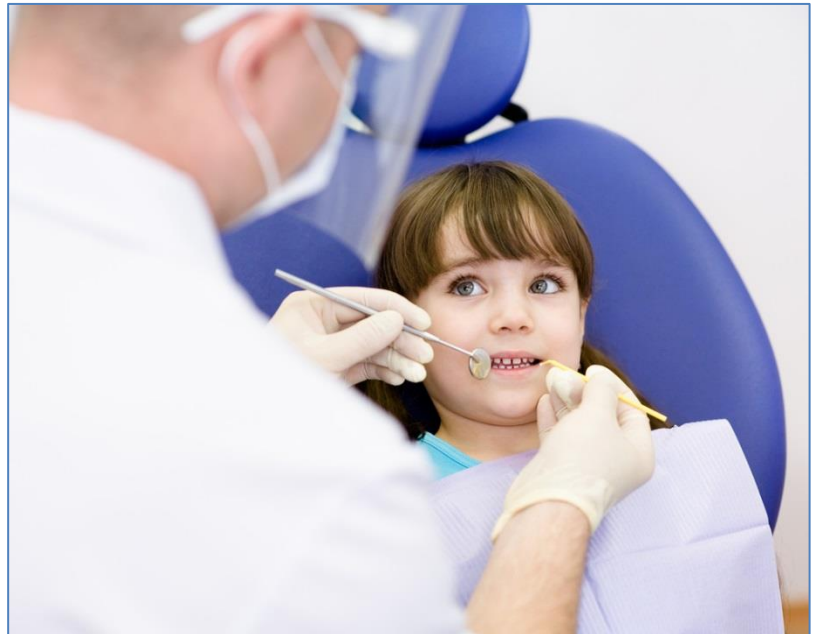


Research Briefing N° 29

Working with troubled families: focusing on health needs

This research investigates health and wider outcomes for high need families supported by the initiative: Family Intervention Projects (FIPs).

Key words: health; Family Intervention Projects; troubled families



Key findings

- Families referred to FIPs had significant health needs which were often unidentified or unaddressed before their referral to the project.
- As well as a high prevalence of major chronic physical and mental health issues, families referred to the projects often had problems with basic health issues relating to their teeth, eyesight, diet and sexual health.
- Underlying health issues were often associated with families' wider difficulties including anti-social behaviour and parenting problems.
- The key worker allocated to each family played an important role in identifying and managing health problems and helping families to access health services.
- Intensive support was associated with improvements in health for many families, both in basic health needs (such as diet) and in major problems such as substance abuse. Long-standing health problems that could not be resolved were often better managed than before.

The research highlighted the importance of addressing health issues when working with 'troubled families', and the importance of the key worker role in helping families to access health services.

What we did

Between 2009 and 2011, all local authorities in England were funded by the government to develop Family Intervention Projects to provide 'challenge and support' to a small number of high need families with complex problems who were very costly to public services. The policy has since been extended in the form of a 'Troubled Families Programme', which aims to work with 120,000 families across England through a results-based funding scheme. This research (December 2009 to November 2011) was commissioned by the Department of Health to complement quantitative monitoring of outcomes for families supported by the original FIPs, through an in-depth analysis of how the projects were working with families especially in relation to their health needs.

How we did it

The study began with a national overview based on telephone interviews with all regional FIP leads and the coordinators of 18 individual projects, covering urban and rural areas and large and small projects. In-depth case studies were then undertaken in four of the 18 projects, selected as likely to illustrate good practice. The case studies included interviews with project managers, key workers, specialist health workers and other professionals, and with a total sample of 40 parents and young people supported by the projects. Family members were interviewed twice: just after they had finished the FIP intervention (or when their case was close to being completed), and again seven months later to see if any changes had lasted.

Further information

See link for the full report: ['Health Related Work in Family Intervention Projects'](#)

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