

Parenting JSNA

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Introduction

The impact of parenting on children's life chances is well documented, this has been shown in studies of those in early childhood, right through to adolescence^{1, 2, 3}. Research has found that it is not a particular family structure that is important but rather, *“responsible, committed and stable parenting by people who genuinely care about the child”*⁴.

The government guide '[Working together to safeguard children](#)' highlights that local authorities have an overarching responsibility for safeguarding and promoting the welfare of **all** children and young people in their area. Hence the need to look at parenting within a needs assessment. The above guide identifies that professionals should be alert to the potential need for early help for a child who has risk factors including those living in a family circumstance presenting challenges for the child, such as substance abuse, domestic violence and adult mental health problems (often called the toxic trio). As Lewisham has high prevalence rates of these risk factors, this JSNA has focused on these three issues.

Furthermore there has been growing emphasis on the term [Adverse Childhood Experiences](#) (ACES) to describe a wide range of stressful or traumatic experiences that children can be exposed to whilst growing up, which then increase the risk of experiencing a range of health conditions in adulthood. ACEs range from experiences that directly harm a child (such as suffering physical, verbal or sexual abuse, and physical or emotional neglect) to those that affect the environment in which a child grows up (including parental separation, domestic violence, mental illness, alcohol abuse, drug use or incarceration). By having services and programmes in place to minimise the number and impact of ACEs the greater the reduction in health and societal inequalities.

Focus Areas

Substance Misuse

Alcohol and drugs use has a major impact on health, anti-social behaviour, crime and other important social issues, including the well-being and development of children and young people. It is also a well-known risk factor for abuse and neglect. The National Drug Strategy 2017 states:

‘Parental drug and alcohol dependence can have a significant impact on families, particularly children, and can limit the parent’s ability to care for their child(ren). Parents are role models for their children and parental dependence increases the likelihood of children misusing drugs and alcohol themselves. It can also mean that children take on inappropriate caring roles for their parents.’

¹ Geddes, R., Haw, S. and Frank, J. Interventions for Promoting Early Child Development for Health, MRC, SCPHRP, 2010

² Shonkoff, P., Phillips, D.A (2000) From Neurons to neighbourhoods: The Science of Early Childhood Development.

³ Steinberg, L. (2009), A Behavioural scientist looks at the science of adolescent brain development. Brain and Cognition, 72, 1, 160-164

⁴ [The Good Childhood Report 2012. The Children’s Society](#)

Domestic Violence

Living with domestic abuse can affect a person's ability to parent. Given this, parents' needs as adult victims must be seen alongside their needs as the parents of (often traumatised) children⁵. The World Health Organisation has also highlighted that women who experience domestic violence are more likely to experience depression. The guilt mothers may feel as a result can inhibit them from seeking help when their children do display signs of distress, because they fear their children will be removed by social services. This is a threat often made by perpetrators of domestic violence⁶.

Adult Mental Health

The impact of a parent or carers mental health issue will depend on their circumstances and the support they receive. However various studies have shown impacts; babies of mothers who experience perinatal mental illness are at an increased risk of being born prematurely with a low birth weight⁷. Post-natal depression can affect parents and carers bonding with their baby and have a negative impact on the baby's intellectual, emotional, social and psychological development.⁸ For older children the risks are increased for developing behaviour problems such as physical aggression by the time they reach school age and for children developing mental health problems themselves.

Parenting Support

A wide variety of programmes and services are delivered across Lewisham with a key focus on offering parenting support and increasing the opportunity for parenting to become a positive protective factor in a child's life. Where the service is not specifically targeted on the three stands above it has been listed as parenting support.

⁵ Jaffe, P. G., and Crooks, C. V. (2005). *Understanding women's experiences parenting in the context of domestic violence: Implications for community and court-related service providers*. Washington, DC: Violence Against Women Online Resources.

⁶ Humphreys, C. and Stanley, N. (2006) (eds.) *Domestic violence and child protection: directions for good practice*, London: Jessica Kingsley Publishers.

⁷ All Party Parliamentary Group (APPG) for Conception to Age 2 (2015) [Building Great Britons: conception to age 2: first 1001 days \(PDF\)](#). [London]: All Party Parliamentary Group (APPG) for Conception to Age 2

⁸ Hogg, S. (2013) Prevention in mind: All Babies Count: spotlight on perinatal mental health. [London]: NSPCC.

Facts and Figures

Summary

Lewisham has high prevalence of a number of risk factors for parents which can result in poor outcomes for children.⁹ The combination of higher levels of substance misuse, domestic violence and serious mental health issues in the adult population are likely to make the challenges of parenting greater in Lewisham than other localities. Research has found that high-risk health behaviours of smoking, illicit drug use, alcohol use, sexually risky behaviour and, in some studies, obesity are all seen to be detrimental to the quality of parent-child relationships.

These issues are compounded by other wider problems such as higher than average deprivation and a difficult housing economy. These data findings should be used to advice the planning and commissioning of parental services. Further contextual data is available in Appendix A.

Lewisham Families

The total population estimate for Lewisham in 2017¹⁰ was 301,300, which includes a young age bias and extensive ethnic diversity. There are estimated to be 39,660 families with dependent children in Lewisham¹¹. The 2011 Census provided more detailed information about households and counted 13,239 lone parent families. At 11.5% of households this was a larger proportion than in neighbouring boroughs and notably above the London (8.5%) and national levels (7.1%). Additionally there were 7,674 households with dependent children where at least one person had a long-term health condition or disability. This equates to 5.1% of households, again higher than England but in line with London and neighbouring boroughs.

Substance Misuse

Alcohol and drugs can have a major impact on the development and well-being of children and young people, as a well-known risk factor for abuse and neglect. Parental alcohol dependency is associated with child maltreatment and poor outcomes¹². Nationally between 2011 and 2014 parental alcohol misuse was recorded as a factor in 37% of cases where a child was seriously hurt or killed and 38% for drug misuse¹³. Furthermore children of parents with a substance dependency are more likely to become dependent themselves in later life¹⁴. An estimated one in three people who are in contact with drug and/or alcohol treatment population services in England has a child living with them at least some of the time.

