

Family Focus: support for troubled families

Referral guide



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A troubled family is one that has serious problems – including parents not working, mental health problems, and children not in school – and causes serious problems, such as crime and anti-social behaviour-all of which costs local services a lot of time and money routinely responding to these problems.' Dept of Communities and Local Government December 2011



Barnet's Troubled Families Division

A new, intensive approach to supporting troubled families

Barnet is leading the way in early intervention and prevention - working with partners to support families with multiple, complex problems, and reduce the burden of costs on public services.

Our Troubled Families Division has integrated the Intensive Family Focus and Family Focus teams to offer a new intensive, extended programme of support for the 705 identified troubled families living in Barnet¹. Additional expertise is provided by seconded workers from Adult Drug and Alcohol services, Barnet Homes and Job Centre Plus, with a team of advisers from Reed in Partnership working to help individuals become ready for work, and secure employment, where needed.

The programme, which is partnership led, works through a referral process, with households which are involved in crime and anti-social behaviour, have

children not in school, have an adult on out of work benefits, and are high cost to public services. These families may also be supported by social care.

Think Family

The team provides intensive, persistent one to one support using a 'Think Family' model, building protective factors. This aims to strengthen resilience and reduce dependency, break inter-generational cycles of deprivation and give children a chance to flourish.

Parenting support

Essential parenting support is provided both one to one and through accredited programmes, with strategies to improve communication and relationships within the family.

¹ The 705 figure was estimated by government using research on the overall index of multiple deprivation - families must have at least five of the following seven identified disadvantages:

- no parent in work
- poor quality housing
- no parent with qualifications
- mother with mental health problems
- one parent with longstanding disability/illness
- family has low income
- family cannot afford some food/clothing items

the research also used the children's wellbeing index, combined with local population figures, and FACS 2004

Referral

Criteria

The service takes referrals in relation to households where there are multiple, complex needs, high cost to public services, with two of the following criteria:

- are involved in crime and/or anti-social behaviour
- have children not attending, or excluded from school
- have an adult on out of work benefits

You may be working in any service, with adults, or children, with a family who meet these criteria and you think would benefit from an intensive key worker service.

Why refer?

Maybe you are concerned that a family you are working with are not engaging enough to make your input worthwhile. Perhaps you are becoming frustrated as you see no useful changes happening, even with several services' involvement.

Some families become disillusioned with services, especially when moving from borough to borough. Others show up at irregular intervals, making just enough

change to move on, only to return a few months later and services have to start all over again.

Some referred families are also involved with the police, social care or domestic violence services. Others have underlying mental health problems, or undisclosed sexually abusive and/or violent relationships that are linked and reinforcing and may be passed on through generations of the same family.

In such families, approaching problems such as 'drug use', 'non-attendance at school' or 'domestic violence', as single issues, 'may prove to be ineffective and costly'.

'The violence often seemed all-pervading – between parents, between parents and child, between extended family, between siblings and spilling out on the street and into the classroom... and has a significant impact on the people who live around them.'¹

¹ Listening to Troubled Families, Louise Casey 2012

‘Think Family’ model

These ‘behaviours and problems can be properly understood only by looking at the full cycle - and the full family. This requires services who work with families to take the long view; of what happened to the parents as children and of what has happened to the children since birth.’¹

It can take time and a persistent approach, to build trusting relationships with some of these families - many services do not have the resources to engage in this way.

How the service works

The service allocates one key interdisciplinary worker to the family, for a long period of time, up to a year if needed, using an assertive ‘challenge and support’ approach. Other services maintain their input, including Children’s Social Care, which continues to lead on any child protection plans.

Using ‘Think Family’², the worker, with a low case-load, visits up to three times a week for the initial period, using the CAF as the assessment tool, working outside traditional office hours, spending time getting to know the whole family. Cognitive Behavioural therapy techniques, and motivational interviewing, are used to help individuals take responsibility for their own behaviour, and bring order and stability into their lives.

Essential parenting support builds on the family’s strengths and resilience with the aim for them to eventually be self supporting.

The work is supported with clinical supervision for individuals and the team.

