grandmother. Worked with young person, and with the family so they had a better understanding of how to deal with the child. Parents separated during time of engagement at project so staff supported mother and child emotionally through that transition. Parent was said to have benefitted from this support. Young person has turned around- drawn back from fringes of offending, no longer associating with older peers, settled down in class – the project worked with the school too. Still some work to do on anger but in six months so much improvement in all areas of her life, can’t wait to see the improvement in another four or five months.

**Case example 2.** Young person at risk, behavioural problems in home; kicking mother, breaking windows. There had been domestic violence in the home but the perpetrator had left. Social Services said it wasn’t meeting their criteria so (name of project) took on. Mother engaged too. Improvement in three months was astounding; improved self esteem and communication within family. Mum was given strategies to deal with her daughter’s behaviour, this raised her confidence and empowered her.

**Case example 3.** A young person for whom it was said, ‘Social Services weren’t being helpful’. The young person received a caution after being admitted to the project and was due in court for another offence. He was ruling his mum at home. There was need for family work. He wasn’t attending school and was put in alternative education. I referred to (name of project). They challenged the school’s decision and kept him in mainstream schooling. They worked with the family. He hasn’t come back to criminal justice system.

**Case example 4.** Eleven year old not attending school. Father finding it hard to manage her behaviour, was affecting the whole family. We organised respite but things were deteriorating and she was heading for child care placement. Project turned her around, got her to attend school, and raised her confidence and self esteem. Father says her behaviour has improved greatly at home. All three siblings might have ended up in care- no doubt that this young person would have.
**Case example 5.** One child was said to have come off the Child Protection Register due in part to project involvement. The young person’s engagement with the project was positive. They helped mum develop strategies to manage his behaviour and as five other siblings in the house this was useful here too.

The interviewees all believed that the projects were being successful in terms of supporting the families they worked with, and the main reason suggested for this success was that they worked with both children and parents, and because of this the positive changes were said to be more sustainable. Other reasons given included: that the programme was focused and tailored to needs; that they include all in the decision making process; that the staff have a good understanding of the families; that they liaise and communicate well with other agencies; that they have a range of services and can therefore address many behaviours; that the staff have a genuine interest and are dedicated; that they empower families to find solutions themselves; that they are not seen as a threat, there is no label of social services; that they help rather than impose; and that the staff have the skills and experience to engage well with the families. Overall the interviews with representatives of some of the referral agents was glowing- and based on these comments it would be difficult to imagine how these families would manage if this service was not available.

5.5 **Interviews with other key stakeholders**

A number of interviews were carried out with others with knowledge of, or working in and around the Early Intervention programme. These included representatives of the DHSSPS, Children’s Services Planning, the Department of Justice, the Youth Justice Agency, Include Youth and others involved in some way with the projects.

5.5.1 **Views on early intervention and where the Programme fits in**

Early intervention was thought to be important at all stages in children and young people’s lives, for example some suggested that there is literature which supports early intervention for children as young as three years old in order to support them in terms of relationships and connections; and to help them to develop empathy. In these instances, it was argued that it is never too early to intervene, but also that there needs to be caution in terms of what support is provided, by whom and how it is delivered so that children and families are not brought into the systems (care or justice) if they can be maintained by universal services.
There was a strong belief in the value of early intervention and its importance in preventing and diverting young people from anti-social and offending behaviour. Again there was an emphasis on intervening only when necessary and this led some to discuss how to identify those who should be targeted under the Programme. For some the Programme should focus on those who had come to the attention of the police; for others coming to the attention of the police was important, but when the behaviour is in some way indicating at an early stage that the risk is present, this is also important. A few felt that even if there was an identified risk this did not mean that the children would go on to offend, although in these cases the risk would, at the very least, suggest that support of some kind was necessary.

This Programme was generally viewed as being aimed at the level 2 (Hardiker) services, in order to support those children who were identified as being at risk of anti-social and offending behaviour, and their families. It was agreed that the Programme was not for those who should have access to universal services (level 1), and for many it was not for those whose behaviour had resulted in youth justice intervention (level 3), but rather somewhere in-between. But it was recognised that even in the level 2 services there were overlaps and grey areas between those in need and those at risk and it was sometimes difficult to determine clearly where some children fit in. That is those in need can also be at risk and vice versa. However, some interviewees tried to make the distinction.

A few viewed the Programme as being up to the line for level 3 services and even beyond, as they suggest that there are two distinct groups – those who display risk but never go on to offend (which should be provided with family support services); and those at the early stage of offending (having committed minor offences or being a first time offender). The latter group, in their view, were the ones that should be picked up by this early intervention Programme. The view here is that it should aim to pull the young people back down the tariff before they enter formally into the criminal justice system; with the premise that they admit guilt and agree to undertake a programme of intervention.

Others took a different view in that those showing problematic behaviour (whether to the attention of the police or not) should be supported as this behaviour is an indication of difficulties in areas of their lives which could become worse if nothing is done. They argue that even if they don’t go on to offend or engage in anti-social behaviour (though the
likelihood is that they may) there are a range of negative outcomes likely if support is not provided to them and their families. These negative outcomes might include at one end of the spectrum family breakdown, the need for care placements, school exclusions through to children having difficulties engaging in the community, having self esteem issues and so on. Indeed many of the children being dealt with in the projects were said to have already reached some of these stages and were not likely to show any improvement without some kind of support. Some also argued that it is better to give them a choice of having some support at this stage rather than having to impose an intervention at a later stage. For some early intervention was picking up children with problems for whom there are no other services available; and, as social services were said to not get involved unless there was a child protection or placement issue and youth justice only if there was offending behaviour, there was said to be a lot of children in-between with difficulties for whom there was no other support.

A few suggested that social services should reach up and youth justice should reach down so that they meet somewhere in the middle although there was a slight concern with the latter as it may result in stigmatising young people with a justice footprint. Most felt that the Agencies providing these services have a local identity and so are not stigmatising; indeed it was suggested by one interviewee that it was more stigmatising having social services intervention.

There was a suggestion that the recently piloted family support panels will be providing a service for those children and their families at the lower end of this ‘blurred’ level, and that this might free up the early intervention to take those at the higher end; in other words those heading towards youth justice. In some cases the Programme was therefore viewed as adding value to these family support teams. However, it was believed that it was difficult to separate children into these distinct categories as those in need (in terms of care and protection) and those at risk (in terms of anti-social or offending) could be the same young people and even if not, young people in both groups might benefit from early intervention services.

Therefore, there were some different views on what the cohort of children under the Programme should be although there was no dispute over the need for early intervention. A few said that even some children under the age of eight are displaying problematic behaviour which has become severe or persistent so that its almost too late, as one interviewee stated
‘in a sense it’s reactive what you do at this stage’. It was felt that the important thing was getting in early as a way of pulling them back from more serious problems in the future.

5.5.2 Views on the levels and types of engagement

Those interviewees with knowledge of the practical workings of the Programme and the projects, were generally satisfied that the projects were engaging well with the young people and their families. The staff were acknowledged for their skills, knowledge and successful methods of engagement with both young people and their families. There was also recognition that the projects were being successful in terms of supporting many of those families and young people with whom they did engage. A few said that some young people have so many complex issues that it is harder to bring about positive change and this should not necessarily be taken to suggest any fault or blame on the projects.

There were different views on the models adopted by the projects with the strengths and weaknesses of each being discussed. Some interviewees felt that an individualised or tailored programme was more evident in some projects than in others. Similarly, it was suggested in terms of the levels of engagement of parents, and the links in the community. The view was that these three practices were important foundations of the Programme. The Programme was said to be based on providing support to both the children identified as having difficulties and to their parents/carers, and in the majority of cases this was said to happen. A few felt that engagement of parents was perhaps not happening enough in some instances. One said that it should be broken up so that 50% of the time on the programme is spent with the child and 50% with the parent. Many thought it important that the parents were supported and persuaded, as much as possible, to engage in the programme themselves in order to encourage sustainable change.

There was also a strong belief that the programme should be tailored to the needs of the children so that their risk factors can be addressed and hopefully reduced and their protective factors can be increased in line with the objectives of the Programme. Some projects were felt to be less strong than others on having individualised programmes. This tended to be tied in with engagement being time limited as it was felt that this sometimes doesn’t allow enough time to engage properly- as shown by cases having to be re-referred. Although some acknowledged that a time bound programme is useful in order to provide focus, there was felt to be a need to consider putting in some support where need still existed after the period of
engagement had elapsed. In addition there was also a few who felt that some projects were stronger than others in terms of good linkage into the communities in which they were based.

Four of the projects engaged Include Youth to assist with the participation processes of the Programme; they were the Western, Southern, South-eastern and Belfast projects. This was said to be a learning experience for both the projects and the organisation as there were a few difficulties to overcome for all involved. The approach of Include Youth to participation had to be adapted for use in the projects as they were not used to working with such young children or with adults (in this case the parents/carers). Their model also fitted in with the Extern (Western and South-eastern projects) as they tend to have a group work model; but the NIACRO projects (Belfast and Southern) mainly operate an individual model which did not lend itself to the Include Youth method of working. However through negotiation and everyone working together these difficulties were overcome. The first two years involved Include Youth building relationships with the service users across the projects in order to collect feedback on what their views were of the Programme. This feedback was then reported back to the individual projects through quarterly and annual reports. The feedback was said to have been taken on board by the projects although it was admitted that it should have been more closely tracked to see what changes were made as a result.

The projects were said to have taken some time to understand the true meaning of participation, although it was acknowledged that they did take the views of their clients on board in relation to individual cases. Now into the third year of this process it was said that the projects have taken steps to embed participation into their everyday work. Examples were given of various methods they have developed formally to gather feedback from their clients at different stages of the Programme. The focus for Include Youth has changed in this third year as they are helping projects embed participation so that it is an integral part of their work and are teaching them how to use this feedback in a meaningful way to make changes to their individual programmes. This was described as resource intensive but worthwhile if done properly. It was felt that, at this stage, participation was beginning to be internalised and integrated into the practice of the four projects.

5.5.3 Other issues raised by key stakeholders
There were also a few comments made on certain aspects of the Programme, some of which related to projects in general and others were more relevant to specific projects. For example although recognising the need to provide a service across the Trust areas, especially in the absence of other services of this kind, some believed that the coverage and/or expansion put strain on the services in some areas. They felt for this reason that more resources should be put in to provide the services in other parts so that projects already established could concentrate their services in a smaller area. There was also a concern in some quarters about mixing children and young people who have offended with those who have not; this for some was something that shouldn’t happen.