⁹ Every Child Matters identified the five outcomes that are most important to children and young people: be healthy, stay safe, enjoy and achieve, make a positive contribution, achieve economic well-being.

¹⁰ Office for National Statistics 2017 Mid-Year Population Estimates

¹¹ Greater London Authority Datastore, 2017

¹² Burton, R., Henn, C., Lavoie, D., Wolff, A., Marden, J. and Sheron, N. (2016) *The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies: an evidence review*, London: Public Health England

¹³ Sidebotham P, Brandon M, Bailey S, Belderson P, Dodsworth J, Garstang J, Harrison E, Retzer A, Sorensen P. *Pathways to harm, pathways to protection: A triennial analysis of serious case reviews 2011 to 2014*. Department for Education; 2016

¹⁴ *Hidden Harm: responding to the needs of children of problem drug users*. Advisory Council on the Misuse of Drugs 2003

Adults with Substance Misuse Issues who are living with Children

The Diagnostic Outcomes Monitoring Executive Summary (DOMES) report identifies what proportion of treatment users live with children under the age of 18. Lewisham levels are lower than the national figures (01/01/2016 to 31/12/2016):

Table 1: Proportion of Lewisham Treatment Users living with children under 18 (2016)

	Latest period		National average
	(%)	(n)	
Opiate	17.2%	132 / 768	27.3%
Non-opiate	19.0%	30 / 158	23.8%
Alcohol	16.2%	52 / 321	24.0%
Alcohol and non-opiate	14.0%	31 / 222	22.0%

However this is still a notable number of treatment users, indicating that there was still be a considerable number of children in the borough who live with substance misuse at home, as shown in Table 2.

Table 2: Annual met treatment need estimates, alcohol dependency 2014/15 to 2016/17

<i>Adults with an alcohol dependency</i>	<i>Lewisham</i>			<i>Benchmark</i>	<i>National</i>
	<i>Prevalence</i>	<i>Treatment</i>	<i>% met need</i>	<i>%</i>	<i>%</i>
Total number of adults with a dependency who live with children	615	831	14%	22%	21%
Total number of children who live with an adult with a dependency	1,178	1,701	14%	21%	21%

For particularly vulnerable groups of children, nationally, analysis indicates that 7% of young carers are looking after a parent or relative with drug or alcohol use problems. Of these, 28% had received an assessment and 40% were missing school, or had other indicators of educational difficulties¹⁵. Furthermore the Department for Education's Children in Need census showed that in 2016/17, drug use was assessed as a factor in 19.7% of cases and alcohol use a factor in 18%.

Domestic Violence

Domestic violence and abuse is defined by the Home Office as a pattern of incidents of controlling, coercive or 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. This can encompass, but is not limited to, psychological, physical, sexual, financial and emotional abuse. Across the UK it is estimated that around one in five children have been exposed to domestic violence¹⁶.

¹⁵ [Dearden, C. and Becker, S. Young Carers in the UK: The 2004 Report London: Carers UK. 2004](#)

¹⁶ Radford, L. et al (2011) Child abuse and neglect in the UK today.

The Early Intervention Foundation state that the damaging impact that witnessing or experiencing domestic violence and abuse can have on children can cast a long shadow over their adult lives. The cyclical nature of the problem can mean that the fear, pain and suffering it causes are transmitted from generation to generation¹⁷. Research indicates that women with experience of extensive physical and sexual violence are more likely to have an alcohol problem or be dependent on drugs, compared to women with little experience of violence and abuse¹⁸.

Domestic Violence in Lewisham¹⁹

- 4th highest rate of domestic violence in London
- 20 recorded incidents per 1,000 population
- 2 domestic homicides in-borough since 2014

Domestic Violence Multi-Agency Risk Assessment Conference (MARAC)

A MARAC is a meeting where information is shared on the highest risk domestic abuse cases between representatives of local police, health, child protection, housing practitioners, Independent Domestic Violence Advisors (IDVAs), probation and other specialists from the statutory and voluntary sectors. Any frontline agency representative (e.g. Police officer or health professional) that undertakes a risk assessment with a victim, and thereby determines that their case meets the high risk threshold, can refer a victim's case to a local MARAC.

To give further context to the domestic violence levels in Lewisham we can analyse the number of referrals to the Lewisham MARAC. In 2017 the service received 410 referrals, almost a quarter (23%) of which were repeated referrals. In addition, a count of assessment factors from the Council's children's social care information management system, presented in 2016/17, showed that:

- There was a 13% increase in referrals for Children's Social care to the MARAC
- 55% of all child protection cases involved domestic abuse
- 244 (1.4%) of all assessment concerns, related to a child being subject to domestic violence;
- 698 (3.9%) of assessment concerns, related to a child's parent or carer being subject to domestic abuse;
- 123 (0.7%) of all assessment concerns, related to another person living in the household being subject to domestic abuse.

Adult Mental Health

Nationally over 2 million children are estimated to be living with a parent who has a common mental health disorder²⁰. In Lewisham prevalence of depression is 7.5%, this is higher than London but lower than England (2016/17).²¹ The ONS Annual Population Survey has found

¹⁷ <http://www.eif.org.uk/domestic-violence-and-abuse/> (Accessed 03.09.2018)

¹⁸ Scott, S and McManus, S. (2016) *Hidden Hurt violence, abuse and disadvantage in the lives of women*. DMSS research for Agenda. Available at: <http://weareagenda.org/wp-content/uploads/2015/11/Hidden-Hurt-full-report1.pdf> Accessed 6 July 2017.

¹⁹ Mayor's Office of Police and Crime 2016-17

²⁰ <https://doi.org/10.1186/1471-2458-9-377>

²¹ General Practice Quality Outcomes Framework (2016/17)

that one in five (20.7%) Lewisham residents self-reported as having a high anxiety score²². The GP Patient Survey found that Lewisham residents are more likely to have a Long-term mental health problem than the London or England average.²³

Crucially mental health problems do not happen in isolation but are interlinked with negative or stressful life experiences such as poverty, unemployment, physical illness, disability, social isolation, relationship breakdown or childhood abuse or neglect²⁴.