¹ Listening to Troubled Families, Louise Casey 2012

² Think Family toolkit, DCSF 2009

Workers also model pro-social and positive behaviour, for example, having firm boundaries and giving praise. Other more practical behaviours such as attending appointments for housing, CAMHS, or GPs will be modelled by the key worker taking a side by side approach and doing the activities with the families, so that parents can learn to do these activities for themselves.

Outcomes for troubled families

We aim to reduce risk factors for troubled families, and improve outcomes for both children and adults.

In particular we are looking for the following outcomes¹:

- reduce the number of individuals involved in crime / anti-social behaviour
- get children back into school
- help parents get back to work
- reduce costs for public services.
- a dedicated, assertive, persistent key worker role
- an intensive, flexible response
- working outside traditional hours – including evenings and weekends not just 9 – 5pm
- working for long periods of time (up to one year)
- care plans including sanctions
- collaborative role with multi-agency support
- support for families to engage with other agencies
- focus on improved parenting including parenting programmes
- specialist help for parents to find work
- ‘Challenge and Support’ positive approach.

The model of work

The Troubled Families model, based on ‘what works’ research², can assess and provide the right level of intensive support, using a range of techniques and strategies to bring about change including:

- long-term intensive key worker support for families with multiple, complex problems
- early intervention family work to support parenting, and relationship conflicts
- low caseloads



¹ These outcomes are linked to the government's ‘Payment by Results’ funding for Troubled Families’ work.

² Think Family toolkit, DCSF 2009

Focus on families

Some of the troubled families have become disengaged with services at the point they are referred

The family

One mother, with four children, was known to Social Care across three boroughs. The family had a history of drug abuse, anti-social behaviour and neglect, and the environment was chaotic.

The 14-year old son was supported by Youth Offending, and another was not at school. The older adult son hadn't had a job since he had left school.

The mother was overwhelmed with the number of professionals involved and was disengaged with services, never attending appointments.

Outcome

One year after referral the mother was supported to engage with drugs services and is now stable which has impacted on the family income, with positive results. The adult son has been helped to find work, all children are attending school and presenting well, and Youth Offending are no longer concerned about the young boy.

“The house now feels like a home again”

A child commenting on their situation after one year's work with the Intensive Family Focus team

Collaborative working between services

Our aim is to build a positive relationship supporting the family to engage with the specialist services they need, whether health, CAMHS, school, disability services, social care, youth support or housing.

The 'Think Family' model embraces a collaborative, partnership approach both alongside the family and with services. However there are potential pitfalls working with families who have poor histories of relationships:

'Their inability to form effective and positive relationships was often pivotal and played out across their lives with regard to their relationship with their partners, as parents, with their neighbours, friends and associates – and indeed with the myriad of agencies and services that work with them.'¹

It is not uncommon for families to transfer blame onto services, or equally to over identify with individual

practitioners. Evidence shows that many of the troubled families have undisclosed histories of neglect, abuse, abandonment, violence or mental health problems. The impact of this can sometimes feel overwhelming for individual practitioners and services, who may report feeling inadequate, or useless, when trying to engage a family.

Our challenge is for agencies to pool resources and work together, maintaining firm boundaries, against the backdrop of what may be extremely chaotic lives.

We all share the 'risk and reward' of this new work. Research² clearly shows that this persistent approach, working alongside the whole family, does improve outcomes in the areas of education, housing, crime, and social care, and brings with it a reduction in costs to our public services.

1 *Listening to Troubled Families
Louise Casey 2012

2 Monitoring and Evaluation of Family Intervention Projects to March 2011 DFE-RR17

After referral your work with the family continues, especially if you provide a specialist service. We may contact you early on to update information, and to help co-ordinate the support required

Reducing the cost to public services

Altogether, housing, police, health services, schools and social care are estimated to be spending about £75,000 for each of the estimated 705 troubled families in Barnet, (over £52 million in total every year).

