



Public Health
England



Department
of Health



Troubled Families Leadership Statement 2014



Department for
Communities and
Local Government

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through advocacy, partnerships, world-class science, knowledge and intelligence, and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

This document has been produced by Public Health England, in collaboration with the Department of Health, NHS England, the Local Government Association, and the Department for Communities and Local Government.

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What is the Troubled Families Programme?

The current Troubled Families Programme was launched by the Prime Minister in 2011 and aims to turn around the lives of 120,000 troubled families by the end of this Parliament.

Troubled families are defined as those who meet three of the following criteria:

- are involved in youth crime or antisocial behaviour
- have children who are regularly truanting or not in school
- have an adult on out-of-work benefits
- cause high costs to the public purse (with local discretion on how to identify these issues, including health)

In 2013 the government announced that the programme would be expanded to support up to 400,000 additional families between 2015 and 2020. The expanded programme will continue to reach families affected by poor school attendance, crime, antisocial behaviour and unemployment, but also reach those with younger children in need of help, and issues including domestic violence and mental and physical health problems.

It will continue to focus on families with multiple high cost problems, but extend its reach to look at earlier intervention and prevent families' problems from escalating. Fundamentally, the programme provides an opportunity to:

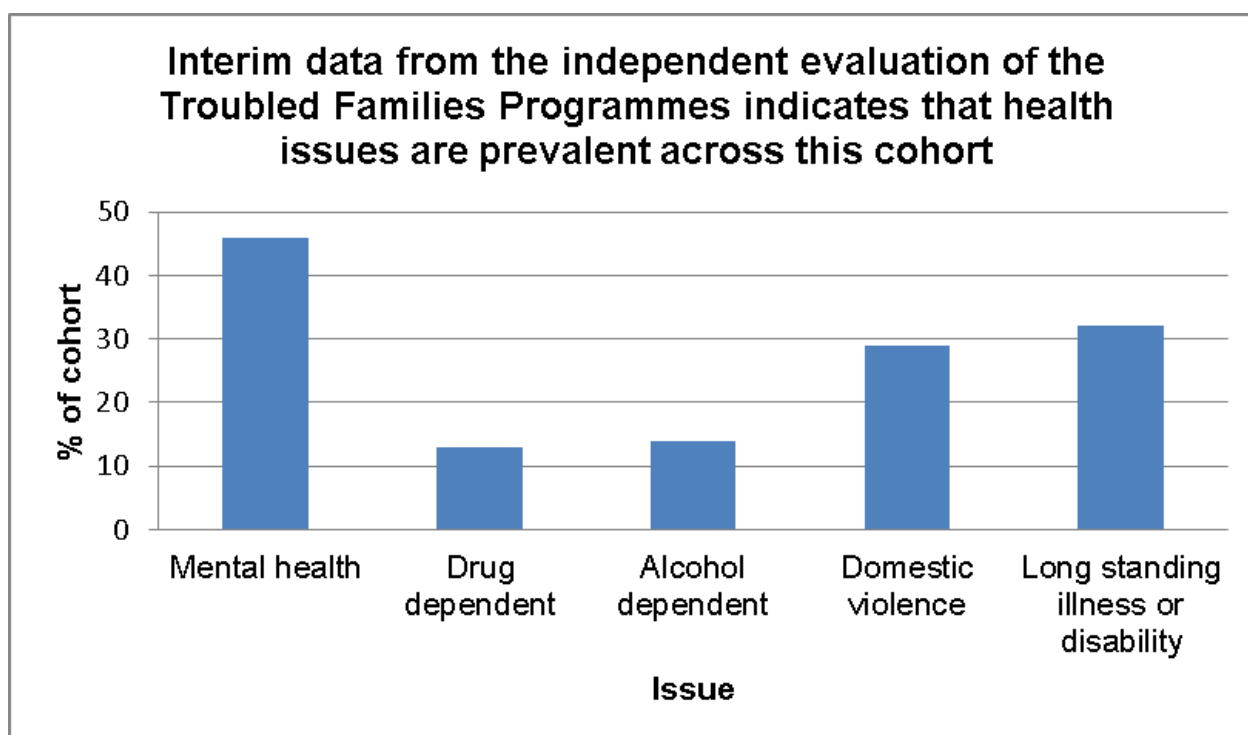
- empower and support families with multiple problems
- ensure that children who need help receive effective interventions and have the chance of a better life
- bring down costs to the taxpayer at the same time

The programme is run locally by local government, in conjunction with partner agencies, including the police, NHS and schools. Each of the 152 upper-tier councils in England has a Troubled Families co-ordinator, together forming a national network of local leaders.

