

Birmingham Public Health

# Children with parents or carer in services

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# Children with parents or carer in services

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## 1 Drug or Alcohol Misuse

The proportion of people in treatment living with a child under 18 is shown in Table 1. It should be noted that the substance misuse service was retendered, with the new system introduced in March 2015. The new contract has an increased focus on recovery and child safeguarding. This emphasis on establishing and risk assessing if service users have children in the household may affect the proportion recorded in Birmingham compare to other areas.

**Table 1 – Proportion in treatment who live with children under the age of 18**

	(n)	Birmingham (%)	National (%)
<b>Opiate</b>	1792/4850	36.9%	29.4%
<b>Non-opiate</b>	215/741	29.0%	24.0%
<b>Alcohol</b>	367/1765	20.8%	25.0%
<b>Alcohol &amp; non-opiate</b>	155/789	19.6%	23.3%

**Source:** Diagnostic Outcomes Monitoring Executive Summary (DOMES) Quarter 3 2015/16

### ***Service response to households with a parent/care undergoing treatment for substance misuse***

Substance misuse services in the city are provided by CGL (formerly CRI). Narrative from their Quarter 3 15/16 Report and safeguarding data their Quarter 4 15/16 Report are given in Appendix 1.

A Section 11 Audit of children’s safeguarding arrangements was carried out at the request of BSCB in October 2015. The service providers’ response is given in Appendix 2 and 3.

## 2 Mental Health

No service data are currently available on the number of children in households where there is a parent/carer known to be receiving treatment for mental health issues from either primary care or Birmingham and Solihull Foundation Mental Health Trust.

Hospital activity data indicates that in the two financial years 2013/14 and 2014/5 that a total of 538 women gave birth who were also in contact with Birmingham and Solihull Foundation Mental Health Trust. 313 (58%) had contact with the Perinatal service in the trust. Of these, 207 had contact with that service and no other.

### 3 Domestic Abuse

Data is available on the number of households with children known to be exposed to domestic abuse through

- police reports
- homeless presentations
- joint screening
- some commissioned specialist domestic violence services
- Think Family programme

Data is not systematically available on

- the number of children receiving a service from children's social care where domestic abuse is a factor in their lives beyond those entering services through joint screening
- differentiating between those households with children who receive more than one service.

In this way, it is not possible to arrive at a single figure of the number of children known to be exposed to domestic abuse in the city beyond estimates from the Crime Survey and wider national research.

The following information relates primarily to 2015/16, unless otherwise stated.

#### (a) Police reports

**Table 2 - First incidents of domestic abuse with children present by district 2015/16**

District	Present	Witness	Shield	Injured
Edgbaston	564	234	1	2
Erdington	835	335	0	4
Hall Green	532	229	1	2
Hodge Hill	931	386	1	3
Ladywood	862	364	6	11
Northfield	880	359	1	4
Perry Barr	731	313	0	2
Selly Oak	579	240	1	9
Sutton Coldfield	238	104	1	1
Yardley	806	348	0	2
<b>City</b>	<b>6,958</b>	<b>2,912</b>	<b>12</b>	<b>40</b>

**Source:** West Midlands Police

Across the city there are higher rates of children present in reported domestic abuse cases in Hodge Hill, Northfield and Ladywood districts with the lowest rate (3.4%) in Sutton Coldfield district. As

with all domestic abuse reports there are a higher number of reports of children present in the more deprived areas of the city.

**(b) Homelessness presentations**

**Table 3 - Domestic Abuse presentations by household type - 2011/12 - 2014/15**

YEAR	COUPLE WITH DEPENDENTS		LONE PARENT	
	Domestic Abuse	Total homeless	Domestic Abuse	Total homeless
2011/12	22	1,035	952	3,183
2012/13	12	943	854	2,758
2013/14	11	887	878	2,666
2014/15	12	926	753	2,575
<b>Total</b>	57	3,791	3,437	11,182

Source: Birmingham City Council homeless data

On average 30% of all domestic abuse homeless applications are lone parent households. The numbers of children are not recorded.

**(c) Joint screening**

Whilst 6978 children were known to be present when domestic abuse was reported to the police (2015/16), many more children are known by the police to belong to that household and result in automatic notifications from the police to social care. The following table represents those notifications (2015) which are subject to joint screening. Note that where the police identify child protection, these cases by-pass joint screening and are referred directly to the MASH

**Table 4 – Joint screening of children 2015**

	North	East	South	West & Central	Total 2015	Total Increase/ Decrease from 2014	Percentage Increase/ Decrease from 2014
January	148	133	318	101	700	213	44%
February	214	150	307	87	758	155	26%
March	215	193	410	168	986	337	52%
April	212	228	453	123	1016	571	128%
May	223	167	410	119	919	-103	-11%
June	240	213	397	158	1008	54	6%
July	227	216	457	119	1019	40	-4%
August	249	158	452	92	951	110	13%
September	262	178	480	105	1025	58	6%
October	191	169	412	87	859	-15	2%
November	239	180	476	114	1009	416	70%
December	248	192	464	122	1026	150	17%
					11276	1415	29%

Source: tbc

**(d) Think Family**

622 of 3,659 (17%) families currently (April 2016) identified during Phase 2 were identified with domestic violence & abuse issues within the family. It is acknowledged that this figure is likely to be an underrepresentation of the prevalence of domestic abuse within these families which will often be undetected at the point of referral. (1,301 are awaiting further confirmation of the issues affecting the family.)

**Table 5 - Domestic abuse as a proportion of Think Family referrals**

<b>District</b>	<b>Number of families</b>	<b>% of total families affected by domestic violence &amp; abuse</b>
Edgbaston	61	9.8%
Erdington	77	12.4%
Hall Green	42	6.8%
Hodge Hill	75	12.1%
Ladywood	63	10.1%
Northfield	95	15.3%
Perry Barr	67	10.8%
Selly Oak	50	8.0%
Sutton Coldfield	24	3.9%
Yardley	66	10.6%

### ***Commissioned services in support of children and families living with domestic abuse***

There is some variation across the City Council in how data is collected from commissioned domestic abuse services as demonstrated in Table 6, below. Although not contractually required, some of the providers will be systematically recording this information whilst others would not, making the activity to collect this retrospectively from all providers of variable use.

**Table 6 - Domestic Violence & Abuse Services Commissioned by Birmingham City Council and Birmingham Community Safety Partnership.**

<b>Provider</b>	<b>Service</b>	<b>Nature of service</b>	<b>Number of adult service users 2015/16</b>	<b>Number of child direct service users 2015/16</b>	<b>Number of households with children</b>	<b>Number of children in households</b>	<b>Notes</b>
<b>Ashram</b>	Refuge	Family Support	53				Data on children not collected by commissioner
<b>Birmingham &amp; Solihull Womens Aid</b>	Refuge	Family Support	208				Data on children not collected by commissioner
<b>Birmingham Crisis Centre</b>	Refuge	Family Support	104				Data on children not collected by commissioner
<b>Gilgal Birmingham</b>	Refuge	Family Support	62				Data on children not collected by commissioner
<b>Salvation Army</b>	Refuge	Family Support	81				Data on children not collected by commissioner
<b>Trident</b>	Refuge	Family Support	54				Data on children not collected by commissioner
<b>Ashram</b>	Floating Support	Adult service	89	0			Data on children not collected by commissioner
<b>Birmingham &amp; Solihull Womens Aid</b>	Floating Support	Adult service	268	0			Data on children not collected by commissioner

<b>Shelter</b>	Floating Support	Adult service	87	0			Data on children not collected by commissioner
<b>Trident</b>	Floating Support	Adult service	104	0			Data on children not collected by commissioner
<b>Trident</b>	Male - Floating Support	Adult service	23	0			Data on children not collected by commissioner
<b>Refuges</b>	Children who are Homeless in Hostels/Refuges	Child Service	0	277		277	Number of households not collected by commissioner
<b>Birmingham &amp; Solihull Women's Aid</b>	Think Family	Family Support	60		60		Number of children not collected by commissioner
<b>Birmingham &amp; Solihull Women's Aid</b>	Child and Family Support	Family Support	118		118		Number of children not collected by commissioner
<b>Birmingham &amp; Solihull Women's Aid</b>	Helpline	Adult service	1716	0			Data on children not collected by commissioner
<b>Theam Security</b>	Sanctuary Scheme	Adult service	78		53		Number of children not collected by commissioner
<b>Birmingham &amp; Solihull Women's Aid</b>	Women's Safety Unit	Adult service	1889	0	730	1504	
<b>Birmingham LGBT</b>	IDVA	Adult service	34	0	1	2	
<b>Birmingham &amp; Solihull Women's Aid</b>	DV Group work	Adult service	162	0	111	125	
<b>Birmingham &amp; Solihull Women's Aid</b>	FGM Community engagement & support	Adult service	159	0			Data on children not collected by commissioner
<b>IRIS</b>	Health Pathways	Adult service	90	0			Data on children not collected by commissioner

**Source:** Data collected on children by the commissioner



## 4 Birmingham Child Health Profile – 2016

**Table 7 - Child Health Profile Youth Justice and Hospital admissions –**

Indicator	Birmingham Number	Birmingham Rate	England Rate
First time entrants to the youth justice system (Rate per 100,000) – 2014	561	480.3	409.1
Hospital admissions due to substance misuse (15-24 years). Directly Standardised Rate per 100,000 – 2012/13 to 2014/15	106	59.2	88.8
Hospital admissions for mental health conditions. Crude rate per 100,000 – 2014/15	282	99.9	87.4
Hospital admissions as a result of self-harm (10-24 years). Directly Standardised Rate per 100,000 – 2014/15	716	281.4	398.8

● Significantly worse than England average   
 ● Not significantly different  
● Significantly better than England average   
 ◆ Regional average

Source: <http://www.chimat.org.uk/profiles>

## 5 Characteristics of Children in Need – 2014/2015

**Table 8 - Birmingham Children in Need characteristics**

Children in Need Statistics		Birmingham	England
<b>1</b>	Children in Need at March 2015	9,676	391,000
	Rate of children in need at 31 March 2015 per 10,000 children	342.8	337.3
<b>2</b>	Number of Assessments completed by social services year ending March 2015	18,425	550,810
	Rate per 10,000 of children aged under 18 years	652.8	475.2
<b>3</b>	Factors identified at end of assessment ending March 2015 (Domestic Violence)	8,687 (77.2%)	197,700 (48.2%)

Source: <https://www.gov.uk/government/statistics/characteristics-of-children-in-need-2014-to-2015>

## *Appendix 1.*

### **A. Safeguarding – Narrative from CGL (formerly CRI) Quarter 3 Report 15/16**

During this period we have seen the numbers on the safeguarding caseload begin to stabilise. The safeguarding module currently holds records of 1114 cases where we hold concerns, with 811 'active risk' cases and 303 cases now de-escalated to 'previous concerns' where we are satisfied the risk is being defensibly managed either by single or multi-agency working. (though these cases remain under review).

The MASH co-location initiative continues to progress strongly in the face of the continued restructuring of Birmingham Children's Services. The benefits of improved relationships with Social Workers, and greater exposure to Social Care thresholds is penetrating the workforce and now visible in practice. Recent dip sampling of MASH referrals as part of our Quality Audit shows a marked improvement in the quality of referrals and staff understanding of MASH thresholds. We continue to maintain a focus on upskilling and training our staff to a high level of competency with 85% of the staff compliment now having completed our e-learning modules on both Safeguarding Adults and Safeguarding Children with a pass rate of 80% or higher.

Staff confidence in managing safeguarding risk continues to develop, evidenced by an increase in the number of cases brought forward for escalation where there has been a dispute with Social Care around the perceived risk to a child.

A review of our Section 11 audit by Birmingham Safeguarding Children's Board, completed at their request, provided positive re-assurance that we continue to progress and improve our safeguarding systems and processes around keeping children safe pursuant to their policies and procedures.

**Safeguarding and improved relationships – Data from CGL Quarter 4 15/16 Report**

<b>Safeguarding and Improved relationships with family members, partners and friends</b>	<b>Target</b>	<b>Q1 15/16</b>	<b>Q2 15/16</b>	<b>Q3 15/16</b>	<b>Q4 15/16</b>	<b>YTD</b>
Parental status recorded at treatment commencement	<b>100%</b>	100%	99.5%	99.5% (2590 / 2604)	100% (3783 / 3783)	100% (3783 / 3783)
Number of active safeguarding cases Would expect to be 10% of treatment cohort (national average) or 14.5% NSPCC – last day of month	<b>n/a</b>	961 (17%)	963 (11%)	14% (741 / 5311)	13% (686 / 5126)	-
Of caseload number who have a CPP (Child Protection Plan) – last day of month	<b>n/a</b>	93	68	79	76	-
Of caseload number who are on a CIN (Child in Need) plan – last day of month	<b>n/a</b>	n/a	54	69	47	-
Number of caseload CRI are concerned about that do not meet MASH Threshold	<b>n/a</b>	n/a	n/a	n/a	n/a	-
Number of CIN referrals from CRI	<b>n/a</b>	n/a	n/a	n/a	n/a	n/a
Number of pregnant service users – last day of month	<b>n/a</b>	51	14	30	36	-
Number and % of fCAF initiated by CRI	<b>n/a</b>	1	1	0	2	4
Number of referrals made to MASH	<b>n/a</b>	0	10	9	8	27
Number of referrals disputed by MASH	<b>n/a</b>	2	1	0	0	3
Number of disputed referrals to MASH which have been escalated	<b>n/a</b>	2	1	1	0	3
Number of referrals from Adult Social Care	<b>n/a</b>	4	2	0	0	6
Number of referrals from Children Social Care with Complex/Significant Needs	<b>n/a</b>	1	0	0	0	1
Number of referrals from Children Social Care with Additional Needs	<b>n/a</b>	0	1	1	0	2
Number of children looked after by: (i) Local Authority	<b>n/a</b>	74	26	83	-	-
Number of children looked after by: (ii) a kinship carer	<b>n/a</b>	11	-	-	-	-
Number of parents living in temporary accommodation	<b>n/a</b>	517	649	727	209	-
Number of parents reporting a mental health condition	<b>n/a</b>	1	341	-	126	-
% of clients with parental responsibility with a completed parenting needs assessment commenced	<b>100%</b>	n/a	n/a	n/a	n/a	n/a
% of clients with parental responsibility with a completed parenting needs assessment commenced	<b>100%</b>	n/a	n/a	n/a	n/a	n/a

Number of referrals from YP (This may include referrals not only from Aquarius services)	n/a	0	0	0	0	0
Of CYP referrals number that commenced treatment	n/a	961 (17%)	n/a	n/a	n/a	-
Of those that commenced treatment from CYP referrals the number who successfully completed treatment	n/a	93	n/a	n/a	n/a	-

Length of time on safeguarding register	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
0-3 months	162	83	591	81
3-6 months	799	319	242	82
6-12 months	0	797	256	279
12 months plus	0	0	0	244

## Appendix 2.

### A. Child Safeguarding Section taken from CGL (formerly CRI) 12 month review (15/16) report to Councillor Hamilton

At the end of Year 1 (15/16) there were 686 active child safeguarding cases recorded on CGLs system. This represents 13% of the current treatment cohort (5126).

Throughout the first year considerable work has been carried out to provide a gold standard approach to Child Safeguarding. The service has placed paramount importance on ensuring that child safeguarding information has been both complete and accurate.

Achievements in this area include the following:

- The service has successfully embedded into MASH and the co-location of the services continues to progress strongly. A rota of team leaders sit within MASH on a daily basis to advise on and assess cases.
- Child Protection Master classes have been delivered to CGL staff by BCC Social Care
- A Child Protection social worker has held consultancy sessions at CGL premises to support and advise staff.
- A comprehensive Safeguarding toolkit (including protocols, proformas & forms, contact details and top tips) has been disseminated to all staff.
- Child Safeguarding activity and quality performance measure have been revised to ensure that reporting is more robust and reflective of service delivery.
- An assessment and review of all service users has been conducted to ensure that information relating to Safeguarding is up to date and accurate.
- Home assessments are undertaken for all service users with children
- A heat map of prevalence of child safeguarding concerns based on service user assessment has been produced to inform service delivery.
- A Joint Working Protocol between CGL and BCC Children's Services has been developed to facilitate referrals and information sharing.
- CGL in Birmingham put itself forward as a pilot site for ADFAMs research into Opioid Substitute Medications in Drug Treatment: Tackling the Risks to Children. A multi stakeholder meeting took place on the 28<sup>th</sup> September to start this process.
- CGL have seen an increasing number of requests across the Region to provide court reports to support Local Authority Legal Services in initiating Care Proceedings. In response to this increase CGL are in the process of implementing a standardised approach to the provision of reports. This approach will ensure consistency in the quality of reporting; will ensure that court deadlines are met, and that frontline practitioners receive appropriate support.
- CGL have undertaken a survey of the entire Birmingham workforce to support effective management of safeguarding concerns. The results of the service will support learning analysis around safeguarding management, and identify gaps in knowledge whilst seeking to embed recent changes in practice and culture.
- Also underway is the development of a Regional Safeguarding Forum to support Birmingham and all West Midlands Staff. It will be informed by the learning analysis from the survey, and will look to ensure that the CGL national agenda and headline learning from Serious Case Reviews is distilled and effectively cascaded throughout the workforce and across the supply chain.
- CGL have engaged with the Birmingham Early Help and Safeguarding Partnership and are involved in developing and supporting Birmingham's Early Help and Brokerage offer, with a focus on improving preventative interventions, and encouraging the take up of treatment for those families that need it.