Some of the high cost activities for Barnet are:

- taking children into care (fostering, residential care, adoption and the costs of social workers)
- significant criminal justice costs of children and adults committing crimes
- housing eviction costs
- housing benefit payments
- health costs (GP visits, A&E)
- drug and alcohol dependency
- specialist schooling (for example, Pupil Referral Units)
- Special Educational Needs (SEN) placements
- Adult Mental Health



Research from the Dept of Education and City of Westminster shows that the intensive model of working with troubled families, working collaboratively with other agencies, means that at least £2 is saved for every £1 invested

Troubled Families Group

Table 1 Membership of Barnet's Troubled Families Group

Children's Social Care	Youth Offending Service
Police	Adult Social Care
Probation	Adult Mental Health
Barnet Homes	CAMHS
DWP - Job Centre Plus	LBB Housing
Special educational needs	Barnet Community Safety Partnership
North Central London NHS Barnet	Barnet Drugs and Alcohol Team
Reed in Partnership	Domestic Violence Support Service
Action for Children	Community Coaches

The Troubled Families Group is Barnet's strategic multi-agency partnership, working under the Community Budgets umbrella, sharing budgets and resources for intensive work, and improving early identification and referral.

All partners have joined up to a data sharing agreement, making it easier to collaborate and share information when needed.

**“The service has turned
my life around”**

Single mother of three, 2012

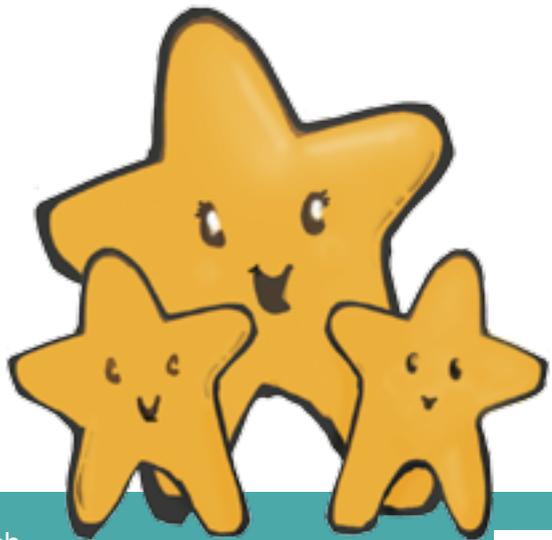
Endings – working towards independence

Both teams work towards a planned exit, at a time when the family are able to support themselves independently.

The model recognises that a vital part of the work is to enable empowerment within families, and provide a graduated exit to prevent further crises. In order to achieve this, post exit support is built in with telephone help available.

Barnet Community Coaches

Additional support is available from Barnet's Community Coaches to ensure that trained volunteers are available for some families who exit intensive interventions, providing individual support, mentoring and time to talk for family members, when needed.



'Think Family' approach

Family Focus, and Intensive Family Focus, use 'Think Family': a whole family approach. With the family as an active participant and genuinely involved in shaping the improvement to their lives, our intensive work aims to break the cycle of disadvantage by helping to lift families out of poverty, stop patterns of inter-generational worklessness, get children back into school, and reduce the likelihood of offending and repeat patterns of offending behaviour within families. For more information see 'Think Family Toolkit' DCSF 2009

How to refer

Troubled Families criteria for referral:

The family should have multiple, complex needs, be high cost to public services, and meet two of the following criteria:

1. Is involved in crime and/or anti-social behaviour
2. Has children not attending or excluded from school
3. Has an adult on out of work benefits

If you think an intensive intervention would help:

If you are working with another kind of specialist assessment, or you work outside of the CAF framework:

Please complete an Intensive Family Focus Referral Form. To find the form please go to www.barnet.gov.uk/family-focus or contact Family Focus duty Tel: **020 8359 6435**

For practitioners working with children and young people:

Please submit a CAF, and request a referral to Family Focus. To find the CAF form please go to www.barnet.gov.uk/caf-practitioner-info or contact the CAF Duty team Tel: **0208 359 4405**.

Safeguarding and Social Care

In all the work of the Troubled Families team, there is an emphasis on safeguarding, working closely with social care colleagues, who continue to lead on child protection plans.

Referral outside of the criteria

Where a family does not meet the full criteria, but there is a vulnerable child in a family with multiple, complex problems and the referring agency believe that a positive parenting programme/support would make a difference, then a CAF should be completed, with a request to refer to Family Focus.

The referral will be assessed, and if it is not suitable for Family Focus support, the CAF team will work with the agency to support the family alongside the CAF.

Family Focus work complements support to individuals and families provided by Barnet's wider Early Intervention and Prevention Services.

Your notes:
