



Health bulletin on troubled families

This briefing outlines the significant health problems found in troubled families. The level of health concerns in these families would alone be sufficient to warrant action. However, health problems are just one of a range of problems and may be a cause or consequence of other difficulties in their lives. Living with domestic violence, with lack of routines, chaotic lifestyles and coming from disrupted childhoods unsurprisingly manifest themselves in mental and physical ill-health which also affect the children in those families.

[Understanding Troubled Families](#)¹ highlighted that families who are targeted by the programme have on average **nine** different problems – related to employment, education, crime, housing, child protection, parenting or health – on entry to the programme (based on 1048 families for which full data were available across every problem).²

These problems are often inter-related, and the problems experienced by one member of the family is likely, in turn, to affect others in that family. Understanding the overlapping and inter-related nature of these problems and responding at a family level is vital and represents a real challenge for public services.

Although families were not selected for the programme on the basis of health-related problems, health problems among adults and children were widespread.

- **71%** of families included someone with at least one health problem;
- **46%** of families included an adult with a mental health problem;
- **Nearly a third** (32%) of families included an adult with a long-standing illness or disability;
- **One-in-five** (20%) families included a child or children with a long-standing illness or disability.

The wide range of other problems in these households means that treating health problems only as a medical problem without addressing other aspects of an individual's or a family's problems is unlikely to be successful, highlighting the importance of dealing with troubled families' problems as a whole, rather than on an individual basis.

1. Comparisons with the general population

[Understanding Troubled Families](#) showed that troubled families have disproportionately high levels of health problems compared to the general population. This reflects the experience of those working locally with troubled families across the country, including research conducted in Salford³ on the health problems of troubled families in that city, some of the findings of which are set out below.

Obesity: The Salford research found that over half (53%) of troubled families had a current record of obesity, rising to 93% between the ages of 35 and 54. This is believed to be at least double the Salford (and national) average. By comparison around a quarter of people in England were obese in 2012⁴.

Drugs, alcohol and smoking: 14% of families include at least one adult dependent on alcohol and 13% dependent on drugs⁵. As context, there is a national estimate that around 4% of people in England are alcohol dependent⁶. In this troubled families sample, 4% of families were receiving treatment for alcohol dependency, a reflection of very severe alcohol problems. In the Salford research, the level of smoking among troubled families was twice the Salford average.

Illness and disability: 32% of troubled families have adults with a long-standing illness or disability. As context for this figure, around 19% of the general population have a long-standing illness or disability. The general population includes older people who are more likely to have long standing illnesses or disabilities, whereas troubled families tend to be younger, suggesting that disability and illness are significantly over-represented in these families. For example, in the general population only 6% of 25-34 year olds and 12% of 35-49 year olds have a long standing illness or disability⁷.

The Salford research found that despite the troubled families' cohort being younger than the general Salford population, 25% had long-term medical condition (53% for over 50s).

Children's health: Significant health problems were identified among the children in troubled families. A third (33%) of children were suffering from a mental health problem⁸. One-in-five (20%) of the cohort had a clinical diagnosis. It is not possible to make a direct comparison with the population nationally but the Mental Health Foundation estimates that 10% of children have a mental health problem at any one time⁹. One-in-five (20%) of troubled families have children who have been clinically diagnosed with attention deficit hyperactivity disorder (ADHD). One-in-seven (15%) have children with a substance misuse problem which met the threshold for treatment.

Under 18 pregnancies: One-in-twenty (5%) troubled families included an under 18 year old who was pregnant. There are no comparable national statistics at family level. The under 18 conception rate in England and Wales in 2012 was 27.9 conceptions per thousand women aged 15-17.

Over 50's: The Salford research identified that although the over 50s accounted for only 8% of the cohort, of this group over 90% were obese, 24% had cardiovascular disease, 53% had a long term medical condition and 25% had multiple long term conditions.

2. Problems in adults and in children

Further analysis of the health-related data reveals that the presence of certain health problems in adults is associated with particular problems in children and other problems in a family¹⁰.

For example, having an adult with a **mental health problem**¹¹ was associated with there being a child with a mental health problem in the family; (45% had one or more children with a mental health problem compared to 21% with no adult with a mental health problem).

Similarly, having an adult in the household with a **long-standing illness/disability**¹² was associated with having a child with a long-standing illness/disability; (30% had one or more disabled children compared with 14% of those without a disabled adult).

Additional analysis also indicates that certain adult problems are strongly associated with problems affecting children in the family. For example, having an adult in the household with a **long-standing illness/disability** was associated with a child with **school attendance problems**; (64% had one or more truanting children compared to 56% without a disabled adult).

Having a **child with a mental health problem** is associated with there being **domestic violence** within the household; (36% had a domestic violence problem compared to 24% without a child with a mental health problem). Having a child with a mental health problem was also associated with there being a child in need within the family – that is, children's services have identified a child as being likely to have impaired health and development without support; (25% had a child in need compared to 19% without a child with mental health problems).

Further analysis shows that having an **under 18 who was pregnant** in the family was significantly associated with other problems in a family such as having a child excluded from school (28% had an excluded child compared to 17% without a teen pregnancy); having a child with a mental health problem (50% had a child with a mental health problem compared with 31% without a teen pregnancy). It was also associated with having a young person in the family with a proven offence; (55% had a young offender compared with 33% without a teen pregnancy). Previous research has found that teenage pregnancy is associated with poor educational achievement, poor physical and mental health (for both mother and child), social isolation and poverty.¹³

Looking ahead – the expanded Troubled Families Programme

These findings confirm what many local authorities have found through their work with families: the large extent to which health-related problems are a feature of troubled families' lives – whether as a cause or effect of their circumstances. That is why the presence of physical and mental health problems in families, alongside the presence of other problems, will become a focus of work in the expanded Troubled Families Programme.

¹ Understanding Troubled Families, DCLG, July 2014

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/336430/Understanding_Troubled_Families_web_format.pdf

² This average is based on 1,048 families where the data were complete across all 35 variables. It is important to note that this is based on only a sixth of the families included on the database and is more likely to include families where the quality of data is better. It may not be representative of families on the programme or in the larger sample. See the Ecorys report for a full breakdown of base sizes.

³ 'Helping Families Needs Assessments', (Public Health Service of Salford City Council, November 2013). The analysis is based on exploratory use of the NHS Salford Integrated Record. It should also be noted that the transfer of public health to Local Government has resulted in changes to their capacity to access to NHS data and thus their capacity to apply the same degree of quality checking as previously.

⁴ See Health Survey England, Chapter 10 <http://www.hscic.gov.uk/catalogue/PUB13218/HSE2012-Ch10-Adult-BMI.pdf>

⁵ This represents a combination of clinical diagnosis and key worker assessment

⁶ 1.6 million people are considered to have some degree of alcohol dependency

<http://www.nta.nhs.uk/uploads/alcoholcommentary2013final.pdf>

⁷ *Ibid.*

⁸ Combination of clinical diagnosis and key worker assessment

⁹ Mental Health Foundation <http://www.mentalhealth.org.uk/help-information/mental-health-statistics/>

¹⁰ All the associations reported are statistically significant at the 5% level

¹¹ Either key worker or clinically assessed

¹² Either key worker or clinically assessed

¹³ ONS (2013) An Analysis of Under 18 Conceptions and their Links to Measures of Deprivation, England and Wales, 2008-10.