A recent (2018) JSNA Topic assessment was conducted on [Maternal Mental Health](#). It is estimated that approximately 1,019 women (20%) in Lewisham develop a mental health problem in pregnancy or within a year of giving birth. Serious perinatal mental disorders are associated with an increased risk of suicide. Suicide is the leading cause of maternal mortality in the UK. Maternal mental health (MMH) issues do not just affect the mother, but also the wider family. For the child, the period of the first 1001 days – from conception to the age of two, is widely recognised as a critical developmental period. There are a number of risk factors for developing MMH issues, and in Lewisham, the high prevalence of many of these factors, indicates a high risk population. As such, MMH is an important priority for the borough.

Table 3: Estimated number of women affected by common MMH disorders in Lewisham²⁵

Mental health disorders during pregnancy and after childbirth	Estimated no. of women affected in Lewisham each year
Postpartum psychosis	10
Chronic serious mental illness	10
Severe depressive illness	140
Mild-moderate depressive illness and anxiety (lower - upper estimate)	465 - 695
Post-traumatic stress disorder	140
Adjustment disorders and distress (lower - upper estimate)	695 - 1,385

Table 3 shows the estimated number of women affected by the most prevalent mental health disorders antenatally and postnatally in Lewisham. These figures are calculated by applying the national prevalence rates of these disorders to Lewisham's live birth rate (4,721 births in 2016)²⁶ to produce local estimates. It should be noted that one woman might present with more than one perinatal psychiatric disorder; therefore a total estimate of women with a PMH condition cannot be obtained by simply adding the separate estimates together.

²² [PHE Fingertips](#)

²³ [PHE Fingertips](#)

²⁴ [Cleaver et al \(2011\) Children's Needs – Parenting Capacity1](#)

²⁵ <http://atlas.chimat.org.uk/IAS/profiles/profile?profileId=66&geoTypeId=#iasProfileSection5>

²⁶ <https://www.gov.uk/government/statistics/birth-summary-tables-in-england-and-wales-2016>

Current Activities and Services

This section will outline the overall services available to parents in relation to the four focus areas – substance misuse, domestic violence, adult mental health and parenting support. It also outlines a number of relevant cross-cutting services that provide a holistic approach to meeting the needs of parents and their families. The Parenting Services commissioned by the council have been mapped for the Parenting Strategy in Appendix B. Relevant key data is recorded in the following targets and performance section. Appendix C provides the triangle of need diagram which illustrates Levels of Service. A guide for information on services is currently being collated by the Family Information Service.

Substance Misuse

Hidden Harm Service

The Hidden Harm Service was created in response to the issue of parental substance misuse. It is led by a coordinator and places an emphasis on services working together to protect children and safeguard their health and wellbeing. The approach was developed in 2009 and builds on the Hidden Harm agenda, which supports and protects the children of drug-using parents.

The service works with vulnerable families in Lewisham to ensure early entry into treatment for parents and an improved understanding of what needs to change to make a positive difference for children. Referrals are accepted from universal children's services when there are known/suspected parental substance misuse issues. The parent or carer can be visited at home and a wide-ranging support plan formulated considering the identified concerns with the parent and shared with the professionals from children's services. Direction is offered to other agencies around how to best support the needs of the family and facilitate change. The service has been quoted by Public Health England as a best practice example.

Adult Substance Misuse Services

Lewisham's current approach to treatment was reconfigured in April 2015 in order to better meet the needs of the following groups:

- Alcohol users
- Young people under the age of 25
- People who wish to access services in primary care settings
- People who come into contact with the criminal justice service
- Minority groups who do not wish to access mainstream integrated drug services

The system therefore consists of four main commissioned substance misuse services and a range of associated activity delivered via the council's Prevention, Inclusion and Public Health Commissioning Team, GPs, Pharmacists and the providers of detoxification and rehabilitation services.

Core Adults and Integrated Offender Management (IOM)

These services are provided by Change, Grow, Live (CGL). The Core Adults service delivers interventions for adults aged 18 years and over with complex needs including poly-drug use and dual diagnosis (with Mental Health conditions). It provides support, treatment and

rehabilitation programmes that promote recovery and encourage individuals to maintain their recovery through engagement in positive activities such as employment and training. The service provides prescriptions for opioid substitute medications such as Methadone as well as managing the interface with health services including hospitals and pharmacies. The IOM service provides the interface with the Criminal Justice System and is funded via Mayor's Office for Policing and Crime (MOPAC).

Primary Care Recovery Service (PCRS)

PCRS is delivered by Blenheim Community Drugs Project (Blenheim CDP) and provides a recovery-orientated model offering support, advice and treatment options for people living in Lewisham whose drug and/or alcohol use is stable enough for them to receive services via General Practice. The service is delivered in partnership with GPs and pharmacists and includes opioid substitute therapy, nurse led community detoxification and a range of other psycho-social recovery interventions.

The young person's element of the substance misuse service is now part of the Compass Lewisham Young People Health and Wellbeing Service. The service is delivered in partnership with Kooth Online Counselling and helps young people in Lewisham to make achievable and sustainable lifestyle changes that improve their long term health, resilience and emotional wellbeing. The multidisciplinary team delivering the service, consisting of Health and Well-being workers, Health and Well-being nurses, Health and Well-being Counsellors & Support Workers.

The service works with young people aged 10-19, (up to 25 with evidenced additional needs) and offers support to any young person in Lewisham needing help or advice with emotional wellbeing, sexual health or substance misuse. The service emphasis is on prevention and Early Help, focusing on reducing harm and protecting and safeguarding young people, but with capacity to offer more targeted and specialist treatment or make appropriate referrals if higher levels of support are needed. The service has a focus on the identification and prevention of harmful and toxic risk factors affecting young people. In particular to improve sexual health and sexual relationships; decreased levels of substance misuse and improved emotional wellbeing.