A few interviewees suggested that whilst it appeared that projects were adhering to the criteria for admission, it sometimes appeared as if there were some children and young people coming in too early to the Programme. In other words that their risk was not at a sufficient level to warrant admission. In relation to inter-agency working, a few felt that some projects were working better than others in a partnership approach; these tended to relate to both practice and strategic levels. Finally a few felt that some services such as educational support or family therapy were particularly useful to have in the Programme and these were not always available at every project.

5.5.4 Views on the wider policy area and on sustainability

Some of the interviewees referred to the extent to which the Programme was contributing and fitting into the strategic processes and policies elsewhere such as: the DHSSPS’s family support strategy (Families Matter); the Children’s Services Planning, specifically in relation to the inter-agency strategy developed by the Youth Justice Agency (An Inter-agency Strategy and Action Plan for the Prevention of Offending by Children and Young People in Northern Ireland); the Children’s 10 year strategy (Our Children and Young People- Our Pledge); and also to aims and objectives of justice agencies especially the Youth Justice Agency and the Police Service of Northern Ireland. It was believed that the Programme was strengthening the commitment of the DHSSPS’s Families Matter strategy in terms of supporting families to help their children to reach their potential. In addition, the Programme was said to fit in with Inter-agency Strategy developed on behalf of a range of agencies and
groups in terms of supporting at risk children and their families through the provision of community based services which take a holistic and multi-agency approach. The programme was also said to be contributing in various ways to the higher level outcomes in the Children’s 10-year strategy particularly, but not exclusively, in terms of ‘making a positive contribution’ outcome.

Some of the interviewees made further comments in relation to the six higher level outcomes in this 10-year strategy. They felt that the Programme outcomes should have a connection to these, but it was felt that the process should not be top down; in other words the Programme should have clearly thought-out outcome indicators for what it is trying to achieve, which could then be considered in terms of how they contribute to the higher level outcomes, as one said ‘don’t change the argument to fit’.

An interviewee suggested that a different view might be more useful in terms of outcomes, in that the Programme should consider the rights of the child as the premise, and should look at how the Programme might help them achieve or arrive at these rights rather than looking at how they might prevent or try to stop children engaging in certain behaviours. This was said to be a more positive approach to helping support the children and their families.

The general view was that departments and agencies in Northern Ireland are committed to early intervention but there is a worry about how to sustain it in the current climate. Many believed that, by not putting in support at this level, it was likely to store up significant problems for everyone in the future. Quite a number referred to how less resources were needed at this preventative stage than further down the line when trying to deal with the consequences of anti-social and offending behaviour. Many also suggested that early intervention is the responsibility of all agencies; perhaps most specifically education services, justice agencies and social services, as the consequences of not intervening at this stage have the potential to impact negatively on them all. It was said that problems in one area of a child’s live do not operate in a vacuum, they may impact on other domains, and so are interrelated and connected. For this reason there was an emphasis on the need for agencies to

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162 including the Children and Young People’s Committees, Assistant Directors of Social Services, the Department of Justice and senior representatives of the Probation Board for Northern Ireland and the Youth Justice Agency.
work together to identify those at risk and intervene before things got worse. This included the need for everyone to buy-in to the programme and contribute in terms of resources.

However, there was recognition that in times of cutbacks, agencies are put in the difficult position of deciding on what services should be allocated funding and, often, when budgets are tight, the focus tends to go towards the crisis end of services. A few, however, argued that children and their families at these projects were often in crisis. It was said that often the difficulty with early intervention was that the returns are often not known in the short term. Nevertheless, there was a strong feeling that early intervention was necessary, and that support should be what it says, ‘early’, and not at the reactive end when things have become so problematic or severe that it requires incarceration of the young person. Some also felt that early intervention is important, not only in order to prevent problems escalating but also in terms of the rights of the children to have access to support in order for them to reach their full potential. They suggested a right-based model, that is the right of access to universal services and to support and specialised support as a right for all. There was also a widely held view that the majority of children and their families being targeted with support through this Programme came from disadvantaged areas and were marginalised.

There was a strongly held view that the early intervention programme should continue to be funded as it was necessary, and for many, essential to put in support at this preventative stage to avoid more intensive and expensive interventions at a later stage. A few made the distinction between ‘early intervention’ and ‘early intervention for the prevention of offending’ saying that the language is important as it will determine what the programme is about and the cohort of children who should be targeted under it.

5.6. Views of parents/carers, children and young people

Over the course of the evaluation a total of 27 parents/carers (hereafter referred to as parents) and 19 children and young people talked to the interviewer about their experiences and views of attending the various projects under the early intervention Programme. The ages of the 19 children who agreed to take part in the evaluation were: three at nine years old; four at 10 years old; four at 11 years old; three at 12 years old and five at 13 years old. The parent’s interviews tended to be with mothers, with a few fathers and one grandmother. The interviews were arranged to include those at various stages of the programme; at the
beginning, in the middle - usually after a review had been carried out, and following discharge.

5.6.1 Views and expectations of coming to the projects

None of the parents interviewees said that they had any concern or anxiety regarding the intervention of the projects. The majority said it had been well explained to them beforehand with others saying that they had experience of the projects or agencies before; in some cases because a child had been re-referred or a sibling had attended a project or some other programme run by the same agency. In quite a number of cases the parents welcomed the intervention as they were having great difficulties with their children and felt they weren’t getting support from anywhere else. They all professed that they got on well with staff right from the beginning when they came to visit them in their homes, many said that the staff put them at ease at this first meeting. Comments included ‘I had no concerns.....it was explained to me that they were coming to give us support’, ‘I was at my wits end, I was wishing for something to help me’, and ‘I needed help...I asked for it’. Most of the children implied that they had not been ‘bothered’ about coming to the projects, some had either heard of the project from other siblings or friends or had attended prior to this current engagement. Even some of those who had not heard of the projects prior to admission said they had not been concerned, that the staff had explained it well when they first met them. Some of the children said that they did wonder what it was going to be like, a few weren’t even sure why the project was getting involved, and they were not keen to attend at the start but ‘got to like it’. One young boy said that he was worried about attending the project but then he ‘watched the DVD ....saw boys on it just like me... when I heard them talk (about the project) I was OK about coming’.

Many of the parents were not sure what to expect, they hoped that their children’s behaviour could be addressed in some way; ‘to teach him consequences’ ‘to stop her running away...and staying out all night’, ‘to stop the two of them being violent to each other’ or that they as parents could be provided with help to deal with it ‘to help me manage her behaviour without losing it’. A number of parents were said to have tried to get support before coming to the projects; other agencies had been involved with them but no one seemed to be able to help. Examples were given of social services, education welfare, mental health professionals, police and even youth justice being involved. One said that social services ‘didn’t want to know...you keep a clean house and feed them (children).. so they’re not interested’. These
parents were not too optimistic about this intervention but were willing to give anything a try. One mother said that she felt at the start, ‘how’s taking him out for a game of snooker going to help?’ Many of these parents hoped that these projects were going to succeed where other interventions had failed. The children in general did not appear to have any aspirations as to what the projects were going to achieve or what they expected to get out of their involvement. When prompted some commented that projects were there to help them in some way; for example with their behaviour, or with school, ‘to help make me a better person’ ‘to help with my confidence’ ‘to help me control my anger’, ‘to get me back into school’. Others thought that they would get to do activities, ‘I’ll get to go on trips’ and ‘to go out places’.

There were mixed views from the parents regarding their views of the projects at the start, whilst the most thought of the projects as being there to help them and their children a few saw it as being solely for their children and in taking the children out it would give them some respite.

Some parents acknowledged the involvement of other agencies at the time of referral to the projects and they tended to make comments comparing these other agencies with the projects. Whilst a few of the parents acknowledged that other agencies had provided them with support or tried to help in some way, some of these agencies came in for a lot of criticism from others for being ‘useless’, ‘not understanding’, ‘unsympathetic’ ‘they look down on you’ and ‘try to lay the blame at your door’. For many there was said to be contact with the referral agent through meetings both at project reviews and at other agencies’ meetings. However a few felt that other agencies had ‘dumped’ them once the projects got involved, and suggested that there should be more liaison between them and the projects. Others were relieved that their involvement with the projects resulted in other agencies disengaging. There was a sense that the staff at the projects were viewed more highly than others with comments about other agencies such as ‘they make you feel you’re not doing a good job’, ‘it’s all posh words that you don’t understand’, ‘they were a waste of time...they weren’t interested in him (son)...just us’, ‘they couldn’t control her...I wouldn’t rate them very much’ and ‘they didn’t care, they just wanted him out of the school’. Although a few children had good things to say about their contact with other agencies, others described it as ‘boring’, ‘I hate her, she always talks down to me’ and ‘they (police) always pick on me’.
5.6.2 Views on the staff and levels of communication

The great majority of parents and all the children were very praising of the staff at each of the projects. They were described as supportive, respectful, understanding, approachable, helpful, caring, and conscientious and so on. It was obvious from the comments that almost all (some were not long started on the programme) had built up strong relationships with their keyworkers and were very fond of them. Indeed the parents felt that because their children listened to, and looked up to, their keyworkers acted as positive role models for them. The qualities that were seen as important and most frequently mentioned were that staff listen to them, are approachable, are empathic to their concerns and worries, respect their views and are non-judgemental. Comments included; ‘he always listens to both sides (child and parents views)’, ‘you can talk to him about anything’ ‘she doesn’t tell me what to do, she helps me to decide myself’ and ‘she helps talk me down when I’m so frustrated with (name of child)’. There were many examples given of staff going out of their way to help and support the families which ranged from advocating on their behalf with other agencies, to calling round if there is some crisis, to being on the end of the phone when they needed someone to talk to. The children all felt that they could talk to their worker, some saying they could discuss things with their worker that they couldn’t with the parent/s. There was a sense that the staff talked to them at their level and didn’t try and demand or order them to do something. The children describing their keyworkers used comments such as ‘dead on’, ‘down to earth’ ‘I trust her’ ‘I get on well with (name of worker)’ ‘she is very kind’. The parents and children tended to compare the attributes of the staff at the projects with staff at other agencies and it was evident from their views that they valued certain attitudes/behaviours in the project staff that were not found elsewhere, such as being empathetic and non-judgemental.

The great majority were very satisfied with the levels of communication between themselves and the staff at the projects. They described how the staff were always on the other end of the phone if they needed some help or support and that they would return calls quickly if they were in meetings or such. Some described how keyworkers would phone them between contacts, when they weren’t expecting, just to check that everyone was alright, especially if the staff were aware of some problem or issue that had occurred. The staff were also said to keep everyone informed of any issues or developments in the young person’s circumstances and the parents always felt well informed of any forthcoming meetings or events. One parent whose child was in a temporary care placement was particularly grateful that the project kept her informed about her child as she felt that often it would be the carer who would be
contacted by the other agencies involved. She described this as making her ‘feel involved....feel like I’m still the parent’.

