Rutland County Council

Needs Assessment: The impact of Parental and Carer Domestic Abuse, Substance Misuse and Mental Health on Children in Rutland

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Contents

1. Introduction

The so-called 'Toxic Trio' of mental health, substance misuse and domestic abuse are considerable public health issues individually; yet research has shown how individuals or families which experience one of these issues are at greater risk of experiencing a combination of these factors. Where these issues are present in adults living with children there is substantial impact of these behaviours on the children who are present. Their safety and welfare can be impacted by these adult behaviours, and this is likely to be prolonged and influence a significant amount of the child's development. This impact can often be 'hidden' in that the children are not the primary service user in the house, yet may be subject to poorer outcomes as a result of the adult's lifestyle, including safety, health and welfare as an indirect result.

No single agency will be able to provide all the help required to safeguard and promote the welfare of the child and meet all the needs of their parents. Therefore a multi-agency approach is essential in identifying and tacking the issue of hidden harm.

1.2 Objectives

- To understand the national and local prevalence of local children and young people living in households where one of more parent or carer is known to be receiving treatment for substance misuse and/or suffers from mental ill health and/or is experiencing domestic violence, and:
- To identify local services that support children and families living in these circumstances;
- To understand how professionals that support children and families living in these circumstances identify concerns, monitor incidents and respond to ensure these children and young people are safeguarded and their families helped;
- To identify key actions required to improve the identification and support available to help children and families living in these circumstances.

1.3 Definitions

The terms used within this document are defined as set out below.

Domestic Abuse
The 2013 Home Office definition is used:

Domestic violence and abuse is defined as any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

- *psychological*
- *physical*
- *sexual*
- *financial*

- *emotional*

Throughout this document, the term used is domestic abuse rather than domestic violence, this is line with national practice and reflects the wider means by which abuse can take place, not limited to physical violence.

Substance Misuse
There is no single accepted definition for the term 'substance misuse', it is used in this document to refer to both drug misuse and problematic alcohol use. The Advisory Council on the Misuse of Drugs (ACMD) in it's 2003 'Hidden Harm' report, which focused on the impact of parental drug use on children used the following definition, which is adopted here:

"By problem drug use we mean drug use with serious negative consequences of a physical, psychological, social and interpersonal, financial or legal nature for users and those around them. Such drug use will usually be heavy, with features of dependence. In the United Kingdom at present this typically involves use of one or more of the following: heroin and other opiates, benzodiazepines, cocaine or amphetamines.

Where drugs are injected, this poses a particularly serious threat to users' health and well-being and their relationships with others. The consequences of problem drug use for the user vary enormously from person to person and over time – but they are often very serious. …the consequences for their children are also variable but often very damaging.

…problem drinking by parents can have serious consequences for their children and that there are probably at least as many children thus affected as by problem drug use."

Alcohol misuse or problem drinking may be taken to mean that above government recommended guidelines, but can be any level if and when it impacts on an individual's parenting capacity.

Mental Health
The Mental Health Act 2007 definition of 'mental disorder' is:

"Any disorder or disability of the mind. This excludes both alcohol and drug dependence and learning disabilities unless with abnormally aggressive or seriously irresponsible behaviour."

However, there are many different definitions of mental health and good mental health is more than simply the absence of mental illness. Mental wellbeing influences how we think and feel about ourselves and others and how we interpret events. It affects our capacity to learn, to communicate and to form and sustain relationships.

1.4 Rutland's Strategic Outcomes for Children and Young People

The Rutland Children's Trust 'Children, Young People and Families Plan 2016-2019' sets out a Statement of Intent to:

"Improve the wellbeing and achievements of children and young people by seamless,

integrated provision of services. Our emphasis is on enabling children to be well, safe and succeed first time through high quality provision, preventative action and early intervention."

1.5 Legal and Policy Context

1.5.1 National context

The White Paper Healthy Lives, Healthy People (2010) seeks to give 'every child in every community the best start in life'. The strategy acknowledges that improving the health and wellbeing of women before, during and after pregnancy is a 'critical factor in giving children a healthy start in life and laying the groundwork for good health and wellbeing in later life' (p.17, paragraph 1.17). The strategy recognises the value of supporting good parent-child relationships in order to build the child's self-esteem and confidence and reduce the risk of children adopting unhealthy lifestyles. For families with complex needs the strategy sets out a commitment to locally co-ordinated support to prevent problems from escalating.

Under the Children Act 2004 'a children's services authority in England must have regard to the importance of parents and other persons caring for children in improving the well-being of children' (Section 10(3) of the Children Act 2004). The Children Act 2004 placed statutory duties on local agencies to make arrangements to safeguard and promote the welfare of children in the course of discharging their normal functions.