Table 4: Adult Substance Misuse Services in Lewisham

Service Type	New Direction	Primary Care Recovery Service	Aftercare	Young People
Organisation	Change, grow, live (CGL)	Blenheim CDP	Blenheim CDP	Compass
Age Range	<ul style="list-style-type: none"> 18+ for prescribing (PX) clients 18+ for all other clients 	<ul style="list-style-type: none"> 18+ for all clients 	<ul style="list-style-type: none"> 18+ for all clients 	<ul style="list-style-type: none"> Up to 19 (and on to 25 where SEND applies).
Alcohol Clients	<ul style="list-style-type: none"> Drinking more than 200 units per week Daily alcohol consumption Unable to engage in treatment offered within GP services 	<ul style="list-style-type: none"> Drinking less than 200 units per week Daily alcohol consumption Binge drinking Able to engage in treatment offered within GP services 	<ul style="list-style-type: none"> Abstinent No OST 	<ul style="list-style-type: none"> Up to 19 (and on to 25 where SEND applies).
Stimulant Clients	<ul style="list-style-type: none"> All aged 18+ 	<ul style="list-style-type: none"> All aged 18+ Non-complex co morbidity issues 	<ul style="list-style-type: none"> Abstinent 	<ul style="list-style-type: none"> Up to 19 (and on to 25 where SEND applies).
Cannabis Clients	<ul style="list-style-type: none"> All aged 18+ 	<ul style="list-style-type: none"> All aged 18+ Non-complex co morbidity issues 	<ul style="list-style-type: none"> Abstinent 	<ul style="list-style-type: none"> Up to 19 (and on to 25 where SEND applies).
NPS Clients	<ul style="list-style-type: none"> All aged 18+ 	<ul style="list-style-type: none"> All aged 18+ Non-complex co morbidity issues 	<ul style="list-style-type: none"> Abstinent 	<ul style="list-style-type: none"> Up to 19 (and on to 25 where SEND applies).
Opiate Clients	<ul style="list-style-type: none"> Poly-substance misuse Complex co-morbidity issues Clients using on top of PX Unable to engage in treatment offered within GP services IV Opiate Users (specifically neck and groin use or those at risk of significant harm) Please refer to the Joint Working Protocol between CRI, Blenheim CDP and Compass for additional guidance 	<p>Clients for whom it is agreed are suitably stable or are best placed to have their needs met in shared and primary care setting, this might include but is not restricted to:</p> <ul style="list-style-type: none"> Clients stable in education/employment Able to engage in treatment offered within GP services Those who do not wish to engage in SM specific services and meet criteria above Non-IV Opiate Users or those with no current problematic use (no neck or groin injecting) 	<ul style="list-style-type: none"> Abstinent 	<ul style="list-style-type: none"> Psychosocial support Up to 19 (and on to 25 where SEND applies). <p>Additionally the following points to be considered for exclusion:</p> <ul style="list-style-type: none"> Significant/chaotic substance use IV Opiate use (specifically neck and groin use or those at risk of significant harm) Significant physical or mental health co-morbidity Pregnancy

Criminal Justice Clients	<ul style="list-style-type: none">• Assessments will be carried out on all appropriate clients within custody/court/probation/prison and referrals made to the appropriate service according to criteria above• Any that meet the criteria outlined above	<ul style="list-style-type: none">• Any that meet the criteria outlined above	<ul style="list-style-type: none">• Any that meet the criteria outlined above	<ul style="list-style-type: none">• Any that meet the criteria outlined above
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Domestic Violence

Community Groups Programme

The Pre-School Learning Alliance in Lewisham run a number of programmes for children and parents across the borough as well as a number of Children's Centres. Key within this is the Community Groups Programme. It is a therapeutic programme for women and their children who no longer reside with the perpetrator and are not in crisis.

The programme runs for 12 weeks, working with both a child and typically the mum. Children must be aged between 4 and 11 and sessions are grouped into age categories. A dedicated team of 8 volunteers provide the training, who themselves have been trained by AVA (Against Violence and Abuse).

A short questionnaire is asked at the beginning and end of the programme to monitor outcomes. In-house training on domestic violence is also provided in-house by PSLA.

Freedom Programme

Lewisham Health Visitors run the Freedom Programme, for women who have experienced domestic violence. There are currently two intakes a year. The group is for women living in Lewisham with children under 5 years. The course consists of 8 weekly half day session, each week they look at the warning signs and tactics of the dominator. The areas that are covered in the programme are as follows:

- The bully
- The bad father
- The effects of DVA on children
- The head worker
- The jailer
- The sexual controller
- The king of the Castle
- The liar
- The persuader

The programme is delivered at the Ladywell and Donderry Children's Centre, (crèche facility is available). The majority of referrals come from within the Health Visiting service, along with additional referrals from GP's, Children Centre staff and Children's Social Care. The facilitator of the group is required to have undertaken specific *Pat Craven* training.

Athena Service

The Athena service began in 2015, providing Violence against Women & Girls services and refuge provision in Lewisham. The service is run by Refuge and provides confidential, non-judgmental support to those living in Lewisham who are experiencing gender-based violence. It supports women and girls aged 13 and over, and men aged 16 or over, including those who are lesbian, gay, bisexual, or are unsure of their sexuality. As of February 2019, a service review is underway. The service is currently commissioned until early 2020.

Support for children

Athena's child support workers are based in the refuge and run play sessions and homework clubs. Most of the children staying in the refuge accommodation have experienced some form of direct or indirect abuse and the sessions are designed to give them the opportunity

to explore their experiences, learn and develop in a safe environment. The child support workers have links with local schools and children's centres, meaning children arriving at a refuge can access local education as soon as possible. Older children also have access to a computer to ensure that they do not fall behind in school as a result of moving home.

Adult Mental Health

Specialist Midwifery Team ('Indigo'), Maternity Service, LGT

Lewisham and Greenwich Trust have a specialist midwifery team, Indigo, within the Maternity Service. Jointly with the Specialist Perinatal Mental Health (PMH) Service, this team care for vulnerable women, including those with moderate to severe mental health issues, victims of domestic abuse and sex trafficking, women with learning disabilities and teenage parents. Women are referred by GPs, midwives, obstetricians, the Specialist PMH Service, Family Nurse Partnership, health visitors and Improving Access to Psychological Therapies. Women's care is tailored according to individual needs, with outreach and home visiting offered for women less likely to engage. Continuity of midwifery care is provided antenatally and postnatally until 28 days. The overall focus is on reducing health inequalities for women and babies. The typical caseload of a full time midwife in the team is 30 women.

Specialist Perinatal Mental Health Midwife, Maternity Service, LGT

The Maternity Service employs a Specialist PMH Midwife in a 0.4 part time role. Many of the key national strategies on PMH call for this role to be in place in every Maternity Service in the UK⁵⁹. The role involves education, training, advice and awareness raising for maternity staff and staff from other services; acting as a strategic point of contact for all professionals involved in the delivery of PMH care; acting as a champion and advocate for families affected by perinatal mental illness, improving the quality of services, promoting integrated care and providing direct support to a small number of women affected by mild to moderate PMH issues.⁵⁹

Specialist Perinatal Mental Health Service, South London and Maudsley NHS Trust (SLaM)

Further perinatal mental health services include the Specialist PMH Service, provided by SLaM and commissioned by the CCG. The service is for women with existing and previous moderate to severe PMH needs. Any health professional can refer a woman to the team. The service received additional funding from NHSE in 2017 to significantly expand its capacity and workforce. From one nurse practitioner and one part time consultant, the service now has a psychologist, a psychiatric consultant, a psychiatric registrar, a practitioner team leader, three specialist PMH nurses, an occupational therapist, a nursery nurse, a social worker and a specialist midwife. Increased capacity means an enhanced service offer and many more women seen, including home visits for patients, more psychological interventions covering the whole range of PMH disorders, organisation and facilitation of care programme meetings and pre-birth planning meetings, attendance at pre-discharge meetings and ward reviews, and future care management and planning.

Approximately four women per 10,000 births require admission to a specialist unit pre or postnatally for severe mental illness. The Specialist PMH Service work closely with the nearest local mother and baby unit (MBU) which is The Bethlem Royal Hospital in Beckenham, Kent. It is a 13 bedded unit that accepts referrals from consultant psychiatrists or community mental health teams from across the country. The mother and baby unit specialises in the treatment of antenatal and postnatal mental illnesses, predominantly for

women who develop or have a relapse of serious mental illness during pregnancy, and women who develop postnatal depression, puerperal psychosis or have had a relapse of serious mental illness following the birth of their baby. The Bethlem MBU was recently awarded funding from NHSE to provide additional training for staff and improve facilities within the unit.

Health Visiting - Understanding Your Baby

Lewisham Health Visiting are currently running a pilot for the Solihull Approach "Understanding your Baby". This programme is delivered weekly over an eight week period and provides a two-hour session for up to eight mothers and their babies. The postnatal plus parenting group is intended for parents who may be experiencing difficulties that may affect their relationship with their baby. The group aims to provide a framework of thinking about parent / baby relationships, which can be developed into a lifelong skill. Themes covered:

- Exploring parents feelings about having a baby and becoming a parent.
- How parents are feeling, and how their baby may be feeling.
- Getting parents to think about who can be helpful in supporting them now.
- An outline on ways to relax.
- Information on baby brain development (emotional).
- Parents getting in tune with their baby.
- Understanding and responding sensitively to baby's crying, feeding and sleeping.
- Understanding a baby's development and play needs.
- Parents thinking about their own needs in relation to support for the future.
- A time to think about how parents experience being separate from their baby and how this might feel.
- An opportunity to reflect on what they have learnt and how they would like to develop their relationship with their baby in the future.

The criteria for the pilot programme were: (referrals only being accepted from Health Visiting service)

- women with an infant less than 9 months old and are willing to fully engage in the course.
- The group is not suitable for women with severe perinatal mental illness who require intensive support from the Specialist Perinatal mental health team.

Mindful Mums

The Mindful Mums (MM) Project runs in Lewisham to provide emotional support to women during the perinatal period. The project began in the borough of Bromley in 2016, and received funding to expand into Lewisham in 2017. The aim of the free 5-week group course is to enhance the emotional wellbeing and resilience of the participants by providing them with specific tools to deal with the unique stresses and anxieties of pregnancy and early motherhood. The groups are run by volunteer facilitators, each of them local mothers with lived experience of perinatal mental health issues. The group work content was co-produced by these peer facilitators. The groups are run in Children & Family Centres. Mothers sign up to the course themselves.

Child Adolescence Mental Health Service (CAMHS) Parental Wellbeing Service

The service has been running since 2016 and consists of one psychologist working 2.5 days per week, solely with parents, however a referral can be made to family therapy. The service

particularly aims to work with parents with a mental health need, although they do not formally have to be receiving mental health support. Typical patients have co-morbidity and difficult interpersonal skills and can struggle to engage with services. On average a client will have two to three appointments. The service aspires to build an alliance between Adult Mental health and CAMHS.

The service offers assessments but the clinician also has a treatment caseload as well as offering counselling; cognitive therapy and couple's therapy. There is also a signposting role of how patients can be linked into support and acts as a consultancy role on other cases. The bulk of services' referrals are from CAMHS. Areas for expansion include outreach work, with GPs considered to play a crucial role as gatekeepers.

Adult Improving Access to Psychological Therapies (IAPT)

Primarily for treatment of adult anxiety disorders and depression, providing evidenced based psychological therapies. In Lewisham the service is run by SLAM. It is available at many GP surgeries and other clinics around Lewisham. Increasingly Lewisham patients are self-referring into this service. The service may be appropriate for women experiencing mild to moderate depression. IAPT services do not provide complex interventions to treat substance use problems but drug and alcohol use should not be an automatic exclusion criterion for accessing psychological therapy.

CAMHS Lewisham Young People's Service (LYPS)

LYPS supports young people with enduring mental health issues, such as psychosis and personality disorder. Based in this service is a specific Early Intervention Services (EIS) clinical post who works across adult's and children's mental health services, with a key focus to aid transition to adults. This provision is well established and has been recognised as a gold standard model. This practitioner is based in CAMHS and has clinical accountability across the boundary between CAMHS and Adult Mental Health (AMH), they hold cases in CAMHS and remain the care co-ordinator as they transition to AMH Services. At age 18 there is a Transition Care Programme Approach and psychiatric responsibility transfers to AMH. The EIS Practitioner remains care co-ordinator until a suitable time when AMH can take on the case fully and this is usually between 1-3 years post 18.

As highlighted in the CAMHS Transition Policy, all young people transitioning to AMH have a CPA six months prior to their 18th birthday, targets against this have consistently been met by the CAMHS service.

Parenting Support

Health Visiting Service

The Health Visiting Service leads on the delivery of the National Healthy Child Programme (HCP), providing a universal home visiting service to all families from pregnancy up until the child is 5 years old. Through health assessments, the service delivers universal interventions to families to ensure the continued development of the child physically and emotionally. Additional targeted and specialist support is offered to more vulnerable families.

MECSH

The Maternal Early Childhood Sustained Home-visiting (MECSH) program is a structured program of sustained nurse home visiting for families at risk of poorer maternal and child

health and development outcomes. It was developed as an effective intervention for vulnerable and at-risk mothers. In summary the MECSH program:

- Provides the sustained, structured MECSH home visiting program by trained nurses*, commencing with families antenatally and continuing until the child is 2 years old.
- Supports the continuity of a home visitor with each family in the program.
- Adheres to the theoretical and practice underpinnings of the program.

Family Nurse Partnership (FNP)

The Family Nurse Partnership (FNP) is a home-visiting structured support programme for first time young parents aged 19 and under (with local adaptation to support vulnerable mothers aged 19 -22 years) until the child reaches the age of two. FNP is an evidence-based, preventive programme for first time young mothers. FNP is a targeted programme which complements the HCP, the universal clinical and Public Health programme for all children and families from pregnancy to 19 years of age. It can also be an integral part of Lewisham's Early Help offer. Participation in the FNP programme is voluntary. When a mother joins the FNP programme, the HCP is delivered by the Family Nurse (up until and including the 2-2½ year review ensuring continuity of care) instead of by Health Visitors as part of delivering the FNP programme.

Family Action - Young Carers Service

Family Action support young carers and their families through a range of activities including:

- one to one mentoring
- group activities
- health and wellbeing workshops
- holistic family support

The service aims to:

- Increase the support available to the young carer and their family to improve young carer emotional health and wellbeing and build resilience
- Support the young carers' engagement in schools and their education
- Support the young carer to pursue their interests
- Improve relationships within the family, to support the development of young carer resilience and to develop the capacity of the family to prioritise the needs of the young carer.

The service deliver the following core activities:

- 18 families/young carers (8yrs – 18yrs) each year matched with a mentor.
- Mentoring fortnightly or three weekly for 6-9 months, facilitating the young carer to identify and follow their interests
- 6 group activities a year (A range of activities – theatre, outdoor sport activities, BMX; Swimming, Ice Skating, tennis, badminton, Zoo, Science museum and cycling.

Caring and Supporting Parenting Programme

The programme is for parents whose children have been removed by Children's Social Care and are currently in assessment proceedings to have their children returned. Referral to the programme is therefore within the Children's Social Care service. The programme lasts for six weeks and has been re-adapted from the Incredible Years Programme to create a secure and supportive learning environment for parents. The ethos is that parents put themselves in the shoes of their children, through a process of mentalisation underpinning the work, using

interactive activities, discussion, role play, video footage and homework and is adapted dependant on parent's learning styles, their needs and experiences. The programme is very specific and designed to meet the issues that the parent are facing. Facilitators call the group members weekly to provide motivation and encouragement. Information and observation of progress or concerns can be shared with the child's social worker to help with decision making within the assessment process.

Groups are run three times a year, comprising of six to eight people. Attendance is good, believed to be because the groups are small. If co-parents both wanted to attend this would be done in separate groups. Sessions are held in a contact centre, that the parents are already familiar with. The programme has been running since 2012, when it was identified that this group was too vulnerable to be seen in universal services such as Children's Centres. Runs for parents of children aged 4 to 12. A similar service 'Baby Fab' runs for parents of younger children. Assessments with parents are undertaken at the beginning, mid-point and end of the programme. Parents also self-assess and together this information can be used as supporting evidence in court proceedings.

Parent Support Group (PSG)

The main purpose of this service is to support the parents and carers of children who have involvement with crime, gangs, anti-social behaviour, drug-use, teenage pregnancy, unemployment, poor school attendance or who have been diagnosed with behaviour difficulties. This support will increase parent and carer capacity to be protective factors in their child's lives.

PSG provide the following services:

- Parent sessional counselling and support service
- Drop in sessions from key locations

The intended impact is to improve family relationships in Lewisham (through person specific counselling and support) and reduce entry into tier 4 services by building emotional wellbeing and resilience to help prevent family breakdown, school exclusion and risk of entry into the Criminal Justice System.

PSG train and support volunteer counsellors, active within local communities, who are managed internally and receive external monthly clinical supervision. The clinical supervisor is qualified to level 3 Safeguarding and all counsellors are BACP registered. However, the counselling offer is not a clinical offer and focuses on emotional and practical support so operates more as an advocacy service. The support provided is not time-limited (but each service is reviewed every 6 weeks) and focuses on the holistic emotional wellbeing of all concerned; in turn, this supports each young person to overcome challenges, rebuild relationships and fulfil their potential.

Youth Offending Service (YOS) Parenting Worker

The YOS also have a Parenting Officer, initially this post was in place to oversee Parenting Orders. However there are currently no orders in place and Magistrates rarely use them. Not having contact made statutory fits with the ethos of the Lewisham YOS, instead they offer a support package and a collaborative approach is taken in working with parents, which can happen before or after or separate to a family working with FFT. The YOS team have undertaken Non-violence resistance programme training provided by Oxleas NHS

foundation Trust, which is embedded across all the work they do. This has been found to be more effective in working with the Lewisham population.

The Parenting Worker has a caseload of approximately 20 families at any one time, at a variety of intensities. Work will typically take place in three to six months chunks, this lines up with the majority of young people's orders so work can be co-ordinated. Average involvement with a young person is around 6-9 months, unless the offence is more serious. The Parenting Worker also undertakes direct relational and communications work with parents and families but also practical support. This is particularly crucial as many of the families they work with have multiple needs including illness or debt.

The Lewisham YOS as a team is working to build relationships with the voluntary sector, including food banks to be more joined up and provide better outcomes for families. The service is concerned that the young people they work with are stigmatised due to the way their children manifest behaviour, leading other people to be fearful. The team considers they would benefit from increased capacity and more partnership working. A key goal is supporting parents to self-refer, for example going to the GP or IAPT, or referrals to charities such as 1 in 4 (who support people who have experienced child sexual abuse and trauma of sexual exploitation).

Triple P Group Programme

The Triple P – Positive Parenting Programme is a parenting and family support system designed to prevent, as well as treat, behavioural and emotional problems in children and teenagers. It aims to prevent problems in the family, school and community before they arise and to create family environments that encourage children to realize their potential. It is currently run in a number of Children's Centres across the borough. It is delivered at three of Lewisham's Children's Centres.

Parents as Partners Programme

A free evidence based 16-session parents group designed to improve the relationship between co-parent's and to increase children's success and well-being. Its aim is to support and strengthen the family unit and to make family relationships more effective. It offers chaotic and vulnerable families a chance to foster better family relationships. The programme is run by Family Action.

Education Champions

The Virtual School and Children's Social Care have nominated two foster carer champions for education who are in post to provide advice to other foster carers and parents around how to support looked after children's learning within the home. The role of the education champion includes:

- Engaging foster carers with the education of their children
- Helping foster carers understand their role in the educational outcomes of their looked after children

Attending Personal Education Plan meetings with foster carers to help them in being more assertive about what they feel the child needs.

Parent Champions

The Parent Champions programme is based on the idea that parents are the best people to support other parents to find out about childcare and early years services. Parent Champions are parent volunteers who give a few hours a week to talk to other parents about the local services available to them. There are currently two Parent Champions schemes in Lewisham, which are in their infancy. They are administered by the Family Information Service (FIS) and aligned to the Family and Childcare Trust national programme. One scheme is being set up to promote the 30 hours and other childcare offers. The programme have partnered with the Early Years Quality and Sufficiency Service and will be training Parent Champions in November 2018. Alongside the programme there is a separate scheme helping families with complex needs who require early intervention services, where Parent Champions have just been trained and will begin their activity in autumn 2018. Future developments to share health messages are also proposed.

Community Parents Hub

The hub is a partnership between London & Quadrant (L&Q) Housing, Parents 1st, Creative Homes & Therapy4Healing to create a Community Parents Peer Support programme. L&Q Housing are undertaking some research around the needs of particularly single parents of primary school or below, age group, though others can be involved. The hub is currently still in the development stage undertaking workshops and establishing a steering group.

Parent Resilience Training

The primary aim of the Parent Resilience Training is to work in partnership with Parent ENGage, Bromley, Lewisham and Greenwich MIND (BLG MIND) and schools to deliver introductory parent resilience workshops to help to promote and develop resilience in Lewisham parents. Work will take place for a period of 6 months (commencing September 2018) to train up volunteer parent facilitators and support them to deliver two workshops for 20-30 parents. The workshops will focus on an introduction to resilience and tools and techniques parents can use. The workshops will be universally available to parents of the school population.

Cross Cutting Services

Early Help & the Multi-Agency Safeguarding Hub (MASH)

The Multi-agency Safeguarding Hub (MASH) provides a single point of access for all professionals to report safeguarding concerns to children's social care. Professionals can also request commissioned targeted family support through the multi-agency early help panel. The MASH is a consent-based model. Professionals dealing with suspected child neglect, abuse or need for support, will endeavour to work in partnership with parents. This means the professional will:

- be open and honest with parents about the concerns they have about a child(ren)
- explain to parents, before making a referral, how the MASH team will share information about the child and family to get the best possible picture about the child's circumstances.

Resident's and other members of the public are also able to refer into the MASH. Once a referral has been accepted the family will be referred on to relevant services.

Creative Homes

Run group sessions to help families connect and support each other on a local level to strengthen communities and our pathways service helps families to access further support around them. In Lewisham they are working with Lewisham Homes and L&Q Housing.

Lewisham Safer Stronger Families (Family Support Service)

This service is commissioned by the CYP Joint Commissioning Team and provided by Core Assets. The service provides intensive, practical support to families within their own home via a 12 week intervention programme (followed by a 10 week step-down period). Support is focused on three evidence-based delivery approaches (Triple P Level 4, Solution Focused Brief Therapy and Team Parenting), which enable children and families to build resilience, set achievable goals and develop positive relationships. Referral is via the Early Help process. The service is funded by the Troubled Families Programme. The service is now also offering a special service with referrals directly from Family Social Work (Level 4).

Functional Family Therapy

Functional Family Therapy (FFT) is an evidence-based family therapy intervention which is targeted at families who have a young person (aged 10-17) engaging in persistent anti-social behaviour, youth offending and/or substance misuse. The criteria has now increased so that the young person must be deemed 'at risk' of offending.

The young person and his/her parents attend a one-two hour session with a FFT therapist on a weekly basis for as long as the family needs. The programme content reflects the needs of the family, impacting positively on family conflict, communication, parenting and youth problem behaviours. It has been running since 2014/15 but from 1st March 2017, the management of FFT transferred from CAMHS to the Youth Offending Service which coincided with the project's third developmental phase, Generalisation. This has created an opportunity for FFT to become an integral and embedded part of the YOS's intervention to identified families.

The team comprises an FFT Site/Clinical Supervisor and two FFT Therapists which is the minimum number of staff for a viable FFT team. As well as from the YOS, FFT accept referrals from CAMHS, identified schools (Abbey Manor College, New Woodlands, Deptford Green/Addey and Stanhope, Prendergast Ladywell Fields and Sedghehill) and Children's Social Care (CSC). The management move to the YOS has stimulated an increase in referrals from the YOS. Between March 2017 and October 2018, 90 young people were referred to FFT, 78 of whom were accepted. 36% completed the programme successfully.