The interviewees also felt that staff were very reliable in that if they were going to be late they would phone beforehand, this was considered to be important as children would be waiting on them turning up and could get frustrated if they were not on time. Activities were also said to be carried out to schedule or on the odd occasion when something had to be cancelled, perhaps due to the weather or staff illness, everyone would be given ample notification.

5.6.3 Views on processes and practice issues

The majority appeared to be satisfied with the criteria for admission although there were a few who felt that younger children should be able to access these services. These parents said that they had children under eight years old who would benefit from the service as they were displaying some of the same risk factors as their older siblings who attended the projects. Some also argued for under eight years to be admitted to the Programme because they felt that if their child had got this support when they were younger they wouldn’t have developed the problematic behaviour that was being displayed now. There was also a view from a few parents that other siblings of young people on the programme should also have access to support as they were often facing the same difficulties and tend to view their sibling as getting preferential treatment because they were attending the project.

When it came to the review process everyone said that they were included in the discussions and the decision making. They said that they felt listened to during the proceedings and that everything was well explained. The reviews were described as being useful in determining progression, what areas to focus on and to address any issues that arose. Many parents described them as being very positive. Some of the young people also described the review process as positive, others couldn’t remember a review, and one said it was ‘boring’. For those who had not yet attended a review, as they had not long started, they said that they were kept informed by projects as to how their children were doing.

In terms of who was involved in carrying out scoring on the risk factors the majority of parents and children said they were involved in deciding as to the scores on the risk factors, although some of them didn’t recall this process at all. For those that did they thought it was
useful to show how the children and indeed themselves, in terms of parenting, were doing. It was also suggested that the scores were as one parent said ‘very well fitted to the behaviours’. It appeared from the responses of the parents that there was variance across and within projects as to who attended reviews and who was involved in deciding on the scoring. Some of the children also said that they completed (assessment) forms to give their views on how well they were doing on risk factors, they described how they had to choose a ‘sad face’ or ‘smiley face’ on these forms.

The interviewees who had been discharged from the projects were asked about their experience of the discharge process. A few said that their child had come on so well that there was no need for this support and it was ‘right for them to close’ the case. Many professed to being sad when the programme was over although they realised that it couldn’t go on indefinitely and acknowledged that the project had helped them. They did worry that there was very little support in their area should things become difficult in relation to their child in the future. Some parents felt that they required further support with implications that there were still problems with their children or that the young people had regressed in the weeks or months following discharge. In a few of these cases it was suggested that there had either been a re-referral or this was to happen soon. For these reasons there were suggestions for a longer period of engagement at these particular projects. Some even suggested that the surface had only been scratched in the time the young people were at the projects.

5.6.4 Views on the interventions and engagement processes

The projects tended to take different approaches and have different interventions and so the responses of the interviewees are arranged separately in this section. The first three paragraphs relate to the Northern, Southern and Belfast projects and the fourth and fifth paragraphs relate to the Western and South-eastern projects. They are grouped in this way to reflect the similarities in terms of the interventions.

In general parents were aware of some of the aspects of the work carried out with their children at the projects. They were perhaps more aware of the activities and outings than the individualised work under the programme but this varied between parents and was obviously dependent on how much their child was willing to disclose to them. As one parent commented, ‘what he talks about with (name of keyworker) is between them and I have to respect that’ although she did also add that if her son said something that was of concern, for
example if harmful to himself or others, then the staff had convinced her that this would have
to be disclosed. A few admitted that their child had made a disclosure and that the staff had
dealt with this in a sensitive and non-judgemental manner.

Some parents had a vague sense of what the individual work involved, ‘I think they tackled
his anger’, ‘they did work with him on his hygiene and behaviour’, ‘(name of worker) has
talked to him about his peer group and about alcohol’. It was also suggested that if the
children worked hard on this one-to-one work then they would get rewarded in some way, for
event a treat such as ice skating, bowling or go-karting etc. Some of the parents referred to
the children being set tasks at home, like keeping their room tidy or doing their homework,
and completing these tasks would determine whether and what treats were given. A few of
the parents said that it was good to break up the individual work with group sessions or
outings as it helped their children to mix with other children. There was a sense from all the
parents that they believed the projects were dealing with what needed to be addressed in their
children, that is the problematic behaviour. At the same time some of the parents recognised
that they had to change their behaviour in some way, this was usually in reference to how
they themselves reacted to their child’s behaviour.

Some of the interviewees had attended parenting groups and found them to be very useful in
terms of getting advice and tips on how to manage their children’s behaviour but also to be
able to talk to others in the same circumstances. The others said that the keyworker would
visit usually once a week and would spend time with them talking about anything that was of
concern to the parent. Many of them found these chats useful, in terms of advice on how to
manage their children’s behaviour but also in terms of support in other areas of their lives.
Sometimes just having someone to listen to them was said to be therapeutic for the parents.
One parent said she had attended therapy when one of her other children had attended the
project and she remarked it was very useful. The parents also felt that the staff reinforced
their rules and disciplines, so that for example if the child was non-compliant or had broken
rules at home then the staff would take that into account when deciding on a reward. The
parents said that this was very effective as it sanctioned their parenting decisions. Some also
added that the children seemed worried about letting the staff down and so would listen to
staff when they backed up the parents’ decisions. The children and young people liked
everything about the work of the projects, they liked the outings, the one-to-one with their
keyworker, - and where it existed the art, the play therapy, the education sessions- and the
treats which could range from activities of their choice to simply going out for tea. Of course there were a few children who said they didn’t like the one-to-one sessions as much as the activity based sessions but as one described it ‘you talk for three or four weeks and then you get a treat so it’s not boring’. They also liked making friends at some of the outings or group sessions.

The South-eastern and Western projects differ from the others in that they run residential and more group work for the young people, and tend to have more family day trips and activities. The South-eastern project has a family therapist who comes in whilst the Western has an education worker. The parents talked about the various activities their children took part in and in trips they did as a family. Frequently mentioned were the activities that took place when the children were on a residential, such as canoeing, rock climbing, archery and so on. The parents thought this provided the children with opportunities to take part in activities that they were unlikely to get to do elsewhere and for them to mix and learn social skills. The children were very enthusiastic about these activities and some talked about the tasks they had undertaken whilst on a residential such as taking votes on what to cook and then cooking it, washing dishes and making beds. They all said that they had made friends there and everyone got on well with all of the staff. Family day trips were also referred to by the interviewees, these included bowling or a trip to the beach, farm, the zoo or a park. Parents thought this was a good way of meeting other parents in the same situation as themselves and it was also good to do things together as a family; the implication being that perhaps it didn’t happen all that often.

As with the other projects, the parents did not seem to be very aware of the individual work although some talked about their child getting help with their education (and getting certificates). The majority of parents were satisfied with the work carried out although one parent felt that were perhaps too many activities and not enough focus on behavioural or emotional issues. Another parent had attended a parents group when her older boys had been at a project and she said that it had been very good as they discussed parenting techniques. A few parents suggested that there should be a parents group as they felt it would be useful to meet with others in the same situation. Some parents had attended family therapy and found it very useful but felt they would benefit from more sessions. In addition, the parents said that they got to talk to the workers when they were picking up or dropping off their children or separately on other occasions. There was a sense from a few parents at one project that the
intervention was more for the child than for them and they tended to view it as a chance for respite for themselves. ‘it gets them out...keeps them out of trouble....gives me a break’. The children enjoyed the activities and group work but also didn’t seem to mind the one-to-one sessions with their keyworker, indeed one said she preferred it to the activities. One young person said getting treats, in the form of an outing, was a good way of managing his behaviour.

5.6.5 Views on extra support provided by projects

Many examples were given across projects of parents receiving extra support, which they felt was outside the remit of the service. Examples were given such as the staff advocating on the child’s behalf in terms of education: on a few occasions it was said that staff arranged for a home tutor when a child was excluded from school and the parents were having difficulty getting the relevant Education Board to provide this; a few also said staff had helped get their child moved schools because there were conflicts between them and the teachers and this was said to have solved the problem; or staff had helped get the child to go back to school after a period of absence. There were also examples of staff accompanying the parents to meetings at the school which helped in persuading the parents to attend. There were also a few interviewees who said that their child had disclosed something to their keyworker and that the staff had supported them through the ramifications of this; for one this was in relation to domestic violence and the staff were said to have helped support the family through the court process. Other examples were given of parents and children being supported and given advice on a range of issues, for example in relation to money issues, training/educational opportunities, tax credit advice and so on. They were also said to have put them in touch with specialist services such as support for children with disabilities and accessing local services such as leisure and sports facilities and these were often in relation to the whole family not just the attending young person. Finally the staff were said to have attended meetings and supported the families when the parents were required to attend formal meetings with social services such as LAC reviews or case planning. The support was very much appreciated by the parents who said they could not do this alone, and it was also said that by a few of the parents that they would feel more confident about going on their own in the future.

5.6.6 Views on the participation process

Interviewees felt that they were included in all decisions to do with their own cases, that they were always listened to and their views taken on board. The majority said that they were
asked for feedback on the services they were provided with and never had any reason to complain. When asked if the service was changed in any way as a result of their input there were examples of when times and days for contact had been changed to suit the parent or child, that children often got to choose activities, and that staff may lessen or withhold treats if the parents have said the child’s behaviour was not good at home. They found it difficult to think of any examples of where the programme had been changed as a result of their feedback, only in relation to their own case. Very few of the parents could think of anything that they might want to change although a few talked about having a longer programme, more play or art therapy, having the project based closer to where they live or just having more of it. One parent said when she was asked for her views of the services ‘I don’t really have much to say....I wouldn’t know what to suggest to make it better’.

The interviewees tended to think in terms of their own individual cases but after some prompting they were able to give some examples of being involved in making decisions that affected others or taking part in something for the benefit of others. For example a few parents talked about taking part in an information DVD for the project, a few children talked about being asked to vote on activities as part of a group and a few other children said that they were involved in a participation group. This latter example involved them deciding on a name for the group, designing a logo and a t-shirt and putting together a newsletter to let everyone know things about the project.