The programme is currently undergoing an independent evaluation which runs until autumn 2015. It will look at outcomes for families, the services offered and any reconfiguration, as well as resulting cost savings. An initial report on one strand of the programme's evaluation (the 'Understanding Troubled Families' report) is available at: <https://www.gov.uk/government/news/study-shows-scale-of-troubled-families-problems>.

The case for change: why is health important to troubled families?

Troubled families often require intensive, costly and repeated interventions at points of crisis – they may need support but have very little access to it before they reach crisis point. Mental health, substance abuse, physical health and domestic violence are key issues for this group.¹



Improving the health of troubled families is critical. That means addressing the wider factors that shape health by working with local partners, and improving access to mental, physical and other health services.

But it also means improving healthy lifestyles, particularly in relation to multiple lifestyle risks that can be found together, for example, poor diet, alcohol, smoking and substance misuse. Improvements across these lifestyle factors, in turn, improve self-esteem and emotional wellbeing.

Furthermore, a healthy childhood is an integral part in developing a child's ability to learn. Earlier intervention to support better health and wellbeing provides an opportunity to break the cycle of poor outcomes for the future. Crucially it can prevent or delay the

¹ <https://www.gov.uk/government/publications/understanding-troubled-families>

onset of health issues later in life, and it also helps to tackle local and national inequalities in health.

Poor health makes it harder for these families to secure and remain in work, play a full part in their communities and realise their potential. The costs of crisis also diverts resources from others in need.

Before the programme began, the government estimated that around £9 billion was spent annually on 120,000 troubled families – an average of £75,000 per family each year. Of this, an estimated £8 billion was spent reacting to crises with the remainder spent on helping families to solve and prevent problems in the longer term. And we know that, prior to the programme, annual health costs for troubled families were estimated to total over £1 billion.

How can the health system help?

Local and national health systems seek to tackle inequalities and improve life chances, including through earlier intervention for families with multiple problems, taking an integrated family centred approach to care, and the personalisation of services.

These aims are shared by the Troubled Families Programme, which – together with the changes to the health system to shift responsibility and decision-making to the local level – will encourage service transformation across public services by delivering support that focusses on the family rather than structures.

In addition to the national criteria, some councils are already using their own local health criteria to identify families through the first phase of the programme, and have been working with health colleagues in their area to the benefit of families. Some examples of good practice are outlined in the final section of this document.

The health system could do more in three particular areas to help:

- **identifying those families with health needs.** This may mean combining data and intelligence from across the health system, and – with families' agreement – referring families directly to local troubled families teams
- ensuring that the local **health system is set up to meet families' needs** promptly and effectively with other agencies, using clear pathways into the programme, as well as into services that meet the needs of those who are hardest to reach
- working with the local authority and other local partners to **develop and deliver integrated services** which effectively address families' needs. This may include approaches such as working as part of a multi-agency team, seconding health professionals into troubled families services and referring into existing health initiatives, and sharing information to establish a full picture of each family's needs.

**Potential links between health initiatives and troubled families:
demonstrating how Family Nurse Partnerships (FNP) help to support
better outcomes in families with complex needs**

With learning needs and ADHD, Susan attended a school for special educational needs and her family has a long history of maternal drug use, crime and imprisonment.

She became pregnant at 14. When her child was one, she witnessed the shooting and murder of a friend. All of her family participated in the 2011 riots, and have been frequently involved with the police.

As a young mum under 19, Susan was offered support by her local FNP programme, and developed a strong trusting relationship with her Family Nurse who visited her regularly, from early in her pregnancy.

Prompted by the intervention, excellent multi-agency working was put in place, and the respectful approach of the family nurse secured Susan's successful participation.

As a result, Susan has continued her education and her now two-year-old child is thriving, with good language development and social skills.

What does this mean for me?

The underlying personal, social and economic determinants for good health mean that the health issues of troubled families rarely exist in isolation from other problems, for instance, domestic violence, worklessness or offending behaviour. Successfully supporting families to access the health services they need and improving their life chances are not things that health professionals can do alone – we must work together and in close partnership with other agencies, to agree joint action plans and shared priorities.

At a local level, there needs to be clarity on the role and responsibility for each agency so they understand how exactly they can get involved and work together most effectively, for instance, through the development of clear pathways into the programme and relevant health services, and also how the Troubled Families Programme can help them to support troubled families.

In addition to our role supporting families to access current health services, we need to make sure that Troubled Families co-ordinators understand local services and pathways to care, and when to support self-care or when to refer on to other specialist services. This means that Troubled Families teams will need to be supported to develop greater understanding of health issues and services. Later this year, we will be launching an online hub, signposting Troubled Families teams to available health training and resources, which local health teams and local authorities will be able to update to reflect the changing training needs and the training available.

For commissioners, developing a close partnership with your local Troubled Families teams and local providers will be necessary to ensure that the local health system meets the needs of these families, and you might want to:

- involve families in identifying gaps in necessary service provision
- use validated measures of service user satisfaction (including the Friends and Family Test) and continually review these
- consider how best to design services to be more accessible to troubled families
- assess additional needs, including identifying potential resources (with partners in some cases)

We know of some councils who already have a nominated health representative or 'champion' for their own local Troubled Families Programme. This has enabled key links to be made between health and the programme, and to facilitate access to the necessary clinical expertise. We hope to build on this innovative approach to develop a network of health champions for the programme, and more detail will follow over the next few months.

What can I do now?

1. Get to know your council's Troubled Families co-ordinator, or contact your local authority to find out who they are
2. Talk to your partners about shared priorities and joint action plans for troubled families – this may include considering how existing health programmes, for instance, Family Nurse Partnerships, can support improving outcomes for troubled families
3. Have a look at the LGA's 'Knowledge Hub' Forum on the training opportunities Troubled Families teams can access – do you know of others that they might find helpful?
4. Consider the interim guidance for Early Starter areas in “*Sharing Information about patients and service users with Troubled Families Teams*” to check your local protocols on information sharing to see how best to share information safely and efficiently, which supports the care of troubled families
5. Consider the examples of best practice in the final section of this document and how they – and others – might help in your area

Health and troubled families in practice – case studies

In developing the role of health in the Troubled Families Programme, we have visited a number of Troubled Families teams across the country. There are many who have already been adopting innovative approaches to integrating their local programmes with their health partners and, as a result, families as well as local authorities have felt the benefits that this brings.

Here we showcase and share some of the stories we have heard visiting the teams on the ground. These case studies highlight specific examples of good practice used to achieve successful outcomes, some of which will be applicable to your own local circumstances and Troubled Families Programme.

York's Troubled Families team with embedded health professionals

York's Troubled Families team includes a health professional who provides support and advice in relation to health agencies. This has directly resulted in improved referral pathways. Additionally, staff training sessions around family health issues, mental health and child development have given staff greater knowledge and confidence in their direct interventions with families as well as supporting holistic family assessment of health needs, and swifter and timely referrals to primary care and mental health services. For more information please see: www.york.org.uk/workforce2014/family-focus.htm.

Health champions for Hertfordshire's troubled families

Through its Thriving Families Partnership Board, Hertfordshire has nominated named health leads for its Troubled Families programme. These leads discuss cases with the families' key workers and broker appropriate interventions. This enables families to receive the right health support at the right time. The leads also contribute to monthly review meetings, enabling problems and blockages to be solved as a result of having all key partners around the table.

Hertfordshire Health and Thriving Families have also launched a jointly funded school nurse project to address wider health and wellbeing related issues which impact on families' ability to thrive. The school nurse works with a small cluster of schools to support both students with health vulnerabilities and their parents in accessing health services. For more information, please see: www.hertsdirect.org/services/healthsoc/childfam/thrivingfam.

Training for Hampshire's Troubled Families team

Hampshire has used part of its public health ring-fence grant to embed health trainers, with expertise in behaviour change, in its Troubled Families teams. These health trainers work with families to increase their confidence to make positive health changes through one-to-one support and facilitate access to wider services. As embedded experts, other team members are able to learn from their expertise which then enables the core team to assess the families' health needs and refer onto the health trainers as appropriate. For more information, please see:

www3.hants.gov.uk/supporting-troubled-families

Birmingham's integrated approach to public health and troubled families

Birmingham's Troubled Families Programme (Think Family) and its public health team work very closely together. The Think Family agenda is a core part of the Health and Wellbeing Strategy for Birmingham and the director of public health is a key member of the Think Family Board. The public health team has included Think Family as a core consideration in its commissioning especially for the new system for substance misuse. It has also included in that specification a requirement that adult substance misuse workers be based within its children and family teams, working alongside social workers and Think Family support workers to increase access to substance misuse assessments and interventions. For more information, please see: www.birmingham.gov.uk/think-family.

Mental health referrals for troubled families in Wandsworth

Mental health is one of the most prevalent health issues for troubled families. An innovative partnership between South West London and St George's Mental Health Trust and Wandsworth Council has reduced waiting times and ensured children and young people are able to quickly receive the right mental health care.

Access Child and Youth Mental Health is a single point of access service with clinicians from the trust and staff from Wandsworth Council working in teams together to signpost referrals to the right service, whether that be an assessment by a clinician or family consultation or signposting to one of a number of specific agencies that provide targeted child and adolescent mental health services. For more information, please see:

www.swlstg-tr.nhs.uk/our-services/child-and-adolescent-mental-health-service-camhs-wandsworth.