The Government's statutory guidance Working Together to Safeguard Children (2010, revised 2015) made clear that safeguarding and promoting the welfare of children 'depends on effective joint working between agencies and professionals that have different roles and expertise'. Working Together to Safeguard Children (2013) further clarifies the responsibilities of professionals towards safeguarding children and strengthens the focus away from processes and onto the needs of the child

The National Framework for Children, Young People and Maternity Services stressed the importance of providing support to parents and the need for collaboration between adult and children's services.

The needs of vulnerable children were addressed in the Department of Health's revised code of practice (2008) which provides guidance to doctors, relevant hospital staff and mental health professionals on how they should proceed when undertaking their duties under the Mental Health Act 1983. The code of practice notes that practitioners should ensure that:

- children and young people are provided with information about their parents' illness;
- appropriate arrangements are in place for the immediate care of dependent children;
- the best interests and safety of children are always considered in arrangements for children to visit patients in hospital; and
- the safety and welfare of dependent children are taken into account when clinicians consider granting leave of absence for parents with a mental disorder.

The Advisory Council on Misuse of Drugs report 'Hidden Harm' in 2003 was pivotal in highlighting the issue of 'hidden' impact that parental behaviour has on children. The report focussed on substance misuse of parents, it noted that whilst there has been huge concern

about drug misuse in the UK for many years, the children of problem drug users have largely remained hidden from view. The harm done to them is also usually unseen.

1.6 Parenting Capacity

Throughout this document, the term 'parent' is defined as meaning a 'person acting as a father, mother or guardian to child'. As the ACMD's Hidden Harm report notes, 'this role may be played by a variety of individuals including the child's natural mother or father, a step-parent, a natural parent's partner, a foster or adoptive parent, or a relative or other person acting as a guardian or carer.'

The Department of Health 'Assessing Children in Need and Their Families' (2000) states that children's chances of achieving optimal outcomes will depend on their parents' capacity to respond appropriately to their needs at different stages of their lives. There are many factors in parents that may inhibit their responses to their children and prevent their providing parenting to a level necessary to promote optimal outcomes in children.

1.6.1 Vulnerability of children of different ages

Although there are, in general, factors that make children more or less vulnerable to the behaviours which result from their parents' problems, the impact on children varies depending on their age and stage of development. No single age group of children appears to be either particularly protected from, or damaged by, the impact of parental mental illness, substance misuse or domestic abuse, rather it depends on individual circumstances and the other support and influences surrounding the child. Not all parents who experience mental illness, substance misuse and/or domestic abuse necessarily present a risk to their children and do not have the capacity to parent effectively. Increased severity and factors in combination - co-morbidity - is often what leads to increased risk.

Additionally, the presence of some factors can help protect children when their parents are exposed to these issues and can help build resilience including:

- being supported by agencies who take a 'whole family' approach to supporting the child, their parent and other family members;
- getting support from their relatives, teachers, other adults and their friends;
- having another caregiver who offers stability;
- cultural factors, such as the support of faith communities.

1.7 Risk and Resilience

There is a strong evidence base, built over many years, to indicate the risk factors that can make children and families vulnerable. Risk is cumulative, reducing risk by even a small amount, or avoiding adding to it, may make all the difference to that child's wellbeing and development.

Whilst risk factors such as parental substance misuse, domestic abuse and/or mental illness are beyond the (immediate) control of practitioners, whether these issues are recognised and how they are dealt with both by children's services and by adults' services, can be

significant. Risk cannot always be removed, but with the right help from adults and peers, children can learn to get better at managing risk in their lives and coping well despite difficult circumstances.

Resilience can be defined as *the ability to be able to face and respond to adversities* and is a key factor in protecting and promoting wellbeing in both children and adults. Importantly, resilience can be learned and - as with risk – can be cumulative: as resilience improves, so too does the range of strategies available to individuals to cope with risk.

Regardless of the type of risk or vulnerability of the parent/carer, the impact on the child is often the same, and the means by which a child's resilience can be improved is also largely the same.

2. Understanding Needs

2.1 The National Picture

The DH Children's Needs-Parenting Capacity (2011) noted the difficulties in accurately gauging the prevalence of parental mental illness, substance misuse, and domestic abuse due to differing terminology and the population group being studied e.g. prevalence will be skewed in certain groups such as women and children in refuges. To this end, some data should be interpreted with caution.