5.6.7 Parents’ and children’s views on the impact of the intervention
The majority of interviewees felt that the interventions had been very beneficial for both parents and children although some said they hadn’t been engaged long enough to make much comment at this time. Some parents said that their children hadn’t engaged well with any services until this programme, ‘he couldn’t stick with anything’ and ‘they couldn’t do anything with her’ and were (or had) not only engaging (or engaged) with the projects but had re-engaged with school or started a group/club in the community. No matter what stage in the programme (not long started through to finished) they all admitted to some improvement. Many parents talked about their children’s behaviour being much better and about relationships improved at home. Some said that they have learned how to interact better with their children and to not react in certain ways that would increase the tension/crisis, in other words they were managing their child’s behaviour better.
Examples were given of positive changes in their children’s behaviour including desisting from at risk behaviour such as lighting fires, breaking windows, getting into trouble in school or with the police. Both parents and children gave other examples of changes in the children such as them being able to control their temper better, helping out round the house, being more apologetic, changing their peer group, learning consequences, increased self esteem and confidence and being more settled in school. Parents also admitted that they had made changes too, such as applying what they had learned in terms of managing their child’s behaviour which included putting in place rules. They said they were a lot calmer and less stressed and did not react so strongly to situations concerning their children. It was also said that because the children’s behaviour was better this helped all family relationships. A few parents felt that their children had improved but after discharge had regressed some and they were either hoping for re-referral or were already in the process of being re-referred.

Perhaps a better way of showing the impact is to detail interviewees’ responses as case examples by choosing relevant parts of individual interviews in a concise manner and a selection of these are detailed below. An example has been included for each project.

**Case example 1:** Mother described her son at the start of the programme as having a really bad temper, breaking windows in cars, arguments in house when sometimes she had to get out in case he would ‘stick a knife in my back’ and he wasn’t attending school. She said that when (name of project) came on board she thought ‘how’s taking him out for a game of snooker going to help?’ But after almost one year at (name of project) he was said to have changed, he controls his anger better, she’s had no complaints about him, he goes to school (where he wasn’t before) and is doing well- ‘all the teachers speak highly of him... he’s matured’ and they have a better relationship. It wasn’t just for him though as it helped her too- she learned parenting skills which she said had worked and she got other help – in terms of: being put in touch with a charity which provided her with a cooker; and getting help and advice on family tax credit as she was thinking of going back to work.

**Case example 2.** The mother had a child who attended the project before (and it had helped), had one there at present and was hoping another would be admitted soon. She talked about the child attending at present. She described herself as being scared of him, feeling ‘tense around him...I fear him’, he would lash out at her and the house (kicked doors and broke things) and ran away frequently- ‘now he’s a different child, nice and polite and
manages his anger by walking away’. He has a better relationship with her and with his other siblings. She would recommend (name of project) to anyone, ‘there is no service like it... it’s unreal’.

**Case example 3.** Young person with ADHD, had social services and police involvement at time of referral. Project was said to have worked with him on his anger and he is now said to have settled down but with still some work to do. Had helped mother too - ‘if it hadn’t been for (name of project) then I’d be in Holywell or jail now’. Mother described how she had bother with him for years (police bringing him home- petty stuff, mischievous). ‘I had gone everywhere, tried everything but nothing was working until ..... (name of project)’. ‘I don’t know what I would have done without them.... he thinks more before he does things...he used to make 10 out of 10 bad choices, now he makes 6 out of 10 good choices’.

**Case example 4.** 10 year old with ADHD, his behaviour had got so bad, mother has suffered bruises from assaults by him and he had started fires, even said he feared for his younger siblings if they got caught up in one. Another agency tried to help by taking him to Fire Station where he had a talk and watched a DVD but that was said to have done no good- ‘(name of key worker) was the only one who got him to stop this’. She said that not only has her child settled down but that she is calmer too. She said she can pick up the phone anytime and this helps calm her down to be able to deal with the situation better. ‘It’s wonderful here... me and the kids would be at the bottom of the harbour now without their help’.

**Case example 5.** Mum with 2 children at the project, was domestic violence but perpetrator left the home. Children are disruptive in the house and violent towards each other. One had started to steal. They have attended the 16 week programme and have been re-referred as there are still issues with ‘their tempers’ and the boy ‘stole again’. There has been a big difference in the boy, he has calmed down but still has some problems with his temper- ‘I have seen improvement, they used to fight every day’. Mother is hoping that when they do the next 16 weeks the tempers will be addressed. ‘For me it’s a goldmine... they are not stuck under my feet all the time... everything was getting on top of me and I didn’t think I could cope any more’. She said that when they come back to the house after being out with their key worker they are in much better moods.
There were many more examples like those detailed above and it was obvious for the majority of interviewees (some were early on in their engagement) that there had been much positive change not only in the children but also in how the parents dealt with issues and confrontations. According to the interviewees, the projects had provided many of them with coping mechanisms. Many of them believed the main reasons why projects had brought about this change was: the attitude and commitment of the staff; and because the projects helped and supported the whole family, not just the child. Many professed to not knowing what they would have done if the service had not come along when it did, as there was ‘nothing like it’, indeed some indicated that the outcomes would have been very different, ‘I’d be swinging from a rope’ or ‘we’d be in the same old rut, never going anywhere’.

5.7 Summary of interviews

It was clear from the responses of the interviewees that the Early Intervention Programme was felt to be filling a gap for services for at risk children and their families. It was also evident that it was being successful in terms of meeting the many objectives of the Programme. Examples were provided by the interviewees of positive outcomes in terms of: reducing risk and increasing protective factors; promoting resilience and empowering families; working in partnership with various agencies; supporting access and providing links to services in the statutory, voluntary and community sectors; and involving service users in the programme. It was also thought to contribute to the work of the other Agencies involved with the children and families.

There was recognition of some difference between and within Agencies and projects in terms of services provided, the review and monitoring processes, interventions, levels and duration of engagement and so on. There were also some suggestions for improvement in relation to some of these issues. However, the overall view was of a very worthwhile and valuable service with experienced and dedicated staff who were providing families with support that they were unable to get anywhere else.
CHAPTER 6. CONCLUSIONS AND RECOMMENDATIONS

6.1 The objectives of the evaluation

The tender document for the evaluation of this Programme details the objectives that were expected to be examined in the evaluation process. These objectives are considered in the following sections using the data that has been collected through desk research involving: analysis of the statistical data, gathering and organising the contents of documents and papers related to the Programme, the Agencies and the projects, and examining the research literature; and through interviews with a range of key stakeholders including the service users, and observations. Finally recommendations are included where it is deemed to be necessary and relevant to the discussions which preceded it.

The conclusions and recommendations that follow are based on all the data that was collected during the study. It should be borne in mind that the views and suggestions of those consulted during the evaluation and reported herein are based on their own perceptions and beliefs and may not, for this reason, always be accurate.

6.1.1 To provide an interagency partnership to target and meet the needs of groups of children vulnerable to offending and their parents

From an examination of the data it was determined that the projects were working very closely with the referral agents at both operational and strategic levels. It was a partnership approach in identifying the children and young people who are vulnerable to offending and anti-social behaviour with the referral agents identifying the children and the projects referral criteria determining if they were suitable for admission to the Programme. There was a general sense that those referred to the various projects were meeting this criteria.

The referral agents are then expected to be involved with the projects throughout the course of their referral’s (the child and their family) engagement in the Programme. This was said to be satisfactory in most cases although some referrers were said to be, at times, less involved than others. The interview data suggested that projects provided regular updates on the children and their families to the referrers, both formally and informally. Indeed there was said to be a two-way exchange of information between projects and referrers; with projects making the referral agents aware of any issues that might have arose in relation to the families, and referrers informing the projects if there were developments that they were aware
of that might impact on their work. It was evident too that in most cases there was collective decision making in relation to the interventions and outcomes mainly through referral agents attendance at projects reviews.

There was also reference to project staff attending meetings organised by the referral agents (for example panel meetings, reviews and case conferences) in relation to particular children, and/or providing reports on how they were progressing at the early intervention projects for these. This regular exchange of information and attendance at each other’s meetings was said to be useful in terms of having a joined-up service for the children and families; and it meant that there was a clear understanding of each other’s roles and avoidance of duplication of services. Many of the referral agents suggested that the work of the projects complements their work in terms of addressing the risk-taking behaviours, allowing them to focus on what they are trying to achieve, and also in terms of relieving the workload pressure on them.

There were occasions when the referral agents were said to be less involved (mainly in relation to attendance at the reviews) and reasons for this included that their workload often didn’t permit attendance, or they didn’t feel it was appropriate (in the case of some youth diversion officers). A small number of referral agents said they hadn’t been to a review but they were satisfied that they were kept informed through less formal processes.

The above relates to partnership working at an operation level but there was also inter-agency working at a strategic level through multi-agency Advisory Groups. The Advisory Groups were said to not only provide benefits in terms of support, advice and networking, but also in terms of accountability and to ensure that there were no gaps in the service.

In addition a few of the agencies provided some resources to particular projects: for example; the Youth Justice Agency provided funding for the NIACRO projects, and as well as the services of their Early Intervention Coordinator to support the Programme. They also provide the use of their premises and facilities for a few of the projects, which is a good example of partnership working; for example they provide the use of their premises for the Western project at no cost to Extern, and this is also an example of Extern accessing resources from outside of funding arrangements. In addition the Southern Trust provided some funding to the Southern project, as did the Southern Education and Library Board; there was also a small amount of funding from the Big Lottery Fund for the Western project.
**Recommendation 1:** The general view was that the projects were working well with other agencies in a partnership model to target and meet the needs of children vulnerable to offending, and their parents. Reviews were central to coordination of inputs to working plans and to assess progression, although it was clear that in a small number of cases referral agents were not attending. Advisory groups were not only said to help strengthen the partnership approach, but also to lend support, advice and accountability. In contrast, attendance at other fora or groups might be deemed to be useful mainly for higher level planning, and perhaps not as a means of emphasising matters relevant to the particular early intervention projects.

Given the emphasis on multi-agency and partnership approaches, it is recommended that attempts be made to persuade all referral agents to stay involved, particularly to attend and contribute to the review process. Consideration should be given to the need for Advisory Groups (where none exists) and also to the selection of members, to ensure the relevant agencies are represented. In addition every attempt should be made to encourage other agencies to buy into the Programme. This could include providing extra resources to a Programme thought to be positively impacting on the roles and responsibilities of other agencies.

**6.1.2. To empower families to support and advocate for their children, including through the use of parenting support programmes**

There were different ways in which parents were found to have been helped in order to support their children. At one level because the projects provided help and support for them, the parents suggested that they were less stressed and better able to cope with their child and their other children. The few interviewees who had attended a parents group suggested that it had been very useful in terms of developing strategies to manage their children’s behaviour and this appeared to be beneficial for all the family. In addition others referred to being given advice on parenting techniques which were said to be beneficial in much the same way. They felt they had gained insight in terms of how they interacted with their children and in particular how they should react (or more likely not react) when faced with non-compliant or difficult behaviour or situations. The support they got was also described as helping them to reach decisions themselves rather than something that was imposed on them.

