Rutland County Council

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

Version Control	Version 2.0
Document Owner / Authorising Officer	Head of Children's Social Care
Target Audience	RCC Staff; Providers
Publication Date	October 2016; August 2019
Review Date	July 2021

Contents

1. Introduction

This needs assessment sets out the level of potential and known numbers of children living in Rutland on whom the 'trilogy of risk' (also known as the 'toxic trio') has an impact, and provides an overview of the services in place to address these risks and to support.

2. Background

Evidence shows that mental health difficulties, substance misuse problems and domestic abuse affect a significant proportion of the adult and child population. Many of these people are parents or are living with others who may be vulnerable.

These issues can be very harmful on their own, but when two or more of these issues come together in the home and or the community the risks can increase. Living in environments where these issues are present can be harmful to the health and wellbeing of children. The impact can often be 'hidden' in that the children are not the primary service user in the house, yet may experience poorer outcomes as a result, affecting their safety, development, health and welfare. Other factors may also be present in the household which further increase vulnerability such as poor housing, financial problems, and physical ill-health.

The definitions used within this document for mental health difficulties, substance misuse and domestic abuse are included within Appendix A.

2.1 Risk and Resilience

There is a strong evidence base 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.

There is no evidence to suggest that any single age group of children appears to be either particularly protected from, or damaged by, the impact of parental mental health difficulties, substance misuse or domestic abuse, rather it depends on individual circumstances and the other support and influences surrounding the child.

It is important to stress that the impact of these factors on parenting or their caring capacity varies – parents living with poor mental health, using substances and/or in abusive relationships may still be able to safely care for their children. Not all parents who experience mental illness, substance misuse and/or domestic abuse necessarily present a risk to their children or do not have the capacity to parent effectively. The presence of protective factors can help to reduce risk and to offset any negative impacts.

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 , are identified early and how they are dealt with both by children's services and by adults' services, can be significant. Although there are, in general, factors that make children less vulnerable to the behaviours which result from their parents' problems, the impact on

children varies for individuals; children can be supported to develop emotional resilience, to learn how to get better at managing risk in their lives and coping well despite difficult circumstances.

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. 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. Protective factors to help build resilience include:

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

No single agency is able to provide all the help required to safeguard and promote the welfare of the child and meet all the needs of their parents/carers. Therefore a multi-agency integrated approach, in Rutland often described as 'team around the family' approach, is essential in identifying and tacking the issues.

3. Rutland's Children and Young People's Strategic Plan

The Rutland Children and Young people 's Partnership and its Strategic Plan 2019 - 2022 sets six aims for children and young people in Rutland:

1. Every child lives in a happy and safe environment
2. Families are supported and empowered to create a nurturing environment where children can flourish
3. Every child has access to the best possible education
4. We work together with young people and give them the support they need to grow into happy, successful and independent adults
5. Children remain living with their families, when safe and in their interest to do so
6. Children who do become looked after, or are leaving our care, are supported to achieve the best emotional, physical and academic outcomes.

4. National context

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 2018) 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 further clarifies the responsibilities of professionals towards safeguarding children and strengthens the focus away from processes and onto the needs of the child.

In July 2018, the Children's Commissioner published "Are they shouting because of me?" Voices of children living in households with domestic abuse, parental substance misuse and mental health issues (Children's Commissioner, July 2018). In the report children spoke about how their experiences at home had affected them, and drew attention to the fact that siblings could be affected very differently by the same family events. Children also made it clear that the experiences and consequences of social care being involved in their lives could be just as impactful as the domestic abuse, parental substance misuse and parental mental health problems. Children noted that their everyday lives affected their:

- Emotional wellbeing and mental health
- Behaviour
- Relationships with family and friends
- Caring responsibilities
- School and
- Feeling safe

The report also sets in children's own voices how they cope, what stopped them from speaking out and their experiences of support offered.

5. Understanding Needs

5.1 The National Picture

Data reflecting the prevalence of parental mental illness, substance misuse, and domestic abuse should be interpreted with caution - differing terminology and definitions will mean that data captured is not necessarily comparable across different sources.