The work carried out in this area over the past year has benefited the service in a variety of ways including;

- Improved relationships with Social Workers
- A marked improvement in the quality of referrals and staff understanding of MASH/Social Care thresholds.
- Safeguarding training indicates an increased level of competency with Safeguarding amongst staff. For example, 85% of the staff members who have completed e-learning modules on both Safeguarding Adults and Safeguarding Children have passed with a pass rate of 80% or higher.

A Section 11 audit was conducted by Birmingham Safeguarding Children's Board and provided positive re-assurance that CGL continue to progress and improve their safeguarding systems and processes around keeping children safe. In the coming year CGL will also take up a place on the BSCB board (most likely in the subgroup looking at quality and performance).

### *Appendix 3.*

## **CRI's Response to Birmingham Safeguarding Children Board**

CRI have been asked by Birmingham Safeguarding Children Board to provide reassurance regarding application of safeguarding practice and how we have implemented learning from the Serious Case Review that is currently taking place.

CRI (Crime Reduction Initiatives) are a health and social care charity working with individuals, families and communities across England and Wales that are affected by drugs, alcohol, crime, homelessness, domestic abuse, and antisocial behaviour. CRI's services, delivered in communities and prisons, encourage and empower people to regain control of their lives and motivate them to tackle their problems.

The Birmingham Service, Reach Out Recovery, has five geographical teams who work within community venues across the 10 Birmingham Constituencies. We have been working closely with a range of providers and have arrangements in place to provide recovery and clinical services in all Constituencies. We started to promote widely the venues where service users can drop in, receive recovery interventions and be seen by our clinical staff.

CRI are committed to practice which promotes the wellbeing, health and safety of children and vulnerable adults. A 'Whole Family' Safeguarding culture is embedded in training and practice at every level and is supported by robust governance arrangements. CRI have in place rigorous 'front end' gate keeping processes which seek to identify vulnerable adults and children from the first point of contact with our services and promote integrated multi-agency working of such cases with our local delivery partners.

With this in mind, and as a result of the ongoing Serious Case Review, CRI invested resources in providing a Safeguarding Lead at the implementation stage to support embedding safeguarding processes and practice across the supply chain. The Safeguarding Lead has developed key relationships with partner agencies to support the smooth delivery of multi agency working and provide appropriate intervention to families and inform broader partnership work as the contact progresses.

As part of the mobilisation plan, CRI made a request to all outgoing providers for data on all safeguarding cases held by them. In order to create an accurate profile of the risk and reduce the impact on continuity of care for service users and their families during transition. This included identifying key dates for child protection case conferences and children in need meetings for us to attend.

We have now plotted our safeguarding case load data in the form of a 'heat map' and will be using it to target strategically our responses on a needs led basis across the city in the work going forwards.

- CRI have worked collaboratively with our commissioners and PHE in attending monthly safeguarding progress review meetings and providing detailed information on how we are developing our safeguarding structures.



- We have contributed to the Safeguarding Children & Young People Affected by Adults Substance Misuse, joint working protocol between Reach Out Recovery and Birmingham Children's Services.
- We have contributed to the F-CAF to include the screening of parental substance misuse for practitioner for early identification and to support the provision of early help.

CRI will be co-locating substance misuse practitioners within the MASH Hubs from the beginning of July. They will provide a virtual consultancy offer, commencing with an induction supported by the CRI Birmingham Safeguarding Lead and the CRI National Safeguarding Lead. There is a commitment to provide Substance Misuse and Alcohol Awareness training to Social Workers to encourage and nurture effective joint working. We will take a needs led approach to targeting areas with high need to ensure that resources are effectively deployed.

CRI has in place a comprehensive training programme for staff, community volunteers and managers that ensures compliance with our NSPCC pursuant policies, and the continuous professional development of our staff to deliver effective quality interventions safely. All CRI training courses are mapped to relevant National Occupational Standards (NOS), which form the basis for both learning objectives and content. CRI also provides regular refresher training to keep skills up-to-date and incorporate new learning.

All of our staff and volunteers who undertake client facing work receive mandatory core training around Safeguarding Adults and Children, with additional dedicated training on 'Over the Threshold' how to undertake an effective home visit and assessing need within the family environment. Staff will visit whilst children are at home to gain an understanding of the children's needs.

We have a commitment from Birmingham Children's Services for the provision of a Child Protection Social Worker to offer consultation to staff and support the ongoing identification of safeguarding risks to children.