All this tended to have a circular effect in that because the children’s behaviour had improved then relationships between the parents and children were said to be much better and this in turn lead to an improvement in the child’s behaviour and so on.
On another level, their engagement with the project helped them in terms of confidence and they felt better able to deal with difficult situations. As examples of this, there was reference to being accompanied by staff to different agencies meetings which gave parents more confidence to speak up and consider attending on their own on a future occasion; how one family was supported by a project through a court process following disclosure of domestic violence.

They were also given advice or access to other services which were of benefit to them, and/or to the family as a whole, or in relation to a particular child. Parents gave examples of getting support or advice in relation to accessing welfare benefits or on how to get help in terms of acquiring necessities. The staff also provided support, advice and information on specialist services and local groups so that parents could access these services for their children. Examples were given of parents following up on this advice/information in order to get support from a charitable organisation for a disabled child not attending the project, and in helping their children enrol in leisure and sports activities and in getting career advice.

There was a sense through the interviews that many of the parents were more confident as a result of their engagement with the projects and this in turn helped them to help their children. They were able to establish and adhere to rules and disciplines in the home so that their children’s risk taking behaviour was often reduced and better managed. In this way children were said to be not engaging in the problematic behaviour that might have led to them getting into trouble in the community. Many had also learned how best to interact with their children and this resulted in closer relationships between them and with other family members too. In some cases this was said to have prevented a child care placement.

Some parents confessed to being near suicidal prior to the service intervention but were now more able to cope because of the support provided by the projects. It could be argued that the parents who were willing to engage in a meaningful manner with the service were, in a sense, confronting their problems and taking responsibility for their children and their behaviour.

**Recommendation 2**: Whilst in general the projects were found to have assisted families so that they might support and advocate on behalf of their children, it was more often found to be when the parents engaged well with the projects, in some cases through their participation on a parenting group. Therefore, it is recommended that all projects consider the use of
parenting support programmes. If this proves to be logistically difficult or unviable for other reasons, every effort should be made to engage with parents in a meaningful manner. This would involve at the very least setting aside an amount of time on a regular basis for the workers to engage with the parents.

6.1.3 To strengthen education and community supports to children and young people; to improve access to mainstream and statutory services, and provide links to voluntary and community organisations; to demonstrate an understanding of existing local provision for the target group of children and young people.

There were many examples of children who had not been attending school on a regular basis or not at all when admitted to, or during, the Programme. The projects were said to have supported the families in addressing this either by advocating on their behalf with the schools or Education and Library Boards and/or by encouraging the children to attend. On some occasions it was said that an education tutor was provided for the children after some negotiation or assistance by staff. On other occasions the staff were said to have helped in having a child transferred to another school which had addressed the problem, or likelihood, of exclusion in the previous school. There were also other examples of children re-engaging in school and increasing their attendance at school following encouragement and persuasion from staff members. Parents were also said to be more able and willing to attend meetings at the schools concerning their children’s education as they were supported by staff. There was also educational support provided at some of the projects which children were able to access and parents and children said that it had helped.

Also from the interview material it was evident that parents had been helped by staff to access other services during their engagement with examples given of advice, support and access to a range of other services being provided. Some children were said to have accessed mental health services and various community services. Examples were given of children being assessed by a mental health professional or engaging in activities in the community. In relation to the latter a few had attended an animal sanctuary, others had gone to the library, some had joined sports or community groups where they didn’t have the confidence /interest before and so on.

Some referral agents also remarked that the projects engagement with the family helped them to build bridges and engage with the family too. There also examples given of projects
signposting families on at discharge to specialist and community services, indeed it was believed that if there was an for further support then the projects would ensure that there was access to these services.

There was a strongly held view that projects were aware of the availability – or in some cases unavailability - of services and supports in their localities. They had developed links with many services and utilised them in order to help the families and children that were referred to their projects.

6.1.4 **To focus on reducing known risk factors, strengthening protective factors and promote resilience in each domain for those children at risk of offending.**

In terms of the statistical data (presented in Chapter 4, Section 2) there was evidence of a reduction in risk factors and an increase in protective factors. This data makes it very obvious that in terms of completed cases that the majority (70%) are admitted with ‘a lot’ or ‘some’ difficulties across the range of five factor domains (individual, parenting, family influence, community influence and education). On discharge only 14% are showing difficulties on some domains; indeed the picture is almost reversed with 68% ‘doing well’ or ‘very good’ on these five domains on discharge (see specifically Figures 7 and 8, and Tables 26 and 27). On average, for all cases completed, across all projects, the progression on all factors (with the exception of the education factor) have shown progression in the region of the high 80s to 90 percent over the two years of the programme (Tables 28 and 29). This translates to children being admitted to the programme with scores indicating, on average, having difficulties in these four factors and on discharge doing well on them (Tables 31 and 32). In terms of the parenting factor the progression on scores for completed cases was 87% in year one and 88% in year two thereby suggesting that the parents had developed skills in terms of managing and coping with their child’s behaviour. These scores were also validated through interviews with a sample of parents and children.

Although some of the other objectives were not ‘measured’ specifically in the programme it was possible to assume from the progression on certain factors that there has been an increase in terms of these other objectives. For example in terms of an increase in coping strategies and levels of self-esteem and emotional well-being, the individual factor includes a measure of ‘child’s individual strengths’ and in terms of ‘increased presence of positive role models and positive peer influences in children’s lives’ the community factor includes a measure of...
‘peer influences’. It was also possible to determine through interviews with staff, referral agents, parents and children that many of these had been improved also. Examples were given of many children having more confidence and self esteem, of being able to cope better and being more settled (at home, in school and the community). Many were also said to have stopped associating with negative peer groups and indeed it was said that many looked up to the project staff as positive role models.

The interviews with staff, referral agents, children and their families all relate to the reduction in risk factors, the increase in protection factors and the strengthening of resilience in all of those who had completed the Programme. Even some of those quite early on in their engagement were said to have shown improvement in some areas of their problematic behaviour. There were many examples given of where behaviour had changed for the better in the children; such as desisting from risk-taking behaviour, engaging in more positive pursuits and having more self-confidence. (see case examples in sections 5.4.5 and 5.6.7)

**Recommendation 3.** In general the projects were focusing on reducing risk factors, strengthening protective factors and promoting resilience in the children across all domains, with, however, the education domain showing slightly less progression than the others. **It is therefore recommended that consideration should be given to providing educational support at all projects, although this is not intended to suggest that projects have teaching staff/ or that staff undertake the role of teachers.**

**Recommendation 4.** There were a few interviewees who felt that projects which included more activities and days trips were not as tailored to individual needs as perhaps they should be. **Projects with interventions which include more activities than others, should consider whether there needs to be more emphasis/focus on the individual risk and protection factors that are present in the children and parents.**

**Recommendation 5.** There was also a quite strong feeling that a few projects were not engaging long enough with the children and families to bring about sustainable change and there was some statistical data that tended to support this view. In addition some research evidence suggests that those with complex needs and/or greater risk may need longer engagement, with some arguing for six months or more. **While it is recognised that while those projects with a shorter duration- that is 16 weeks- have a more intensive**
engagement, it may be useful to consider how they might lengthen that engagement with those young people with more complex needs or higher risk.

6.1.5 To demonstrate knowledge of the needs of children and young people vulnerable to offending in the area

The referral agents’ comments in relation to staff were very positive in terms of the skills, the experience and the knowledge of being able to address the needs of the children who are referred to the Programme. The staff were believed to cover a range of issues with the children and their families in relation to their vulnerability to risk of anti-social and offending behaviour. The general view was that they know what they are doing and the referral agents let them get on with it. A range of resources are used across the projects to engage with families and to address the risk factors that are deemed to be worrying and problematic. The key element in all of this appears to be engaging with the children and their parents and this, in many cases, is what the staff tend to do well. Many interviews with staff relate to their understanding that in order to bring about change and more importantly sustainable change means getting the parents on board. This was said to have varying levels of success. Also the engagement process was strongly felt to one of the most important, as if you were able to get the service users to engage with the programme then it was likely that there would be positive outcomes. The literature supports this view and points to the practitioner - client relationship as being as important as the interventions used, in that effectively engaging with the client is a key factor in bringing about, and sustaining, change. The project staff recognise this and the children and their parents all referred to the strong relationships between the key workers and their children, and indeed with the parents themselves.

Once the staff engage with the children they are then able to address the problematic behaviour that may leave them vulnerable to offending or to strengthen the protection factors. Across the projects there are a variety of methods used, individual work, group work, activity based resilience and so on. Many talked about using whatever it took to address the risk, as one size doesn’t fit all, so they will adapt and change until they find something that works. Some take a therapeutic approach with play, art and family therapy amongst the therapies on offer across projects. This was said by staff, referrers and parents to be successful in many cases. Other elements of the programmes have included work on anger management, consequences, alcohol and drug misuse, peer groups and so on. The work plan is based on the assessment process in relation to the areas of risk or need that are identified.
The literature in this area suggests that the risk behaviours for offending are also risks for other negative outcomes in children’s lives and so to address these will lead to improvements in other areas, not exclusively in relation to offending. It is also believed that even with many risk factors for offending present, that this does not necessarily (without intervention) result in the offending, that some seem to have strengths or resilience that prevents them engaging in crime. The projects appear to recognise this and across all projects the aim was to get the children and their parents to a place where the risk was reduced, and/or the protective factors were strengthened and/or resilience was improved.

6.1.6 To demonstrate the involvement of children and young people and their families in the planning and design of the programme of services

It would be fair to say that the participation process was a difficult area to grasp for all of the projects in the beginning, this was evident in monitoring returns and through interviews. Projects all believed that they were carrying out participation, in that they were regularly consulting with their service users, formally, informally or both, to determine their views of the programme. Examples were given of changes made because of feedback from service users, these tended to relate to changes in scheduling or in choice of activities. It was also said that service users are involved in the design of their own individualised work plan. However, many appeared to be confusing this with services users’ involvement in the design and delivery of the programme as a whole and not just in relation to their own individual case.