The Children's Commissioner's report on Vulnerability (2018) provides estimates on the levels in England on children living in families with complex needs. Due to the methodology the figures are likely to be a conservative estimate of household-level prevalence. Nevertheless, these estimates are likely to offer the best available evidence on the scale of the trilogy of risk factors in England.

- Around 770,000 children live with an adult who experienced domestic abuse in the last year, including 300,000 children aged 5 or under.
- Around 470,000 children live with an adult who is dependent on drink or drugs, including 180,000 children aged 5 or under.
- Around 1.6 million children live with an adult who experiences severe mental health problems, such as showing clear signs of a mental or psychiatric disorder or having

attempted suicide or self-harm within the past year. This includes 470,000 children under the age of 5.

- Altogether, 2.1 million children under 18 live with an adult experiencing at least one of these issues, including 690,000 children aged 5 or under.
    - Around 471,000 children live with an adult experiencing two of these issues, including 159,000 children aged 5 or under.
    - Around 103,000 children live with an adult who is experiencing all three issues simultaneously. This includes 52,000 children aged 5 or under.

6. The Local Picture

6.1 Rutland demographics

The population of Rutland as at the 2017 mid-year estimate was 39,474, comprising 20,175 males and 19,299 females. There are an estimated 8,598 children and young people aged up to 19 years in Rutland, 1,858 of whom are aged 0 to 4 years, and 6,740 of whom are aged 5-19 years.

There is a particular spike in the population between the ages of 15 to 19, 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 anticipated that the population of older people within Rutland will increase significantly over the next 20-30 years, and at a greater rate than children and young people.

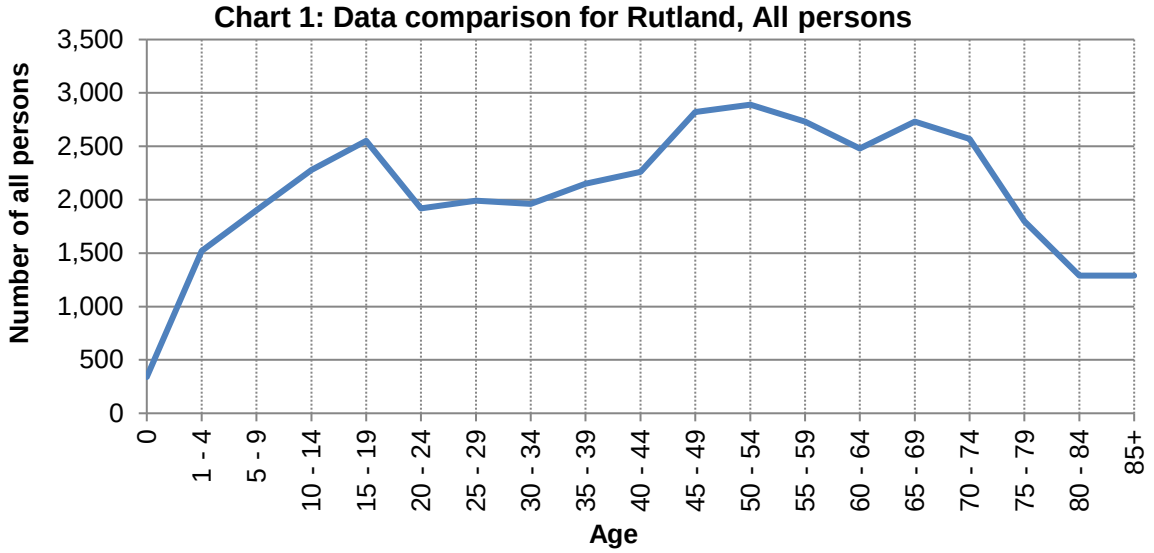

Figure 1: ONS 2017 mid-year estimates by age

6.2 Poverty and deprivation

Rutland is one of the most affluent counties in England; of 149 Upper Tier Local Authorities in 2015, Rutland ranked 149 (with 1 being the most deprived, and 149 being the least deprived)[1]

