Connecting up the care

Supporting London's children exposed to domestic abuse, parental mental ill-health and parental substance abuse.

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LONDONASSEMBLY

INTRODUCTION

Adverse Childhood Experiences (ACEs) are traumatic events that occur during childhood and can increase the risk of experiencing a range of health issues such as developing heart disease, and poor social outcomes such as involvement in crime, later in life. The likelihood of poor outcomes occurring increases as the number of ACEs experienced increases.[1,2]

In 2019, the London Assembly Health Committee investigated the combination of three ACEs: domestic abuse, parental mental ill-health and parental substance abuse. These three ACEs commonly co-occur,[3] so there is value in looking at them as a cluster to understand how services are working for people who experience multiple vulnerabilities.

This report will use the term 'the three vulnerabilities' to refer to the experience of domestic abuse, parental mental ill-health and parental substance abuse.

The Committee wanted to understand the prevalence of the issue in London, what actions should be taken by the Mayor to help prevent these three vulnerabilities from occurring in the first place, and what he should do to aid intervention and support after it has been experienced. We visited Archway Children's Centre in Islington to meet staff who delivered children's services across the borough, held a round table meeting with a range of policy experts in the field, and asked a series of questions to senior police representatives through the Assembly Police and Crime Committee. In a call for evidence the Committee asked to hear about the wider determinants behind these three vulnerabilities, and how access to, and support from, services could be improved. A rich array of input was received from over twenty organisations, including third sector service providers, research institutions and borough councils. The time and input from all those who contributed is greatly appreciated.

There were a wide range of recommendations for future action from all those that we engaged with. Out of these, the three key findings and recommendations discussed below are themes which arose repeatedly, which are implementable by the Mayor and which the Committee believe could realise the greatest benefit to Londoners.

This investigation builds on previous work undertaken by the London Assembly. For example, in 2018 the Health Committee's report 'Healthy First Steps' assessed mayoral ambitions to provide every child with the best start in life, and included a recommendation to implement a programme to reduce ACEs experienced by Londoners.[4] Last year the Assembly Police and Crime Committee wrote to the Mayor urging a more explicit focus on ACEs to tackle the causes of violence,[5] and the Mayor confirmed in his response that this would be an area of focus.[6]

OUR RECOMMENDATIONS

The Mayor's London Health Board should create an action plan focussing on the intersection of domestic abuse, parental mental ill-health and parental substance abuse. This action plan should:

- **Assess the implementation and effectiveness of Information Sharing Agreements across London, and promote best practice between boroughs**
- **Investigate equality of access to multi-agency working for all Londoners and work to facilitate equal access to services**
- **Encourage all its partners to adopt a trauma-informed approach when working with people that are experiencing single or multiple vulnerabilities.**

What is the London Health Board?

The London Health Board (LHB) is a non-statutory group chaired by the Mayor of London comprising leaders of London local authorities and key London professional health leads, including representatives from NHS England, NHS Improvement and Public Health England.

The aim of the Board is to drive improvements in London's health, care and health inequalities where political engagement at this level can uniquely make a difference. It seeks to champion and support the spread of good practice, challenge national partners and health leaders to deliver improved health and wellbeing services, and support London's ambition for health and care transformation through healthcare devolution.

The Board is therefore well placed to implement the Health Committee's recommendations set out above. These three recommendations are covered in more detail over the following pages.

Challenging circumstances for service provision

Services that work across the three vulnerabilities considered in this report, as well as children's services in general, are all working in challenging circumstances. Over recent years, demand for domestic abuse services, drug and alcohol services and children's services has risen, whilst funding for these services has been reduced.[7,8,9,10]

This has, unsurprisingly, impacted the level of service that can be offered. For example, a survey of health and care professionals in 2018 by Alcohol Concern and Alcohol Research UK found that only twelve per cent of respondents felt that resources were sufficient in their area.[11] Similarly, a 2019 Women's Aid report found that a third of domestic abuse services had been forced to reduce the amount of support they provide in the last five years,[12] and in 2018/19 councils across the country had to spend £770 million more on children's social care than had been budgeted for, due to budget cuts.[13] In contrast, here have been a number of commitments to increase investment in mental health services in England. However, a survey of doctors by the British Medical Association suggests the impact of these commitments are not yet being felt on the front line of services.[14]

THE SCALE OF THE ISSUE IN LONDON

3,097 children

Data obtained by the Committee from the Department for Education reveals that 3,097 children were recorded as experiencing domestic abuse, substance misuse and parental mental ill-health in London between April 2017 and March 2018. Figure 1 below shows the number of children affected by one, two or all three of the vulnerabilities in London.

ACEs are found across society, but they are not distributed evenly. One factor that can increase the likelihood of experiencing ACEs is a higher deprivation score[15] (which means a lower level of income and access to resources). Experiencing ACEs can then in turn impact on educational attainment, employment and income. ACEs can also be transferred between generations. The parents of children who experience ACEs are more likely to have experienced ACEs themselves.[16]

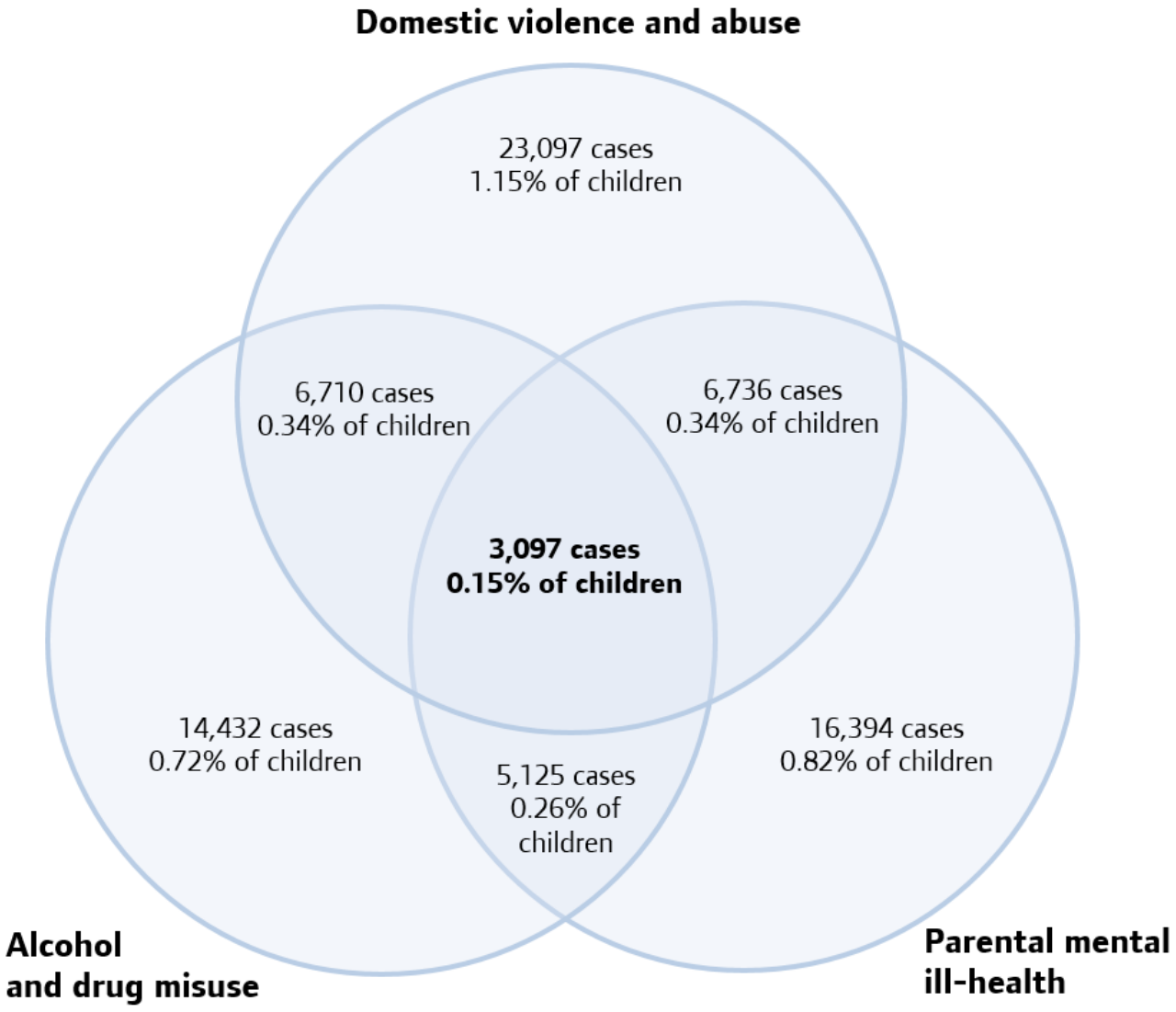

Figure 1: the prevalence of children in London who have experienced domestic violence and abuse, alcohol and drug misuse, and parental mental ill-health.
Data source: Freedom of Information request from the Department of Education.

Key finding 1: Information sharing and data collection is key for services to function effectively.

The ability to collect and share data is crucial for services to effectively support children experiencing multiple vulnerabilities, and to help identify and share concerns about families before issues emerge. However, as Croydon Council told the Committee, this can be particularly difficult for domestic abuse, parental mental ill-health, and parental substance abuse. This is due to the hidden nature of these issues, which are often kept within families, and the fact that several different services generally need to be involved.[17]

Staff at Archway Children's Centre in Islington told us that their work is supported by an Information Sharing Agreement (ISA) signed between numerous services. The ISA means that individual staff are no longer required to navigate data protection regulation and decide what information can be shared on a case by case basis, instead providing a standardised framework for the sharing of information across traditional organisational boundaries so as to deliver better safeguarding services.[18,19]

The Ministry of Housing, Communities and Local Government, which promotes the drawing up of ISAs by local authorities, has noted that ISA implementation is variable across the country, with some local authorities finding it easier than others to engage all the relevant agency partners and allay concerns about data protection.[20] As a result, there may be a discrepancy in the level of support that services are able to offer Londoners between different boroughs.

The Committee therefore calls on the London Health Board to assess the implementation and effectiveness of ISAs across London and promote best practice between boroughs. This would help to reduce geographical inequality in the level of support that services are able to provide to families and children. This action fits well with previous Mayoral commitments and recommendations to increase information sharing between bodies to improve health and care outcomes for Londoners, such as those laid out by the London Health Commission,[21] and in the London Health Partnership's Health and Care Vision for London.[22]

Recommendation 1: The London Health Board should assess the implementation and effectiveness of Information Sharing Agreements across London, and promote best practice between boroughs.

Key finding 2: Multi-agency working is vital for person-centred care, but there is unequal access to this for Londoners.

Good information sharing facilitates multi-agency working. A joined-up approach between both statutory and voluntary services is the key to working effectively with people and families experiencing multiple vulnerabilities, and to help prevent issues from arising in the first place.[23] In the responses to the Committee's call for evidence, we heard how fragmented services can lead to the individual issues a person or family is experiencing being treated separately. This can result in repeated referrals to different services, with no single service having oversight of the issue as a whole.

Furthermore, when services are not joined-up, experiencing one vulnerability can inhibit the response to another. A joint survey by the Institute of Alcohol Studies and the Centre for Mental Health, for example, found that 84 per cent of professionals working in alcohol and mental health services across the UK agreed that having an alcohol use disorder would be a barrier to getting mental health support.[24]

In contrast, effective multi-agency working allows for a person-centred approach, rather than treating the individual as a set of distinct needs.[25] One example is multi-agency risk assessment conferences (MARACs) – regular local meetings focussed on victims at high risk of harm from domestic violence. As well as domestic abuse services, relevant teams such as those from mental health, substance abuse, children's social care, housing and education also attend to share information and assess risk.[26,27]

Identification and Referral to Improve Safety (IRIS) is another programme targeting domestic violence in the first instance. It provides GPs with training and support to recognise and talk about suspected abuse, and the ability to refer patients to a specialist advocate who can coordinate input from a collaborative system of health and third-sector organisations – including those focussed on substance abuse and mental health.[28]

SafeLives, a charity dedicated to ending domestic abuse, told the Committee how important it is for service users to have a single point of contact in this way, who can coordinate the response to their needs.[29]

As of June 2019, IRIS is working in ten local areas in London. The CLAHRC research institute recommended to the Committee that the IRIS programme should be rolled out across London. This would mean primary care services with pathways into specialist collaborative support could be accessed across the city by all those who would benefit

As well as geographical inequality, respondents told the Committee about inequalities of access for certain societal groups to multi-agency programmes. BAME and LGBT groups are underrepresented in accessing both the MARAC process[30,31] and specific services that can be part of a multi-agency response, such as alcohol or substance abuse services.[32,33,34] Individuals with English as a second language can also find accessing services difficult, as they may be reliant on others to translate for them.[35] Furthermore, University College London suggested to us that due to the link between deprivation and ACEs, the areas of London with the highest levels of need are likely to have the fewest resources.[36]

The Committee therefore recommends that the London Health Board should investigate equality of access to multi-agency working for all Londoners, and work to facilitate equal access to services by ensuring that currently underserved localities and underrepresented societal groups are reached.

Recommendation 2: The London Health Board should investigate equality of access to multi-agency working for all Londoners, and work to facilitate equal access to services.

Key finding 3: Adopting a trauma-informed approach improves outcomes.

The Committee heard repeatedly about the importance of services adopting a trauma-informed approach when working with people who have experienced ACEs. When individual services adopt trauma-informed approaches they are able to deliver more informed care. This can lead to service users feeling safer, more supported, and better engaged with services. Care and treatment outcomes are improved as a result.[37] When all public sector services in an area use trauma-informed approaches – often alongside third sector services and employers – trauma-informed communities can be created. These collaborative approaches can create communities in which everyone has the best chance of being emotionally healthy and stable and can aid early intervention to achieve positive outcomes.[38,39]

The NSPCC told the Committee that London has the potential to "lead the way, and build further momentum for innovative, trauma-informed approaches".[40] However, as the drug and alcohol charity WDP commented, there is currently inconsistency between whether commissioned services are mandated to use a trauma-informed approach or not.[41]

What is a trauma-informed approach?
"A programme, organisation, or system that is trauma-informed realises the widespread impact of trauma and understands potential paths for recovery; recognises the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatisation."[42]

Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services

The Committee therefore recommends that the London Health Board encourages all its partners to adopt a trauma-informed approach when working with people that are experiencing single or multiple vulnerabilities.

The Mayor says he has already committed to adopting trauma informed approaches in tackling serious violence and knife crime,[43] and in addressing violence in prisons.[44] Extending this approach to all services that encounter people experiencing single or multiple vulnerabilities would help create trauma-informed communities and provide better support to those who require it.

Recommendation 3: The London Health Board should encourage all its partners to adopt a trauma-informed approach when working with people that are experiencing single or multiple vulnerabilities.

Who did the Health Committee engage with?

The London Assembly Health Committee dedicated two of its meetings to this investigation (June and July 2019).

In June 2019, a delegation from the Health Committee visited Archway Children's Centre.
Children and health sector specialists that hosted and attended this meeting included the following people:

- **Carmen Littleton**, Corporate Director - People Services, Islington Council
- **Kaya Comer-Schwartz**, Lead Member for Children, Young People and Families, Islington Council
- **Penny Kenway**, Head of Early Years and Childcare, Islington Council
- **Gwen Fitzpatrick**, Early Years Service Lead, Bright Start and Safeguarding, Islington Council
- **Joanna Collins**, Operational Lead for Children and Young Peoples Services and CAMHS, Islington Council
- **Alan Caton**, Independent Chair, Islington Safeguarding Children Board
- **Helen Cameron**, Health and Wellbeing Manager (Islington Healthy Early Years Lead), Islington Council
- **Mita Pandya**, Executive Head of Nursery: Willow and Archway Children's Centres
- **Ciara Rush**, Head of Nursery, Archway Children's Centre
- **Lutfa Choudhury**, Head of Nursey, Willow Children's Centre
- **Renata Moriconi**, Early Childhood Area Lead, Islington Council
- **Lyndsey Morton**, Family Support Coordinator, Islington Council
- **Sheena Gofton**, Locality Manager, Islington Council
- **Liz Vitrano**, Early Years Lead, St Marks School
- **Sian Barnett**, Joint Manager U5s Team and Lead for CAMHS in Bright Start Islington Children's Centres
- **Bev Ball**, Service Manager, Better Lives Family Service
- **Abi Onaboye**, Head of Service, Strategy, Commissioning and Policy, Islington Council

In July 2019, the Health Committee held a round table, hosted by NSPCC, with the following representatives:

- **Dr Paul Plant**, Interim Regional Director for London, Public Health England (representing the London Health Board)
- **Dr Sam Everington**, Chair, Londonwide Clinical Commissioning Council (representing the London Health Board)
- **Superintendent Mark Lawrence**, MPS Lead for Mental Health, Drug and Alcohol Abuse and Suicide Prevention (representing the London Safeguarding Children Board)
- **Jon Brown**, Head of Development and Impact, NSPCC
- **Tom Clarke**, Senior Quantitative Analyst, Children's Commissioner

In July 2019 the London Assembly Policing and Crime Committee posed a series of questions in relation to this investigation to:

- **Mark Simmons**, Assistant Commissioner, Metropolitan Police
- **Sophie Linden**, Deputy Mayor for Policing and Crime

Our thanks to all those that shared their knowledge and expertise with the Health Committee.

About the London Assembly's Health Committee

The London Assembly holds the Mayor and Mayoral advisers to account by publicly examining policies and programmes through committee meetings, plenary sessions, site visits and investigations. The Health Committee reviews health and wellbeing across London, with a particular focus on public health issues and reviewing progress of the Mayor's Health Inequalities Strategy. The Committee's meetings are open to the public and are broadcast on our website at www.london.gov.uk. The Committee also regularly seeks views from the public through calls for evidence, events and meetings in public. If you would like to be kept informed about our work on health and wellbeing, or have a question or suggestion, please contact healthcommittee@london.gov.uk. We would love to hear from you.

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