Include Youth worked with four of the projects to help them get to grips with this distinction and at this stage, into the third year of the programme, it was believed that these projects were now internalising and integrating participation into their programmes. For example more formalised systems of acquiring feedback from the users were being put in place (or already in place) and Include Youth was working with the projects on this feedback in order to determine how it might be used. Indeed there had already been some changes such as involving the service users in the design and delivery of promotional material for projects. The fifth project has established a participation group of children, and it was felt that the process would help in terms of user participation in the planning and delivery of the programme.
**Recommendation 6.** It was obvious that although many were now beginning to grasp the participation process there were still some issues to address. *It is believed that some consideration is being given to training in this area and the evaluation recommends that this may be useful to help those who may be still struggling with this concept.*

6.1.7 The programme must be shown to deliver value for money, and must operate within the resources available

There has been little external funding, with funds coming almost solely through the DHSSPS; which was successful in its bid for the funds for this Programme. However, the YJA has shown commitment to the EIP through its provision of resources, such as: some additional funding for the Caps projects; providing the services of their Early Intervention Coordinator to assist with the monitoring of the Programme; and providing the use of some of its premises to a few of the projects. There have also been some funds from the Southern Trust and the Southern Education and Library Board for one of the Caps projects.

The projects have been found to be operating within the resources available although there has been some indication of a rise in demand for the service and in some projects waiting lists are growing. There is also a sense that each project (which at a maximum has five staff and at a minimum has two staff backed up by sessional staff) has a large Trust area to cover, and as they continue to promote themselves in areas where there have been no referrals, this has the potential to lead to an even greater pressure on resources. Some projects already have to prioritise referrals based on greatest need.

In year one the average cost per referral was £5,565 which had reduced to £4,610 by year two. It is likely that set up costs and the low number of referrals (because they had to become known in the localities) are reasons for the higher cost in year one. When these costs are compared to the those of residential care or custody (two outcomes that are not unlikely should the children’s circumstances worsen) the difference is enormous, in some cases over 30 times this cost. Even when compared to the cost of intensive family support the cost of a referral in this Programme comes in between one-third and one-fifth of the family support programme. Therefore it looks like it is value for money when compared against other interventions but for it to be value for money it must also be cost effective and the answer to that is found in the outcomes data and through the interviews which most decidedly suggests
it is. The Programme is having a positive impact on the children and families it works with and leading to better outcomes for the service users.

Obviously the length of time projects engage with the children and young people will impact on the number of new starts in the year and on the overall average costs. In the 2009/10 year there was an average of 44 new starts across all five projects, and the average length of engagement was 7.2 months (ranging from 4.3 months to 12 months). These figures are also likely to be related to or influenced by the number of staff at each project: at present this ranges from two full time staff (plus sessional staff) to five full-time staff. The literature suggests that a reasonable length of engagement to effect change for those with complex needs should be beyond 20 weeks and in some cases, between six and 12 months.

**Recommendation 7.** The projects are operating within their budgets but the expansion is beginning to put some strain on resources. In relation to the need for equality of access and inclusion, the service should be available across all Trust areas: however it is hard to imagine how this could be possible without further resource implications. For this reason it is recommended that not only should the service be sustained but that further funding be made available in order to ensure that children in need in all areas are given equitable access to the Programme. Taking into consideration the duration of engagement (and recommended length of time for complex cases), and the average numbers of available staff, it is suggested that the following minimum number of new starts per year should be aimed for:

- Western Trust area - 30 new starts
- South Eastern Trust area- 35 new starts
- Southern Trust area – 31 new starts
- Belfast Trust area – 35 new starts
- Northern Trust area – 43 new starts

The variation in the number of new starts in the above areas also reflects the value of the contracts, which in turn, is related to population size in each of these areas. Finally the evaluation has demonstrated the very strong multi-agency partnership approach adopted by the Programme, the positive outcomes in many domains of the children and

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163 this should not be confused with the cumulative total, that is the overall number of children of children attending in the year which is much higher
their parent’s lives, and how this contributes to and supports the roles and responsibilities of the other agencies involved. Therefore, it is suggested that the Programme should develop further with support from the Department of Justice and the Department of Education.

6.2 Other expectations of the evaluation

In the tender document, there were other themes and issues that the evaluation was to address. Those that are not already dealt with above are included below under separate headings.

6.2.1 Monitoring of outcome indicators: involvement of parents, children and referral agents

A monitoring framework was set up with the assistance of the YJA Early Intervention Coordinator who is also responsible for supporting the projects in relation to the importance of focusing on the required outcomes. In four of the projects (within Extern and NIACRO) the children and their families are scored on recognised Farrington risk and protection factors by the referral agents (at referral stage), then at review stages and finally on discharge. In this way it can be seen how they are progressing on the programme and the level of difference there has been between admission and discharge. The Northern project has a slightly different system as they have their own outcome indicators, which tie in with the Children’s Strategy six higher level outcomes: at the end of the programme it is decided if the objectives have been met, partially met or not met. However, in order to allow for standardisation of this process, the Northern project also contributes to the same scoring system as the other four projects at referral and discharge stages. The YJA Early Intervention Coordinator has supported the projects to achieve this standardisation and in the process has acted as an honest broker between the various agencies and projects.

The scoring on the risk and protection factors is completed firstly by the referral agent usually in discussion with the children and parents in order to reach a collective score. The scoring is carried out at review stages in the projects, usually involving the staff, the referral agent, the children and their parents. Involving the views of all the key players in this way is believed to present a more accurate scoring system. As previously stated referral agents are not always present at the review meeting although many said they had been consulted on the scores and were satisfied they represented a true picture of where the children were in terms of level of risk. However, there were a few referral agents who did not appear to be aware of
the scoring system at all and it was not clear at times whether they had forgotten or if they
had not been involved in determining the level of risk. The same was true of parents and
children, many did recall the scoring and were satisfied that they had been involved in
deciding on the scores but some did not recall the process at all.

The staff believed the outcome indicators were useful to allow the parents and children see
the progression/regression and also to help shape the work plan. For others involved in
deciding on the level of risk and protection factors there was a general view that the process
was useful to show how children and their parents were making improvement. It also allowed
the projects to determine when the level of risk implied there was no further need for the
intervention so that the case could be closed. There were a few interviewees who suggested
that the UNOCINI referral and assessment templates might be a good alternative to the
current framework as many of the agencies currently use these.

A validation exercise was carried out to determine whether the scores on the outcome
indicators on admission and on discharge truly represented the views of children and their
parents. Interviews took place with a sample of parents and children for whom cases had been
closed and it was generally agreed that the scoring which took place on admission and
discharge represented the levels of risk and protection factors in the various domains of the
children’s lives.

The statistical analysis of the outcome indicators showed that for the majority of cases
improvement on the five factor domains was substantial for all completed cases. However
there were a few concerns: one was that a small number of cases were admitted to the
projects showing little, or in a few cases no, difficulties in any of the five factor domains; and
secondly, that a few cases were discharged when the level of risk on some of the factor
domains appeared to suggest there was still need there. Whilst the projects may not be
expected to be able bring the levels of risk across all factors domains to a point where there
are no difficulties -considering the sometimes complex issues in these children’s lives - it is
also questionable that when children have completed the programme there are still substantial
difficulties across a number of domains.

There was also some discussion amongst interviewees as to the effectiveness of the
monitoring of the outcome indictors in terms of what was being captured. For some there was
not enough emphasis on the softer outcomes such as the change in the levels of self esteem and confidence, or how well they had engaged in group work or improved in terms of anger management.

**Recommendation 8.** It was unclear why some interviewees professed to having not been involved in the scoring on the level of risk and protection factors but their involvement would make the process more inclusive and would validate the scores. It is also questionable as to why some children are admitted with little sign of risk and others discharged when risk is deemed to be present across a number of domains. **It is suggested that every encouragement should be made to have the referral agent, parent/s and children present when decisions are made on the scores on the risk and protective factors.**

Consideration should be given to the referral criteria to ensure that projects are not admitting children who are scored as having little, or no, risk of being vulnerable to anti-social or offending behaviour. In the same manner if substantial risk is still present projects should consider working with the children and their family for a longer period. In addition it is understood that a review of the outcome indicators is to take place and that this will attempt to standardise the outcome indicators across projects, it may also address the suggestions of some that softer outcomes are recognised, for these reasons it is agreed that such a review should take place. Finally, the review should consider the use of UNOCINI template forms for assessment and referral as it would standardise the approach across the Programme, and with the different referral agencies.

**6.2.2 Rurality issues**

Rurality issues are described in the tender document as ‘the shape of services that are required to provide for children in rural areas’. It has been shown in the report that for many of the projects there has been expansion into other areas between years one and two (see 4.1.7). This expansion has often resulted in projects taking referrals from quite rural areas. It was said that it was difficult to encourage referrals from some of these areas and often it involved many presentations and meetings with agencies working in the areas. There were a few difficulties with moving into these areas, mainly in terms of resources. The staff had longer travel times to meet with the children and their families and to bring them to the project and/or for activities and therefore this led to more transport costs and less time to spend on other tasks and workloads. The other main difficulty concerned the lack of other
services in these rural areas which meant it was difficult to link the families into other supports.

It was suggested that the level of demand was rising for the services of the projects, (in terms of enquiries progressing there were over 200 in the first year, which had risen to over 300 by the second year), and the waiting lists were said to be growing even more so in this third year of the Programme. It was expected that the expansion especially into these more rural areas would only put more demand on resources.

The mapping exercise (detailed in 4.1.7) confirmed that projects are generally covering areas of ‘high need’ and that where there have been no referrals from these ‘high need’ areas steps have been taken by the projects to encourage referrals. Again this may lead to more demand and pressure on projects.

**Recommendation 9.** It is difficult to argue that the projects should not cover their entire Trust area, especially areas of ‘high need’ but at the same time it unreasonable for them to do so without expecting some area of their work to suffer unless more resources are secured. It is also recognised that across all sectors there are cutbacks and restraints. However, the literature suggests that early intervention is cost effective in the long term and this evaluation has proved that the Programme is providing a very valuable service to many children, vulnerable to anti-social and offending behaviour, and to their families. In addition this has been realised with quite limited resources. **It is therefore recommended that, not only should the Programme be sustained, but that if possible, further resources be found in order to support the expansion of the service across the province.**

6.2.3 How the Programme links in with 10 year Strategy for Children and Young People in Northern Ireland

The 10 year Strategy for Children and Young People includes an intention to ensure that children and young people are able to fulfil their potential by 2016: to this end the strategy has developed six higher level outcomes to measure how well this is being achieved. The Northern project directly links its outcome indicators to these higher level outcomes, and so it has six outcome indicators that are mandatory for all referrals, one developed for each of the

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164 ‘high need’ in this instance refers to areas with high multiple deprivation, high percentage population of children and high percentage attendance at (primary and post-primary) school less than 85%
six higher level outcomes. In addition it has a number of other outcome indicators which are chosen in relation to the individual needs of each child. (see 2.2.3 for further detail) This process allows the projects to determine if they are contributing to the six higher level outcomes. The views of the staff are that this approach has proved to be successful.