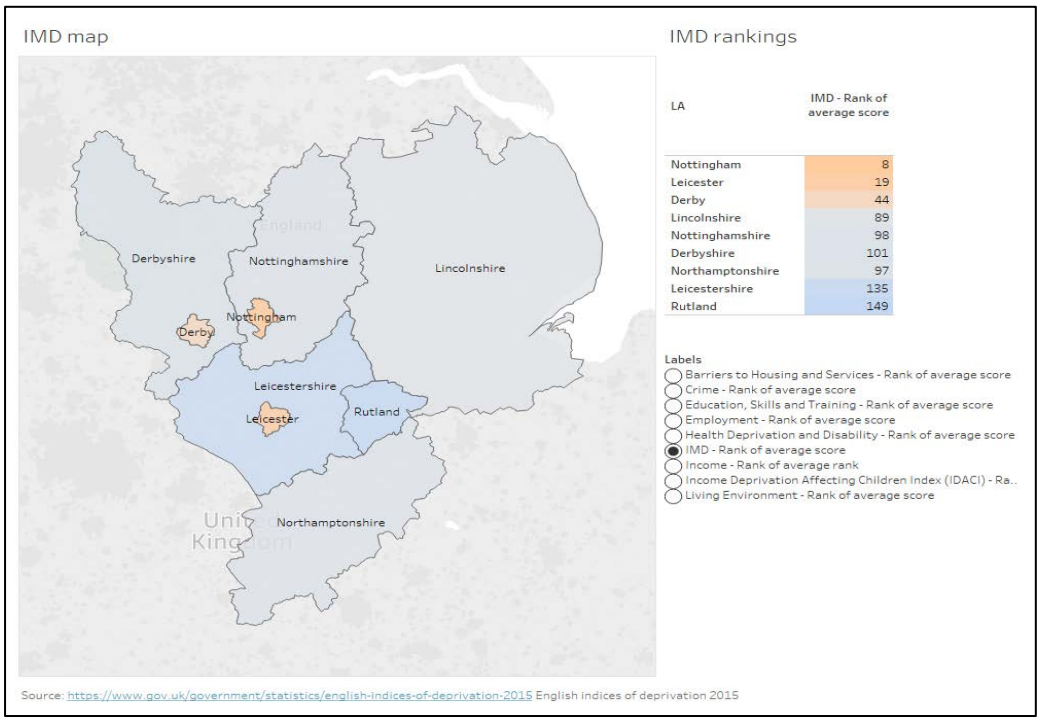

Figure 2: IMD rating 2015 East Midlands

In the Health Profile released by Public Health England (2018), 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.[2]

[1] (Indices of Deprivation: 2015 by County Council). https://lginform.local.gov.uk/reports/lgastandard?mod-metric=3944&mod-period=1&mod-area=E06000017&mod-group=AllUnitaryLaInCountry_England&mod-type=namedComparisonGroup

[2] Public Health England Health Profile https://fingertips.phe.org.uk/profile/health-profiles/area-search-results/E12000004?search_type=list-child-areas&place_name=East%20Midlands