- It is estimated that 1 in 4 people in England will experience a mental health problem in any given year.[1]
- 10% of mothers and 6% of fathers in the UK have mental health problems at any given time. [2]
- An estimated 33-66% of children whose parents have mental health problems will experience difficulties themselves (ODPM 2004), indicating a strong link between adult and child mental health.
- Parental mental health is also a significant factor for children entering the care system. Childcare social workers estimate that 50–90% of parents on their caseload have mental health problems, alcohol or substance misuse issues (ODPM 2004).
- The OPCS survey (Office of Population and Censuses and Surveys 1996), showed a higher rate of mental illness for lone parents than for adults living as a couple with children. These findings suggest that children may be more vulnerable to harm and neglect when living with a lone parent who suffers from mental illness, because when the parent is experiencing the disorder there is likely to be no other caring adult living in the home to take on the parenting role.
- The NHS Information Centre (2010), using data from the General Lifestyle Survey, reported that 7% of men and 5% of women were higher risk drinkers (defined as 50

[1] McManus S, Meltzer H, Brugha T, Bebbington P, Jenkins R (eds) (2009). Adult Psychiatric Morbidity in England 2007: results of a household survey. NHS Information Centre for Health and Social Care.
[2] Parker, G., et al. (2008). Technical Report for SCIE Research Review on the Prevalence and Incidence of Parental Mental Health Problems and the Detection, Screening and Reporting of Parental Mental Health Problems. [online] York: Social Policy Research Unit, University of York.

units of alcohol a week for men and 35 units of alcohol a week for women). Adults with alcohol problems are more likely than those without to experience poor mental health. For example, Weaver and colleagues (2002) found 85.5% of users of alcohol services experienced mental health problems.

- 'More than 2.6 million children in the UK live with hazardous drinkers, 705,000 live with a dependent drinker' (Munro 2011, p.26, paragraph 2.20; Manning et al 2009; Strategy Unit 2004). This is thought to be an under-estimation as it is reliant on parents acknowledging their level of alcohol use.
- The government commissioned Children's Needs-Parenting Capacity (2011) acknowledges the difficulty in understanding how many children are living with parents who are using illicit drugs, as such behaviour is against the law and characterised by denial and secrecy. In England and Wales there are estimated to be between 200,000 and 300,000 children (2–3% of children under the age of 16 years) who have parents who misuse drugs. Not all children will be living with their parents, only about a third of fathers and two-thirds of mothers with problem drug use are still living with their children; most of the children are living with other relatives (Advisory Council on the Misuse of Drugs 2003). Meier and colleagues (2004) surveyed the data collection statistics used by all drug treatment agencies in England and Wales and found that 42% of drug users had dependent children but only 47% of the children lived with their parents; about 9% were in care.
- Nationally, nearly 1 million women experience at least one incident of domestic abuse each year. 10% of men report they have experienced domestic abuse at some time.
- 'There are 120,000 victims in any year who are at high risk of being killed or seriously injured as a result of domestic abuse; 69% of high risk victims have children' (Munro 2011, p.26, paragraph 2.20).
- The reluctance to report domestic violence makes it difficult to estimate the number of children living in violent households. Research showed of the 11 million children in England, 200,000 lived in households where there is a known risk of domestic violence or violence (Lord Laming 2009).
- When families come to the attention of social work services because of concerns about the children, the rate of parental problems shows a considerable increase from that found in the general population. Findings from a number of different research studies show the known levels of prevalence generally continue to rise with the seriousness of the enquiry. This could be as a result of increased recording at later assessment stages (Children's Needs-Parenting Capacity, 2011).

3. The Local Picture

3.1 Rutland demographics

The population of Rutland as at the 2013 mid-year estimate was 37,600, comprising 19,200 males and 18,400 females.

There are an estimated 8,660 children and young people aged up to 19 years in Rutland 1,779 of which are in the age range 0 to 4 years and 6,881 aged 5-19.

There is a particular spike in the population aged 15 to 19 years, and this is especially pronounced for males. This runs contrary to the regional trend, and may well be as a result of the local independent boarding schools in Oakham and Uppingham. The next age banding of 20 to 24 years shows a significantly lower population that the previous age group and the regional picture, suggesting that young people are migrating away from Rutland post school. There is an overall widening of the pyramid between the 45-49 year group and the 65-69 year age group – again, for the latter this is contrary to the regional picture. With life expectancy set to increase it is anticpated that the elderly population will increase significantly over the next 20-30 years.

Over the next 10 years the 0-4 population is projected to remain fairly stable but the 5-19 is expected to reach 7,400. In 2014, there were 341 births in Rutland and the birth rate has remained stable for the previous 3 years.

The distribution of males to females is fairly even up to the age of 19, whereafter the number of males compared to females almost doubles for the next ten years to the age of 30. From age 40 onwards, the numbers of men and women becomes more even again, with the proportion of females increasing compared to males with age, reflecting the longer life expectancy of females.

In 2015 there were 567 children of military personnel in Rutland schools and 267 under 5s living on the two army bases.

3.1.1 Poverty and deprivation

Rutland is one of the most affluent counties in England; of 149 Upper Tier Local Authorities in 2010, Rutland ranked 148 (with 1 being the most deprived, and 149 being the least deprived) (Indices of Deprivation: 2010 by County Council). In the last three years of Health Profiles released by Public Health England (2013-15), Rutland has ranked first in the 10 best performing local authority districts for levels of deprivation. At a more granular level, there is variation across Rutland in levels of income deprivation.