The other projects use the risk and protection outcome indicators, which, although not directly linked to the higher level outcomes, could be said to be contributing to them. For example the evaluation has highlighted through analysis of outcome data, and through interviews, where there have been improvements in many domains of the children and young people’s lives which are relevant to these higher level outcomes. In relation to each of the six outcomes in turn, the reported outcomes are as follows: Healthy - examples of children being emotionally stronger, taking part in physical activities; Enjoying, Learning and Achieving – improving attendance rates at school, improved behaviour at school, taking part in sporting activities; Living in Safety and with Stability – some coming off Child Protection Register, domestic violence prevented/stopped, preventing care placements, including children in participation process; Contributing positively to community and society – early intervention, preventing offending, children maintained in school, children not coming to the attention of police on discharge, increased resilience; Experiencing economic and environmental well-being – some examples of families being helped to access welfare benefits or get essential items, parents securing or seeking employment; Living in a society which respects their rights – the participation process, providing access to those in rural areas and children saying they felt listened to.

There has been value in using the risk factor outcome indicators as it has made it possible for a comparison to be made on progression from admission to discharge. However, there has been debate in the research literature in relation to risk factors, and while it is not suggested that these be ignored, there is a growing belief that more focus should be given to resilience. The Health and Social Care Board is working with OFMDFM on developing indicators, and at this time there has been progress in this process of creating core indicators linked to the six higher level outcomes.

**Recommendation 10.** While it is strongly believed that the Programme is contributing to the six higher level outcomes, the strength of this belief may not always be clear because of the current focus on the risk factor outcome indicators. **It is suggested that there should be an**
assessment of these outcome indicators, and that, while not abandoning the measures of risk/protection, this assessment should include suggestions as to how they might better be used to develop outcome indicators that tie in with the higher level outcomes. It is understood that there are plans to examine the outcome indicator process and this is to be commended.

6.2.4 Longer term outcomes
The Programme’s commissioning body is currently working on an ‘Information Sharing Agreement’ with the Police Service of Northern Ireland. This will allow for the offending status of children who have attended the Programme on a one year post discharge basis to be established. In other words a follow up of these children to determine if they have come to police attention and if so, in what respect. This will be done with full consent of the children and their families. At the time of writing the only statistical data available was whether the children had come to the attention of the police during the programme or on discharge and it was evident from an analysis of this data that the majority had not. Through interviews with parents, children and some referral agents it was also discovered that children had not come to the attention of the police some months after discharge. The time limitations of the evaluation did not allow for a longer follow up of the discharged cases.

Recommendation 11. One the criticisms in the research literature is that follow up of interventions is not often undertaken. The agreement with the police in collecting one year after discharge data will be useful to determine the longer term outcomes in terms of offending behaviour. It is suggested that it might also be useful to carry out interviews with parents and children at a one year post discharge stage too, as the offending status whilst being very relevant will not be able to ascertain how well the young people and families are coping with all aspects of their lives.

6.3 Final comments
The findings from the evaluation suggest that the objectives of the Programme are being successfully met across the five projects. For the most part the projects are working with the right cohort of children (and parents) who are vulnerable to anti-social and offending behaviour. They work in a partnership approach with a range of agencies and address the various domains in the children’s lives; that is in the individual, home, school and community. The projects are also good at linking the families in to other services (statutory
and voluntary/community) in the localities. The literature suggests that in order to improve sustainability of positive outcomes that parents be engaged in the interventions and generally this was achieved in this Programme. The staff have been described as knowledgeable and skilled at working with the children and their families, and the training, support and supervision in all projects is of a high standard.

The five project models are different, they have different methods of delivery but all have been found to be successful in terms of producing positive outcomes for the children and also for their parents. The literature suggests that it is not always what you do but how you do it, and practitioner engagement is highlighted as one of the main reasons for success. The staff at the various projects were said to be good at engaging with the children and young people; and for many of them, this was half the battle in order to effect change. The participation element was being integrated and internalised into the work of the projects and service users were satisfied that they were involved in the service. Some aspects of the Programme were found to be better in some projects than in others and recommendations were made to try and address these.

It was felt that the Programme was contributing to the higher level outcomes in the Children’s Strategy. The Programme has lead to the majority of children who have completed it, having much better outcomes on discharge, with many areas of their lives improved. This was also true for parents in terms of confidence and in acquiring parenting techniques. All of this was achieved with relatively small resources, especially when compared to the cost of services for when children are in residential care or custody. It is not suggested that all of the children admitted to the Programme would have gone on to offend or engage in anti-social behaviour, but it is likely that the outcomes for them and their families, had this support not been made available, would not have been so good and may have required more intensive and costly interventions from other agencies. This suggests that early intervention in this study has been cost-effective and it has certainly helped a lot of families in many different ways.

Finally the rise in demand for the services of this Programme and the expansion of the service in the various Trust areas has put some pressure on resources. It is hoped that not only can the Programme be sustained but that further resources can be found to permit those children and their families who would benefit from the service to have access to it. Considering the many positive outcomes the children and their families have achieved as a result of this Programme
and how the services were said to providing benefits for other agencies, in terms of reducing their workload, it would be useful if other agencies could find a way of contributing to the sustainability of the Programme.
APPENDIX 1: FACTOR REVIEW FORM (Containing the risk and protection factors)

<table>
<thead>
<tr>
<th>Factor Review Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>(To be completed by parent &amp; key worker in consultation with referrer in preparation for review. Factors previously charted - i.e. on admission/last review should be referenced at this point to help chart progress, regress etc)</td>
</tr>
<tr>
<td>Interim Review: [ ] Closing Review: [ ] Review Date: [ ]</td>
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</table>

<table>
<thead>
<tr>
<th>A lot of difficulties</th>
<th>Some difficulties</th>
<th>OK</th>
<th>Doing well</th>
<th>Very good</th>
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<tbody>
<tr>
<td>1</td>
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</tbody>
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<thead>
<tr>
<th>Individual Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key Factor 1</td>
</tr>
<tr>
<td>Child's presenting behaviour/individual offending risk</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please mark the sliding scale indicators below. We will use these to help chart the risk/proactive average in the above factor.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Risk/Protective Factors</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Child capacity to be influenced</td>
<td></td>
</tr>
<tr>
<td>• Passively/negatively</td>
<td></td>
</tr>
<tr>
<td>• Is bullied easily taken into doing things by peers/adults</td>
<td></td>
</tr>
<tr>
<td>2 Impulsive/aggressive behaviour</td>
<td></td>
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<tr>
<td>• Does the child act without thinking?</td>
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<tr>
<td>• Does the child display violent behaviour?</td>
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<tr>
<td>• Are there any mitigating medical concerns (i.e. ADHD, Autistic Spectrum, mental health concerns, learning disability etc)?</td>
<td></td>
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<tr>
<td>• Trauma experienced by child</td>
<td></td>
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<tr>
<td>3 Child engaging in anti-social behaviour</td>
<td></td>
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<tr>
<td>• Child involved in minor incidents, e.g. theft at home etc.</td>
<td></td>
</tr>
<tr>
<td>• Known to police/where significant warning has been given this indicates significant risk to our threshold</td>
<td></td>
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<tr>
<td>• Give examples that attract police attention</td>
<td></td>
</tr>
<tr>
<td>4 Child's relationship with parents</td>
<td></td>
</tr>
<tr>
<td>• Strengths/areas of concern</td>
<td></td>
</tr>
<tr>
<td>• Impact of parenting guidance on child's behaviours</td>
<td></td>
</tr>
<tr>
<td>• Child beyond parental control?</td>
<td></td>
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<tr>
<td>• Impact of conflict with parent(s) on child</td>
<td></td>
</tr>
<tr>
<td>• How does the child respond to communicate with parents?</td>
<td></td>
</tr>
<tr>
<td>5 Substance/Alcohol misuse</td>
<td></td>
</tr>
<tr>
<td>• What types of substance e.g. solvents, cannabis etc?</td>
<td></td>
</tr>
<tr>
<td>• If they misuse alcohol, where do they get it, what type and are they with peers?</td>
<td></td>
</tr>
<tr>
<td>6 Child's individual strengths (Please include examples)</td>
<td></td>
</tr>
<tr>
<td>• Parent(s) and child's opinion of what the child is good at?</td>
<td></td>
</tr>
<tr>
<td>• What does the child like about themselves?</td>
<td></td>
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<tr>
<td>• Is the child resilient?</td>
<td></td>
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<tr>
<td>• Personal attributes?</td>
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<tr>
<td>• Does the child have a positive belief of themselves?</td>
<td></td>
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<tr>
<td>(If applicable can only be 5+)</td>
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<tr>
<td>A lot of difficulties</td>
<td>Some difficulties</td>
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</table>

### Family Factors

#### Parenting Skills
- What do they think can be done?
- What do they require support
- Are there boundaries, rules expectations in place?
- Do they provide consistent care?
- Do they listen, reason, praise?
- Do they have positive

#### Parenting Management/Styles
- How parents respond to child's behaviour
- Authoritarian – may have difficulty offering choice, explaining to child what they want them to do. Relationship somewhat driven.
- Passive/pervasive – difficulties establishing and maintaining boundaries. Tendency to accept behaviour positive or negative.
- Democratic/authoritative – help child be responsible for themselves and think about consequences of their behaviour.

#### Coping Strategies (Parents)
- How do mother/father react before, during and after a crisis?
- How do the cope with daily occurrences?
- Adjust/indulge minor, avoidance, defensiveness
- Openness to accepting support from others

#### Mental Health Mum
- Are there any recognized mental health difficulties?
- Are they medicated?
- How does it impact on their parenting capacity?

#### Mental Health Dad
- Are there any recognized/disguised mental health difficulties?
- Are they medicated?
- How does it impact on their parenting capacity?

#### Home Environment (Physical/Emotional)
- What is the physical environment like?
- Is it a chaotic, related warm, environment?

#### Attitude/Approach to child's education/school links
- Are the links with school positive or negative?
- Is there regular contact with the school?
- Do/Can parents support the child?
### Family Factors contd

#### Indicators
Please mark the sliding scale indicators below. We will use these to help chart the risk/protective average in the above factor.