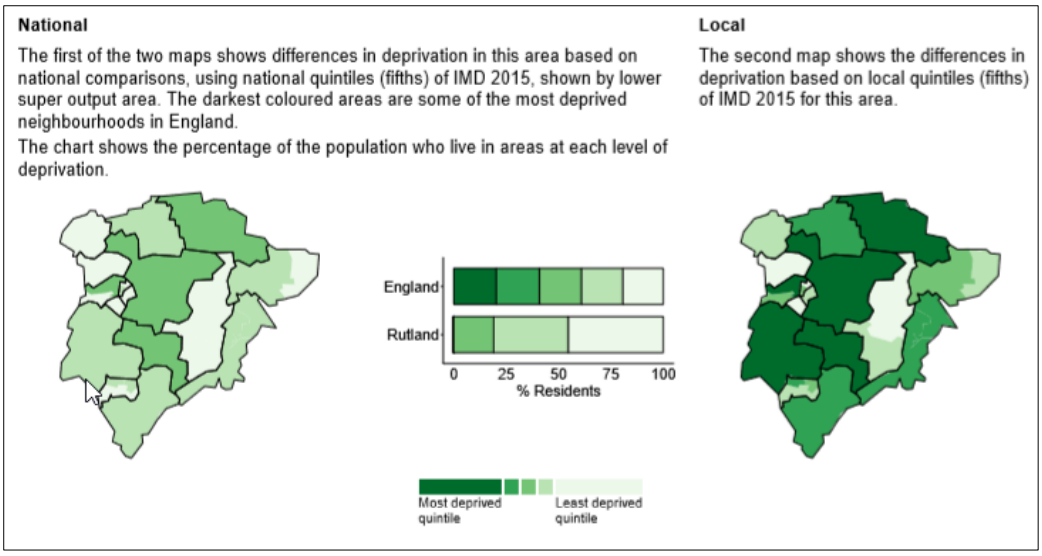

Figure 3: Index of Multiple Deprivation 2015 (IMD 2015) Rutland.

In 2016 in Rutland, 6.5% of all dependent children under 16 live in low income families, against an England average of 17%; this equates to 385 children.

6.3 Children in Need

Throughout 2017/18, 369 children under the age of 18 in Rutland were classified as children in need. This was a reduction from 429 during 2016/17. Domestic abuse, substance misuse and/or mental health problems remained the most commonly identified factors at assessment, notwithstanding that there may also be incidents which are not disclosed at this point.[3]

6.4 Looked After Children

The total number of Looked After Children is relatively consistent in Rutland, ranging between 35 in 2013/14 to 30 in 2017/18. Table 1 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[4]. The rate of Looked After Children is much lower for Rutland than for the East Midlands and England, and has reduced since 2015/16, contrary to the rates for the East Midlands and England which have both increased. The rate in the East Midlands is lower than England, however it is increasing more rapidly.

The highest rate in Rutland over the last five years was during 2015/16. 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 family cohort of multiple siblings.

[3] CIN Census 2017/18 https://www.gov.uk/government/collections/statistics-children-in-need

[4] SSDA903 2017/18

Table 1 – Rate of looked after children per 10,000 population for Rutland, East Midlands and England

	Number					Rates per 10,000 children aged under 18				
	2013/14	2014/15	2015/16	2016/17	2017/18	2013/14	2014/15	2015/16	2016/17	2017/18
Rutland	35	35	40	40	30	*44*	*44*	*52*	*50*	*39*
East Midlands	4,960	5,130	5,220	5,400	5,630	52	53	54	55	57
England	68,820	69,500	70,450	72,670	75,420	60	60	60	62	64

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 followed by family acute stress, then family dysfunction.

7. Identifying Risk

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.

Rutland work to the Leicester, Leicestershire and Rutland Safeguarding Partnership (formerly the Local Safeguarding Children Board) Thresholds Document 2014 (revised 2016), further revision 2019 and not yet published which 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 Safeguarding Partnership sets out 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 wellbeing of a child or vulnerable adult. Regular safeguarding training is mandatory for all staff within all organisations 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 commissioned external service providers working with children and vulnerable adults are required to have safeguarding policies and procedures in place which their staff must adhere to, and are contractually obliged to work to the LSCB, and Local Safeguarding Adult Board (LSAB) policies and procedures.

7.1 Trilogy of Risk

Between 1st April 2017 and 31st March 2018, 392 children and family assessments undertaken by both Children's Social Care and Early Help services were completed, 336 of these identified at least one risk factor (86%).

Of those with a risk factor, 196 (58%) had one or more of the trilogy of risk factors. The intersection of these risks can be seen in the diagram below. Between 6% and 10% of

assessments had a combination of at least two of the risks. This was most commonly domestic abuse and parental mental ill health.

It is more likely for domestic abuse and at least one additional factor to be identified than domestic abuse on its own. It is also more likely for parental substance misuse to be identified with at least one other factor than on its own. It was equally as likely for parental mental ill health to be identified alone and with other factors.