In 2013 in Rutland, 7.1% of all dependent children under 20 live in poverty, (England average of 18.6%). Despite comparing well nationally, this equates to 505 children under 16 years (2014). In 2014, 4.8% of all households in Rutland were lone parent households (England average 7.1%)

3.1.2 Children in Need

Throughout 2015/16, 411 children under the age of 18 in Rutland were classified as Children in Need, down slightly from 431 the previous year (2014/15). Domestic abuse, substance misuse and/or mental health problems were identifiable factors at assessment in around a half of cases.

3.1.3 Looked After Children

The total number of looked after children are relatively consistent in Rutland, ranging between 30 in 2009/10 to 39 in 2015/16. Table 1 (below) shows the number of Looked After Children

in Rutland (rounded to the nearest 5) alongside the corresponding figures for East Midlands and England over the last five years (Office for National Statistics – SFR41/2016).The rate of Looked After Children (per 10,000 children aged under 18) is much lower for Rutland than the equivalent figure for the East Midlands and England. Whilst the rates have remained at a fairly stable level across England – around 60 per 10,000 – there is a slight increase in the East Midlands and a bigger increase for Rutland over the last five years, with the highest rate of 52 per 10,000 children recorded for 2016. However, some caution should be taken when interpreting the increase in rates as this is based on a very low base (39 in 2016) and this could easily be skewed, for example, by a large family cohort of 5 siblings.

	number[3]						rates per 10,000 children aged under 18				
	2012	2013	2014	2015	2016		2012	2013	2014	2015	2016
Rutland	30	30	35	35	40		*36*	*40*	*44*	*44*	*52*
East Midlands	4,740	4,880	4,950	5,130	5,230		50	51	52	53	54
England	67,070	68,060	68,810	69,480	70,440		59	60	60	60	60

Tale 1 – Looked After Children in Rutland compared to regional and national rates

As is reflected in national trends, the numbers of children under the age of one, has been consistently low, with the majority of the cohort split fairly evenly across the age range: 1-4 years, 5-9 years, 10-15 years, and over 16. This has been the case since 2009/10. However, during the current year, just over a third of the children are aged 10-15, with the majority of the remainder either over 16, or aged 5-9 years respectively. Again, this age breakdown is broadly consistent with national patterns.

The majority of the children are White British, and this is reflective of the overall population demographic in Rutland. Only one of the Looked After Children who are in long-term or permanent placements was identified as having a disability (2015/16).

Abuse or neglect has consistently remained the highest category of need for looked after children in Rutland over the past five years; with this currently being the primary category of need in 51% of cases, followed by family acute stress, then family dysfunction and parental illness or disability.

Sixty young people provide unpaid care to a family member, however this is a self-reported figure and the real figure is likely to be higher. Once identified they are routinely offered an assessment and the opportunity to attend one of the groups run by Rutland County Council specifically for young carers.

In 2014/15, 8.2% of children aged 5-16 in Rutland estimated to have a mental health disorder.

3.1.4 Children's Social Care Open Cases

The following section provides a snapshot of the needs and issues identified for the open cases at a single point in time in August 2016. It is acknowledged that the levels will fluctuate as the caseloads change, but this gives a broad overview of the level of need locally.

An audit of 114 child protection and child in need cases indicated that:

- domestic abuse, substance misuse and/or mental health were factors in over three-quarters of cases;

Domestic Abuse

- domestic abuse was a concern in 16% of cases, with the majority involving the father as the perpetrator;
- in 2% of cases the domestic abuse perpetrator was another child within the household;
- no cases indicated the domestic abuse perpetrator being another adult in the household who was not either of the parents;

Substance Misuse

- substance misuse was a concern in 17% of cases, with a fairly even split between the mother, father or both parents being the substance misuser;
- in 2% of cases, the substance misuse was related to another child in the household;
- the data did not indicate whether the substance misuse was alcohol, drugs or both;

Mental Health

- mental health was a concern in 31% of cases, with over half of these relating to the mother's mental health;
- in 4% of the total cases, the mental health concerns related to both parents;
- again, in 2% of cases the mental health concerns related to another child in the household;

Two or more issues

- there were 13% of cases where more than one were factors, and 8% where all three were factors;
- in all the cases where domestic abuse, substance misuse and mental health were factors, this involved both parents;
- where domestic abuse and substance misuse were concerns, the cases only related to the father;
- in the 4% of cases where domestic abuse and mental health were concerns, half related to the mother as the perpetrator and half to the father as the perpetrator;
- no cases involved other adults in the household who weren't the parents.

3.1.5 Parental Mental Health Concerns

There is a current gap in data available to identify the parental issues of young carers, other than the primary issue.