#### Risk/Protective Factors

<table>
<thead>
<tr>
<th>Comments</th>
<th>1</th>
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<tbody>
<tr>
<td><strong>1. Conflict within the family</strong></td>
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<tr>
<td>- In the immediate and extended family</td>
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<tr>
<td>- Parental supervision/marital conflict</td>
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<tr>
<td>- Is there an effect on the child and family?</td>
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<td><strong>2. Parent/sibling offending (past)</strong></td>
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<tr>
<td>- What disposals were given?</td>
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<td><strong>3. Parent/sibling offending (current)</strong></td>
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<td>- What disposals were given?</td>
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<td>- child and family?</td>
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<td><strong>4. Adult role model/influence</strong></td>
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<tr>
<td>- Positive/negative</td>
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<tr>
<td>- In the child and family</td>
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<tr>
<td>- Supportive/protection adults in the community</td>
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<tr>
<td>- Record examples</td>
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<td><strong>5. Family Strengths</strong></td>
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<td>- What do the family do well together? Record examples</td>
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<td>- (If applicable can only be 5+?</td>
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### Community Factors

#### Key Factor 4
Child's Community engagement

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<tr>
<td>- Types of friends/Positive/negative influence</td>
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<td>5</td>
<td>6</td>
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<tr>
<td>- Activities they engage in with peers</td>
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<td><strong>2. Engagement with Community support</strong></td>
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<tr>
<td>- Types of support, clubs, after schools</td>
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<td>- Projects child is involved with</td>
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<td>- Is the child excluded/Do they choose not to access community support?</td>
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<td><strong>3. Child's behaviour within community</strong></td>
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<td>5</td>
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<tr>
<td>- Relationship with neighbour/community members, in local shops etc</td>
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<td>- Areas of risk for child/family</td>
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**EVALUATION OF THE EARLY INTERVENTION PROGRAMME** 178
<table>
<thead>
<tr>
<th>RISK OF HARM ASSESSMENT</th>
<th>Low</th>
<th>Medium</th>
<th>High</th>
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<tr>
<td>Risk of vulnerability to self</td>
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<tr>
<td>Risk of vulnerability from others</td>
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<tr>
<td>Risk of harm to others (child/family)</td>
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<tr>
<td>Risk of harm to property</td>
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Signed: ___________________________  ___________________________  
(Parent/s)  (Key worker)  

Date: ______________
Ref No. 

Factor Review Form 
(To be completed by school. Factors previously charted - i.e. on admission/last review - should be referenced at this point to help chart progress, regress etc)

Interim Review: ☐ Closing Review: ☐ Review Date: __________________________

<table>
<thead>
<tr>
<th>A lot of difficulties</th>
<th>Some difficulties</th>
<th>OK</th>
<th>Doing well</th>
<th>Very good</th>
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</table>

School Factors (To be filled in by school)

Key Factor 5
Child's School Attainment

Indicators: Please mark the sliding scale indicators below. We will use these to help chart the risk/protective average in the above factor

Risk/Protective Factors

<table>
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<tr>
<th></th>
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</table>

Additional Information:

________________________________________________________________________

________________________________________________________________________

Signed: __________________________ Date: __________________________

Teacher/Senco/Principal (delete as appropriate)
APPENDIX 2. MAPS OF PROJECT AREAS SHOWING EXPANSION FROM YEAR ONE TO YEAR TWO OF THE PROGRAMME

% Distribution of Children engaged with Projects in Period April 2008 to March 2009

% Distribution of Children engaged with Project
Western Health & Social Care Trust

Distribution of children engaged with Project for period Apr 09 to Mar 10

Children engaged with Project
Apr 09 to Mar 10: 167
% Distribution of Children engaged with Projects in Period April 2008 to March 2009

% Distribution of Children engaged with Project
South Eastern Health & Social Care Trust
- 10.5 to 10.5 (1)
- 7.4 to 10.5 (2)
- 4.7 to 7.4 (12)
- 0 to 4.7 (60)

Distribution of children engaged with Project for period Apr 09 to Mar 10

Children engaged with Project:
Apr 09 to Mar 10
- 3 (1)
- 4 (2)
- 6 (1)
- 1 (1)
- 1 (1)
- 1 (1)
- 1 (1)
- 1 (74)

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EVALUATION OF THE EARLY INTERVENTION PROGRAMME
APPENDIX 3. EARLY INTERVENTION

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www.connexions.gov.uk
www.cypu.gov.uk/corporate/childrensfund
www.dcsf.gov.uk/research
www.dfes.gov.uk/bullying/
www.developingchild.harvard.edu/library/reports_and_working_papers/decision_makers_guide/
http://dunedinstudy.otago.ac.nz/
www.education.gov.uk/research/data/uploadfiles/rr545.pdf
www.esds.ac.uk/longitudinal/access/introduction.asp
www.everychildmatters.gov.uk/
www.exeter.ac.uk/cebss
www.extern.org/
www.highscope.org/
www.homeoffice.gov.uk/
www.homeoffice.gov.uk/crime-victims/reducing-crime/youth-crime/
http://news.bbc.co.uk/
www.nuffieldfoundation.org
www.participationworks.org.uk/
www.psni.police.uk
www.resilienceproject.org
www.resultsaccountability.com
www.savethechildren.org.uk
http://www.scie.org.uk/about/index.asp
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www.scotland.gov.uk/earlyyearsframework.
www.scjir.ac.uk The Scottish Centre for Crime and Justice Research
www.cjscland.org.uk/pdfs/Desistance.pdf
http://www.strath.ac.uk/mdea/media_64785_en.pdf
www.surestart.gov.uk
www.unicef.org.uk/
www.wacy-pc.org
www.youth-justice-board.gov.uk
www.unicef-irc.org//presscentre/
APPENDIX 4. GLOSSARY

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADHD</td>
<td>Attention-deficit/hyperactivity disorder</td>
</tr>
<tr>
<td>ACNI</td>
<td>Action for Children Northern Ireland.</td>
</tr>
<tr>
<td>ACYPBC</td>
<td>Area Children and Young People’s Committee</td>
</tr>
<tr>
<td>ASBO</td>
<td>Antisocial Behaviour Order</td>
</tr>
<tr>
<td>BSO</td>
<td>Business Services Organisation</td>
</tr>
<tr>
<td>BYC</td>
<td>British Youth Council</td>
</tr>
<tr>
<td>CAMHS</td>
<td>Children and Adolescent Mental Health Services</td>
</tr>
<tr>
<td>CAPS</td>
<td>Child and Parents Support</td>
</tr>
<tr>
<td>CAMHS</td>
<td>Children &amp; Adolescent Mental Health Service</td>
</tr>
<tr>
<td>CJINI</td>
<td>Criminal Justice Inspection Northern Ireland</td>
</tr>
<tr>
<td>CJS</td>
<td>Criminal Justice System</td>
</tr>
<tr>
<td>CRAE</td>
<td>Children’s Rights Alliance for England</td>
</tr>
<tr>
<td>CRC</td>
<td>Convention on the Rights of the Child</td>
</tr>
<tr>
<td>CSP</td>
<td>Children’s Services Plan</td>
</tr>
<tr>
<td>DCSF</td>
<td>Department of Children, Schools and Families (formerly DfES)</td>
</tr>
<tr>
<td>DE</td>
<td>Department of Education. (Department of Education structures and titles have changed as follows: from 2001-2007 called DfES; from 2007 to 2010 called DCSF; and since 2010 DE)</td>
</tr>
<tr>
<td>DHSSPS</td>
<td>Department of Health, Social Services and Public Safety</td>
</tr>
<tr>
<td>DRD</td>
<td>Department for Regional Development</td>
</tr>
<tr>
<td>DSD</td>
<td>Department for Social Development</td>
</tr>
<tr>
<td>ECHR</td>
<td>European Convention on Human Rights</td>
</tr>
<tr>
<td>EOTAS</td>
<td>Education other than at School</td>
</tr>
<tr>
<td>Extern</td>
<td></td>
</tr>
<tr>
<td>HSCB</td>
<td>The Health and Social Care Board. The new single overall Board.</td>
</tr>
<tr>
<td>HSCT</td>
<td>The Health and Social Care Trust. Five new regional trusts</td>
</tr>
<tr>
<td>HSSB</td>
<td>The 4 Health and Social Services Boards, now gone: Replaced by The single Health and Social Care Board (HSCB)</td>
</tr>
<tr>
<td>JJC</td>
<td>Juvenile Justice Centre (Woodlands)</td>
</tr>
<tr>
<td>LAC</td>
<td>Looked After Children</td>
</tr>
<tr>
<td>LGC</td>
<td>Local Commissioning Groups</td>
</tr>
<tr>
<td>NIHRC</td>
<td>Northern Ireland Human Rights Commission</td>
</tr>
<tr>
<td>NCB</td>
<td>National Children's Bureau</td>
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<tr>
<td>NCVVYS</td>
<td>National Council for Voluntary Youth Services</td>
</tr>
<tr>
<td>NIAcro</td>
<td>Northern Ireland Association for the Care and Resettlement of Offenders</td>
</tr>
<tr>
<td>NICEM</td>
<td>Northern Ireland Council for Ethnic Minorities</td>
</tr>
<tr>
<td>NIO</td>
<td>Northern Ireland Office</td>
</tr>
<tr>
<td>NYA</td>
<td>National Youth Agency</td>
</tr>
<tr>
<td>OFMDFM</td>
<td>The Office of the First Minister and Deputy First Minister</td>
</tr>
<tr>
<td>Acronym</td>
<td>Description</td>
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<td>---------</td>
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<tr>
<td>PCC</td>
<td>Patient and Client Council</td>
</tr>
<tr>
<td>PHA</td>
<td>Public Health Agency</td>
</tr>
<tr>
<td>PBNI</td>
<td>Probation Board for Northern Ireland</td>
</tr>
<tr>
<td>PSNI</td>
<td>Police Service of Northern Ireland</td>
</tr>
<tr>
<td>PWNE</td>
<td>Participation Works Network for England</td>
</tr>
<tr>
<td>RPA</td>
<td>Review of Public Administration</td>
</tr>
<tr>
<td>SENCOS</td>
<td>Special Educational Needs Co-ordinators</td>
</tr>
<tr>
<td>SS</td>
<td>Social Services</td>
</tr>
<tr>
<td>SSA</td>
<td>Social Security Agency</td>
</tr>
<tr>
<td>S/W</td>
<td>Social Worker</td>
</tr>
<tr>
<td>UNCRC</td>
<td>United Nations Convention on the Rights of the Child</td>
</tr>
<tr>
<td>YJA</td>
<td>Youth Justice Agency</td>
</tr>
<tr>
<td>YJACS</td>
<td>Youth Justice Agency Community Services</td>
</tr>
<tr>
<td>YJB</td>
<td>Youth Justice Board (England &amp; Wales)</td>
</tr>
</tbody>
</table>