All three factors were present in 3% of cases.

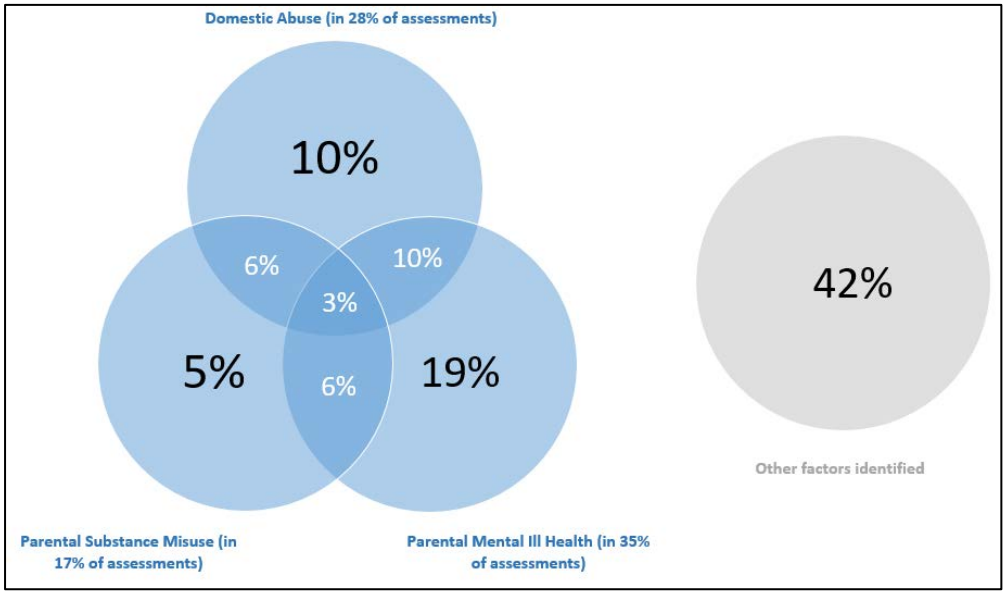

Figure 4: Percentage of risk factors identified based on 336 assessments completed during 2017/18.

The proportions of risk factors within Rutland assessments are broadly similar to those estimated for England within the Children's Commissioner's Vulnerability Report 2018.

8. Existing Local Services

8.1 General Overview

Children's and family's needs will change and evolve over time and at different points in their lives they will have differing levels of involvement from a variety of services, whether universal, targeted, and/or specialist support services.

Rutland's Children's Services provides a range of services, some of which are available for all families (universal services), some targeted for the most vulnerable, and some which are specifically for those who meet statutory requirements for intervention and support – Children in Need or Looked After Children. Universal services are available to all children and families to promote positive outcomes for everyone, by providing access to education, health services and other positive activities. Practitioners working in universal services should identify where children and families would benefit from extra help at an early stage, in order that targeted services to support can be delivered, either through a single service or through an integrated multi-agency response.

Targeted services work with families where there are signs that without support a child may not fulfil their potential and are critical in preventing escalation of needs which would then require referral into specialist services; and will also continue to provide lower level support when a more specialist intervention has finished.

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

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(ren). It is critical that all professionals remain aware of their responsibilities in relation to safeguarding and protecting children.

8.2 Mental Health Services for Adults

Provided by Leicestershire Partnership NHS Foundation Trust (LPT) and Rutland County Council Adult Services, mental health support for those with a diagnosed mental health condition is 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, to support individuals to remain at home in the community, and to prevent escalation of needs wherever possible. 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. In addition, Mental Health Matters – a voluntary sector agency – run support and drop-in sessions for those in recovery from crisis and for those with lower level needs.

In 2014/15[5] the 3.6% of the adult population of Rutland were in contact with secondary mental health services. This is lower than the proportion in the East Midland (5.6%) and England (5.4%).

8.3 Mental Health Services for Children and Young People

Children's mental health services are also delivered by LPT and are delivered as tiered 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.

There are a number of early interventions and services designed for any child to access, and available via universal service professionals including Health Visitors and School Nurses. These offer general advice and treatment for less severe problems, promote good mental

[5] This is the most recent data available

health, aid the early identification of problems and refer to more targeted or specialist services. Schools and the Rutland Youth Service deliver support in schools and in the community supported by the Future in Mind Early Intervention and Route to Resilience offer. A Child and Young Person's Improving Access to Psychological Therapies offer is available from the council's Early Help Service Wellbeing Practitioners to address low level common mental health issues such as low mood, panic, sleep problems and stress management. In addition, there is online provision through Kooth.com for those aged 11-25 with an emotional wellbeing concern, the website offers a free, confidential and non-stigmatising way for young people to access counselling, advice and support online.

8.4 Substance Misuse Services

Substance misuse services for adults aged 18 or over and, separately, for young people with any type of drug or alcohol problem are delivered by Turning Point through local community venues on both an appointment and a drop-in basis. Currently services are delivered from GP practices and the local community hospital both

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.

There are clear pathways between Children's Services and Turning Point for referral, responsibilities, and information sharing procedures.

8.5 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 in tandem with other services to offer support across the full range of an individual's needs.

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 individuals of any age who have experienced sexual abuse. 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's 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 in-county 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 which can be accessed on a spot-purchase basis.

The rate of reported incidents of domestic abuse in Rutland has risen for the past three years, though remains lower than the rate for England which has also been rising. The method of calculating the rate of DA incidents changed in 2015/16 and is not compatible with previous figures.

Table 2 – Quarterly Police Recorded Domestic Abuse Offences and Incidents

	2017/18					2018/19			
	Q1	Q2	Q3	Q4	YTD	Q1	Q2	Q3	YTD
Leicester City	1,370	1,380	1,403	1,499	5,652	1,640	1,822	1,848	5,310
Leicestershire County	1,393	1,317	1,396	1,585	5,691	1,743	1,775	1,835	5,353
Rutland County	36	35	30	42	143	51	56	60	167
LLR	2,799	2,732	2,829	3,126	11,486	3,434	3,653	3,743	10,830

8.6 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 the council in the form of a support group, a siblings group and one to one mentoring for young people. This consists of two groups: Little Stars for those aged 8-12 years; and Time Out For Us (TOFU), aimed at those aged 12 and over.

During the past 12 months 64 young people attended a young carers group, including 11 young people caring for parents with mental health conditions, and fewer than 5 young people caring due to domestic abuse at home or parental substance misuse issues.

9. Pathways to Access Support

9.1 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.

9.1.1 Universal Services

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

9.1.2 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.

9.1.3 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.

9.1.4 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.

9.1.5 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.

10. Recommendations

Although the numbers of children in Rutland are relatively small, it is clear that there are still opportunities to improve the support to 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, this is particularly important where these issues come to light once the child is engaged with our services and has not been the initial reason for referral.

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. Develop integrated support services for children and young people who are at risk of or have experienced family life that features substance misuse, domestic abuse and/or mental ill health of their main caregiver.

7. Put specific targeted support and interventions services in place for children and young people who witness domestic abuse in the household and ensure this is picked up as part of the recommissioning if domestic abuse services taking place during 2019/20.

8. 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.

Appendix A – Definitions

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

Domestic Abuse
The draft Domestic Abuse Bill 2018 definition is used:

Domestic abuse is behaviour by a person towards another person where they are aged 16 or over and are personally connected. Behaviour is considered abusive if it consists of any of the following:
(a) physical or sexual abuse;
(b) violent or threatening behaviour;
(c) controlling or coercive behaviour;
(d) economic abuse;
(e) psychological, emotional or other abuse.

Substance Misuse
There is no single accepted definition for the term 'substance misuse'; this document uses the National Institute of Clinical Evidence (NICE) definition of:

Substance misuse refers to the use of legal or illicit drugs, including alcohol and medicine, in a way that causes mental or physical damage.

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.

Throughout this document, the term 'parent' is defined as any person acting as a father, mother or guardian to child, who may include a 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.