No data was available to identify how many of those accessing adult mental health services locally had a dependent child, either living with them or living elsewhere.

3.1.6 Parental Substance Misuse

Between April 2015 and March 2016, 37 drug users were engaged in treatment and 77 alcohol users. This is a reduction on previous years, with steadily fewer people in Rutland accessing drug and alcohol treatment – although it is unclear whether this is due to a reduced level of need.

Of those accessing drug treatment in 2015/16, 19% were recorded as not having any children, 19% live with some or all of their children, 11% had children who did not live with them. In 51% of cases, parental status was not recorded.

Of those accessing alcohol treatment in 2015/16, 32% were recorded as not having any children, 13% live with some or all of their children, 29% had children who did not live with them. In 27% of cases, parental status was not recorded.

3.1.7 Domestic Abuse

The rate of domestic abuse incidents recorded by the police in Rutland in 2014/15 was 20.6 (per 1,000 population). This is slightly higher than the equivalent rate for England (20.4) and for the East Midlands (20.0). When considered alongside Rutland's 15 'nearest neighbours' – Local Authorities with a similar statistical profile – the rate of domestic abuse in Rutland is the 7th highest (out of 16 Local Authorities)[3].

The long term trend for domestic abuse shows an increase over the last five years in Rutland, and across England. In Rutland the increase largely took place between 2010/11 and 2011/12 when the rate increased from 15.5 to 21 (per 1,000 population). Some caution should be taken as this increase may be, in part, due to changes in recording practices. In the last year (2013/14 to 2014/15) there was a decrease in Rutland, going against the national trend of an increase for England.

[3] Source: Public Health Outcomes Framework – Overarching Indicators. Public Health England. Data available here: http://www.phoutcomes.info/ last accessed September 2016.

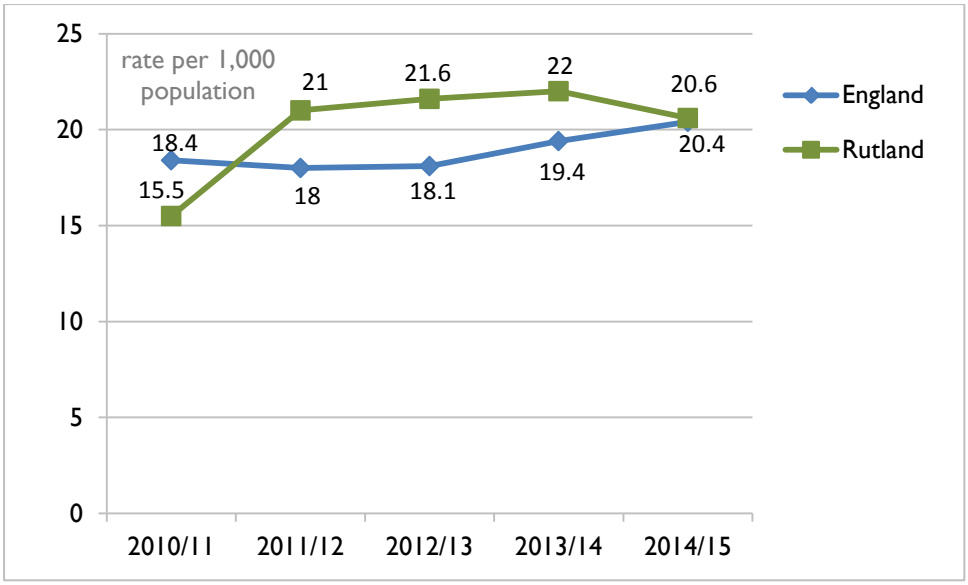

Figure 1 – Annual trend in recorded offences/incidents of domestic abuse. Source: Public Health Outcomes Framework

As shown in Figure 5 (below) there is an overall downward trend in domestic abuse in Rutland over the last two years and the comparison of the latest quarter's data (40 domestic abuse incidents/offences in Apr-Jun 2016) is down a third on the equivalent figure for the previous year (60). This also shows that there is quite a variance from quarter to quarter.

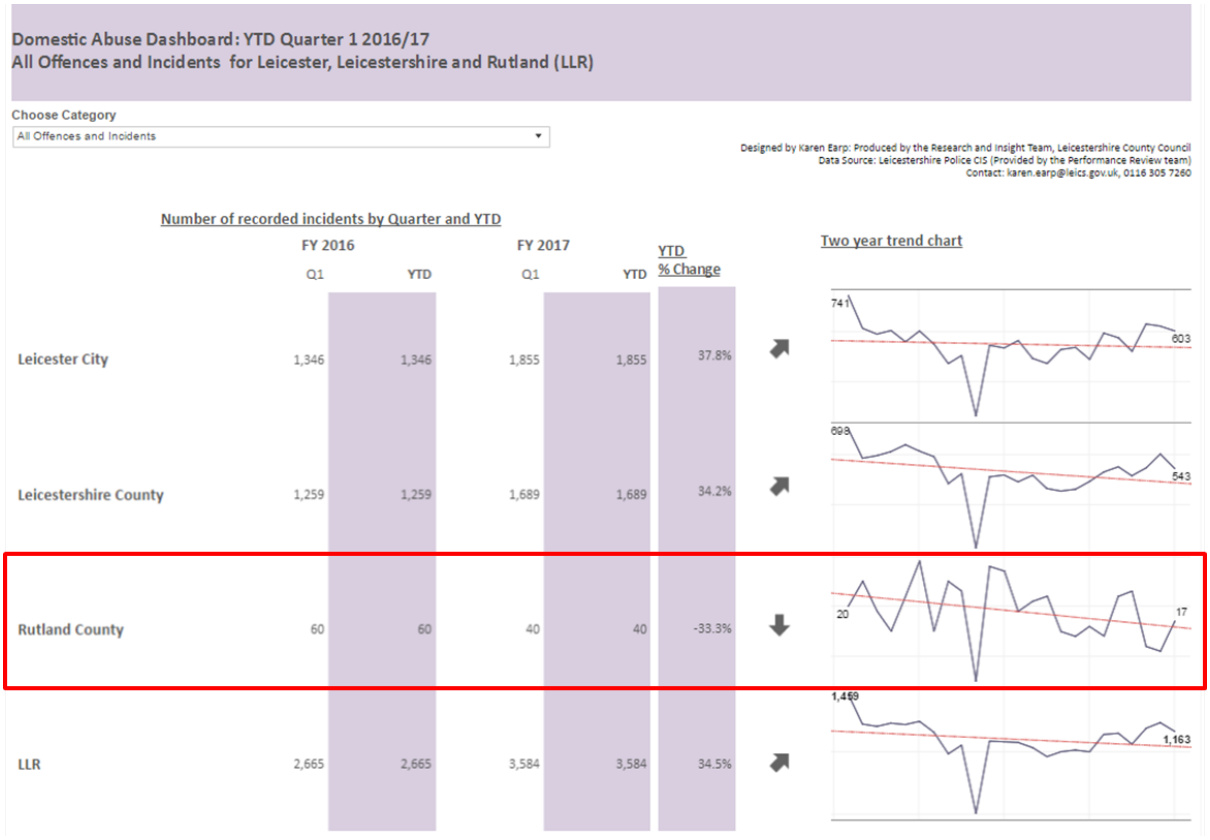

Figure 2 – Quarterly trend in Domestic Abuse in Rutland (police recorded offences and incidents)

Any incidents or offences recorded by the police can be flagged as ‘domestic’. In the last year (July 2015 – June 2016) 12.2% of all recorded offences in Rutland were identified as domestic. This varied by offence type and for ‘violence against the person’, 40.6% offences (101 out of 249) were identified as ‘domestic’. This was a higher proportion than in Leicestershire County (39.3%) or Leicester City (36.9%).

Of the domestic incidents reported to the police in Rutland, around two-thirds (64.7%) resulted in an offence being record. This was slightly higher than the equivalent figure for Leicestershire (60.5%) and Leicester City (60%).

4. Existing Local Services

4.1 General Overview

Child and family needs are constantly changing and at different times in their lives they will have differing levels of involvement from a range of services, from universal, targeted and specialist support services. Rutland’s early help offer intends to ensure a range of universal and targeted services are available for all families especially the most vulnerable.

Universal services are available to all children, young people and families, working with families to promote positive outcomes for everyone, by providing access to education, health services and other positive activities. Practitioners working in these services should identify where children and families would benefit from extra help at an early stage.

Targeted services focus on children, young people and families who may need support either through a single service or through an integrated multi-agency response. They work with families where there are signs that without support a child may not achieve good outcomes and fulfil their potential. However targeted services are also critical in preventing escalation into specialist services, and will also assist with continuing lower level support once a higher level intervention has been completed.

Specialist services focus on families with individual or multiple complex needs, including where help has been requested or where a specific disability or condition is diagnosed.

It is important that professionals work together effectively to ensure that families experience smooth transition between services and that all services supporting the family remain focused on the needs of the child. It is also critical that all professionals remain aware of their responsibilities in relation to safeguarding and protecting children.

4.2 Mental Health Services for Adults

Provided by Leicestershire Partnership NHS Foundation Trust (LPT), the services are delivered by a range of professionals including nurses, doctors, social workers, psychologists and occupational therapists. Professionals work with families, friends and carers to provide support, advice and education where appropriate and help treat conditions at home and in the community, rather than admitting people into acute inpatient units.

Services include community based teams for people with a range of mental health issues, including acute support, crisis intervention and a specialist perinatal service.

Nottinghamshire Healthcare Trust provide Improving Access to Psychological Therapies (IAPT) for anyone in Rutland over the age of 16, who is feeling stressed, anxious, low in mood or depressed. The service assesses and triages adults with a mental health problem and treats mild to moderate common mental health problems.

4.3 Mental Health Services for Children and Young People

Children's mental health services are also delivered LPT and are delivered as formal Child and Adolescent Mental Health Services (CAMHS) that provide assessment and treatment to children aged 0-18 that have a range of complex mental and emotional health issues, including: anxiety, depression, trauma, eating disorders and self-harm**.** Services are provided by child psychiatrists, clinical psychologists and nurses.

In addition, there are some Tier 1 services available, that is those which are designed for any child or young person to access, and these are available via universal service professionals e.g. General Practitioners, Health Visitors and School Nurses. These services offer general advice and treatment for less severe problems, promote good mental health, aid the early identification of problems and refer to more targeted or specialist services. Schools and Rutland youth service work together to deliver support in schools and outside of the school environment.

An open access online counselling service called Kooth.com for those aged 11-25 with an emotional wellbeing concern. The website is open 365 days, out of hours and is a free, safe, confidential and non-stigmatising way for young people to access counselling, advice and support online.

Rutland is leading on the BCT Future in Minds Transformation Plan, 2015 - 2020 to deliver alongside primary mental health service, targeted interventions for young people with mental health and emotional wellbeing issues. Funding has been awarded for a Leicester, Leicestershire and Rutland Children and Young People's IAPT and the training programme for this is now underway.

4.4 Substance Misuse Services

Substance Misuse services are currently being retendered in Rutland, with an interim service which commenced on 1st July 2016, delivered by Turning Point. Currently services are delivered from GP practices and the local community hospital both for adults aged 18 or over and for young people with any type of drug or alcohol problem.

There is currently no specific support available for children and young people who are impacted by their parent/carer's or other family members' substance misuse.

The pathways between social care and early help services and the substance misuse provision are being clarified and reasserted following the change in provider in July 2016, to ensure that referral processes, responsibilities, and information sharing procedures are clear.

4.5 Domestic Abuse Support Services

Domestic abuse support is provided by a consortium of third sector providers known as UAVA across Rutland and Leicestershire. Working with male and female victims, aged 13 years and above, UAVA provide both outreach and Independent Domestic Violence Advisor (IDVA) support. The service assesses risk levels, produces safety plans with victims, works with children and young people affected by domestic abuse to help them stay safe and works with other services to offer support e.g. social care and mental health services.

High Risk victims are referred to the Multi Agency Risk Assessment Conference (MARAC) for support by the IDVA.

UAVA also provide an Independent Sexual Violence Advisor (ISVA) service for anyone who has experienced sexual abuse looking to understand what help and options are open to them, or to understand and navigate the legal system. The ISVA provides advice, information, advocacy and support to victims of sexual violence to reduce their risk and ensure their safety and that of their children.

There is no specific dedicated and separate support service for children and young people who have witnessed and/or experienced domestic abuse, however the Children Centre provides one to one family support for children and parents experiencing domestic abuse, and also has staff trained to deliver the Freedom Programme for children.

There is currently no provision for perpetrators of domestic abuse, other than via police Conditional Cautions or court-ordered IDAP or Specified Activity Requirements. There are perpetrator programmes in neighbouring authorities and it may be possible to access these on a spot-purchase basis in the future.

4.6 Carers Services for Children and Young People

Rutland County Council has a duty to assess the needs of young carers; this is done by the children's social care duty team. Support for young people who have caring responsibilities is provided by Rutland County Council in the form of a support group, a siblings group and one to one mentoring for young people. This consists of two groups: one of which is aimed at young carers aged 8-12 called Little Stars, which 17 children attend regularly; the other is called Time Out For Us (TOFU), which is aimed at those aged 12 and over and has 18 young people regularly attending.

5. Pathways to Access Support

5.1 Identifying When Children are Exposed to Risk

Safeguarding and promoting the welfare of children is defined by the Government's Working Together to Safeguard Children (2015) as:

- protecting children from maltreatment;
- preventing impairment of children's health or development;
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
- taking action to enable all children to have the best outcomes.

All organisations, including the police and health services, also have a duty under Section 11 of the Children Act 2004 to ensure that they consider the need to safeguard and promote the welfare of children when carrying out their functions.

LLR LSCB Threshold's Document 2014 (revised 2016) provides an overview of the continuum of needs of all children and the thresholds at each level. It provides guidance on the key concepts and processes in working with children, young people and their families according to their needs.

The Council adheres to the LR LSCB Safeguarding Procedures, for all those involved in providing care to children and vulnerable adults and to those whose illness or condition may have an impact on the health or well-being of a child or vulnerable adult. Regular safeguarding training is mandatory for staff working with children and vulnerable adults as well as other staff working in non-frontline roles. There are varying levels of training available which are appropriate to the level of contact individuals may have with children and their families.

All contracted external service providers working with children and vulnerable adults must also have robust safeguarding policies and procedures in place which their staff must adhere to and are contractually obliged to work to the Local Safeguarding Children Board (LSCB) and Local Safeguarding Adult Board (LSAB) policies and procedures.

5.2 How Services Identify and Respond to Concerns

All existing service providers have individual processes in place for identifying concerns, monitoring incidents and responding to ensure these children and young people are safeguarded and their families helped. The section below sets out the existing pathways and identifies gaps to be addressed.

5.2.1 Universal Services

Universal services, such as schools and health visitors will utilise the Early Help Assessment (formerly CAF) using a Signs of Safety approach to identify risks and strengths in early help cases.

5.2.2 Mental Health Services

Across the mental health services provided by LPT, staff identify whether service users have any dependents as part of the assessment process. This is not routinely followed up across all the service areas, unless there is a concern.

Safeguarding concerns regarding children of a service user will prompt the services own safeguarding procedures to be implemented, and these are in line with the LSCB policies and procedures.

The IAPT service run by Nottinghamshire Healthcare Trust also use an initial assessment to identify dependents of service users. Again, this is not routinely followed up further unless there is a reason for the worker to be concerned, at which point further information on the child(ren) is requested, and safeguarding processes are instigated as appropriate.

5.2.3 Substance Misuse Services

As part of the comprehensive assessment undertaken by Turning Point with all of their service users, children of service users are identified, along with information of whether they reside with the service user, whether there are any concerns, and information such as safe storage of any medication.

The service follows safeguarding procedures and information sharing as appropriate where any concerns are identified.

5.2.4 Domestic Abuse Services

UAVA follow the DASH (Domestic Abuse Stalking and Harassment) risk assessments for victims of domestic abuse, which also identify if any children have been exposed directly or indirectly to domestic abuse and look at the impact of this and risk to the child. The organisation's safeguarding policies and procedures set out how any concerns should be addressed and escalated.

Referrals are currently made into Children's Social Care via the duty desk.

Children's Social Care are represented at MARAC, and UAVA staff attend and input into both Strategy discussions and Section 47 enquiries.

5.2.5 Young Carers

RCC's assessment for all young carers includes questions about the nature of the cared for individual's needs, including mental health and substance misuse. The organisation's safeguarding policies and procedures set out how any concerns should be addressed and escalated.

6. Recommendations

Although the numbers of children in Rutland are relatively small, it is clear that there are still opportunities to improve the identification of children who may be impacted by their parents/carers issues and vulnerabilities, and to reduce the risk to those children through information sharing and the pathways which are in place.

Understanding Need

1. Address the gaps in our knowledge to ensure that we have a full picture. This includes ensuring that we have clear recording of the detailed breakdown of factors of concern in all our cases within Children's Social Care and Early Help.

2. Review contract monitoring data from commissioned services to ensure that relevant data is collected to identify and understand need, including ensuring that services identify where adult service users have dependent children within their care.

3. Improve both data collection and data interrogation to understand levels of need locally, making use of data to determine trends and patterns in order to target interventions appropriately.

Identification of Need

4. Promote greater use of screening of potential risks and need by a wider number of practitioners:

   i) Ensure adults' practitioners are trained and proactively using screening and assessment tools to identify children of their service users, and to identify areas of risk for those children.

   ii) Ensure children's practitioners are trained and proactively using screening and assessment tools to identify where there is familial/carer substance misuse, domestic abuse, and/or mental health that may be impacting on a child.

   iii) Continue to rollout training and awareness for generic practitioners who may come across families during the course of their work to help them identify areas of risk, including substance misuse, domestic abuse, and/or mental health, and ensure there are clear pathways on place for referral and professional advice.

Responding to Need

5. Improved communication of pathways for identifying risks and ensuring swift access to support services and interventions to reduce the risks to children and improve their protective factors.

6. Undertake a specific scoping exercise to determine need for support services for children and young people who are witness to domestic abuse in the household to enable targeted support and interventions to be put place.

7. Understanding whether there are barriers to adults engaging with services when they have children, what these are and how we can communicate better with our service users to address these.

7. Next Steps

This Needs Analysis forms the first stage in identifying the issues and actions needed to improve our response to children and young people affected by domestic abuse, substance misuse and/or mental health issues.

The recommendations identified in Section 6 will be developed into an action plan, and subsumed into the Children's Services Development Plan to be monitored on a four weekly basis via the People Directorate Service Improvement Board.

This Needs Analysis will be formally refreshed at least annually, and the Children Services Development Plan updated accordingly.