Working with Men

This service is focussed on supporting positive father engagement. It employs 1 WTE (father's development worker or FDW) and the key targets and aims for delivery are to:

- Work intensively with 40 young fathers in Lewisham
- Implement a strategic work plan to provide where appropriate a 'one to one' support package for E/YFs, and their children with the key aim of moving the E/YF into positive achievements and outcomes for themselves, their children and healthy relationships, within the extended family.
- Promote the positive image of Young Fathers.
- Continue to build on the strong working relationship built with partner agencies, stakeholders, organisations, agencies and services in Lewisham, and to sit on the

Early Help Panel for Lewisham in relation to safeguarding children and supporting families.

- Continue to build on supportive and engaging relationships with each E/YF and families.
- Develop and execute regular workshops, group sessions and forums with YFs and professionals, for E/YFs and service.
- Increase numbers of referrals through outreach and partnership working in the community and through the EHP, outreach, promotions and drop-in sessions

The support offered by the FDW includes; informal legal advice and support in family court sessions as a McKenzie Friend; advocacy and empowering YFs within CP /RCPC and CGMs, as well as partnership working and development of, in need and appropriate programs, and forums which promote the positive outcomes for family issues raised by the professional services for Lewisham, and generally for the families being supported.

CYP-IAPT

In 2013 PSLA became the Lewisham VCS partner in the National Children and Young People's Improved Access to Psychological Therapies Programme (CYP IAPT). They deliver either the 14 week Incredible Years Parenting Programme to groups of parents or 1:1 Personalised Intensive Parent Training (PIPT) programme to a parent and child.

Both of the above programmes offer the support/intervention recommended within NICE guidelines for treatment of children with ODD/Conduct Disorder. Currently we are the only provider working within the CYP IAPT framework to offer this intervention²⁷.

Youth First

Youth First is a community benefit society that spun out of Lewisham Council's youth service in September 2016. It provides Lewisham's young people with a universal open door youth offer of:

- Safe places to go
- Fun things to do and learn
- Help, support and early intervention from professional and passionate youth workers

Youth First works with over 11,000 young people, delivered by over 50 staff, working from five adventure playgrounds and five youth centres.

²⁷ <https://www.nice.org.uk/guidance/cg158/chapter/1-Recommendations>

Targets and Performance

This section shows the key relevant data that is collected against each focus area and where possible performance against target. It is important to highlight that these are often high level snapshots and that more detailed data reporting will sit behind each commissioned service.

Substance Misuse

The Hidden Harm Service provided information on levels of referrals for one month in spring 2018. Within this time frame, 41 parents or expectant parents were referred. The majority of referrals had multiple children living in the home, and just over half were categorised at Level 4. Just under half of referrals related to more than one substance, i.e. Alcohol and Cannabis.

Domestic Violence

As of May 2018 there were 68 children on the waiting list for the Community Groups Programme which indicates the high levels of need in Lewisham.

Of the 942 referrals Athena received between February 2016 to August 2017, 546 (58%) reported that Domestic Violence was the primary element or formed a part of abuse. Table 5 presents a detailed breakdown of issues experienced by clients seen in Quarter 2, 2016/17.

Table 5: Athena Clients (Quarter 2, 2016/17)

Issue experienced	Number
Experiencing domestic violence	294
Clients experiencing stalking (intimate partner)	62
Clients experiencing sexual violence (intimate partner)	89
Clients experiencing honour based violence	12
Clients experiencing sexual violence (non-intimate partner)	13
Clients experiencing child sexual exploitation	16
Total referrals for the quarter	339

Adult Mental Health

Mindful Mums

Between September 2017 to June 2018, 161 Lewisham women joined the Mindful Mums programme. There were 12 groups run across the school year, each lasting five weeks with one session per week. 91 women completed a full evaluation of the programme, which used the Mind Resilience Tool, including pre and post-programme measures. This evaluative model is based on evidence showing that resilience is affected by three key areas – wellbeing, social capital, and psychological coping strategies. 93% of women showed improved resilience scores - 58% of women increased in all three outcome areas, 25% increased in two areas, and 10% increased in one area.

Women were also asked questions on their enjoyment of the programme, confidence and learned skills. 100% enjoyed the programme and would recommend it to a friend, 100% said that they learnt skills that they can take away and use, 99% said they had improved confidence, 86% said that they felt better able to cope, 82% felt happier and more positive, and 79% felt less isolated since attending the groups.

As of July 2018, six Mindful Mums groups have run, with 89 participants. Almost nine in ten respondents (89%) of mums attending improved their resilience scores in at least one area after attending the course.

Specialist Perinatal Mental Health Service (SLaM)

Between April 2018 - October 2018, the average caseload for the Specialist Perinatal Mental Health Service was 227 Lewisham women, all of whom were in the perinatal period with moderate to severe mental health needs. The service works with women with a range of mental health needs, including depression, anxiety, psychosis, borderline personality disorder, post-traumatic stress disorder, obsessive-compulsive disorder, and eating disorder. As of September 2018, the average waiting time for treatment was two weeks, and the average length of stay in the service was 8 months.

Health Visiting - Understanding Your Baby

A pilot of the Understanding Your Baby Postnatal Group was delivered by the Lewisham Health Visiting Service between April - June 2018. Seven women attended the session. Pre and post-course screening was completed using recognised screening tools - the PHQ9 for depression, GAD7 for anxiety and the Karitane Parenting Confidence Scale. The results showed a decrease in anxiety and depression and an increase in parenting confidence. Following the success of the pilot, a second group is being run in autumn 2018, and three new groups will be run in 2019.

Parenting Support

Table 6: Functional Family Therapy Service Data (2017/18):

Source of Referral	Number of referrals	Number allocated and currently engaged	Number awaiting allocation	Number not accepted
Youth Offending Service	7	3	3	1
CAMHS	4	3	1	0
Schools	5	1	2	2
Children's Social Care	4	0	2	2
Total	20	7	8	5

On average a family will begin therapy two to three months after being referred and the therapy will last between four to six months. As of May 2018 the FFT service was engaging 23 families.

Core Assets Safer Stronger Families Service

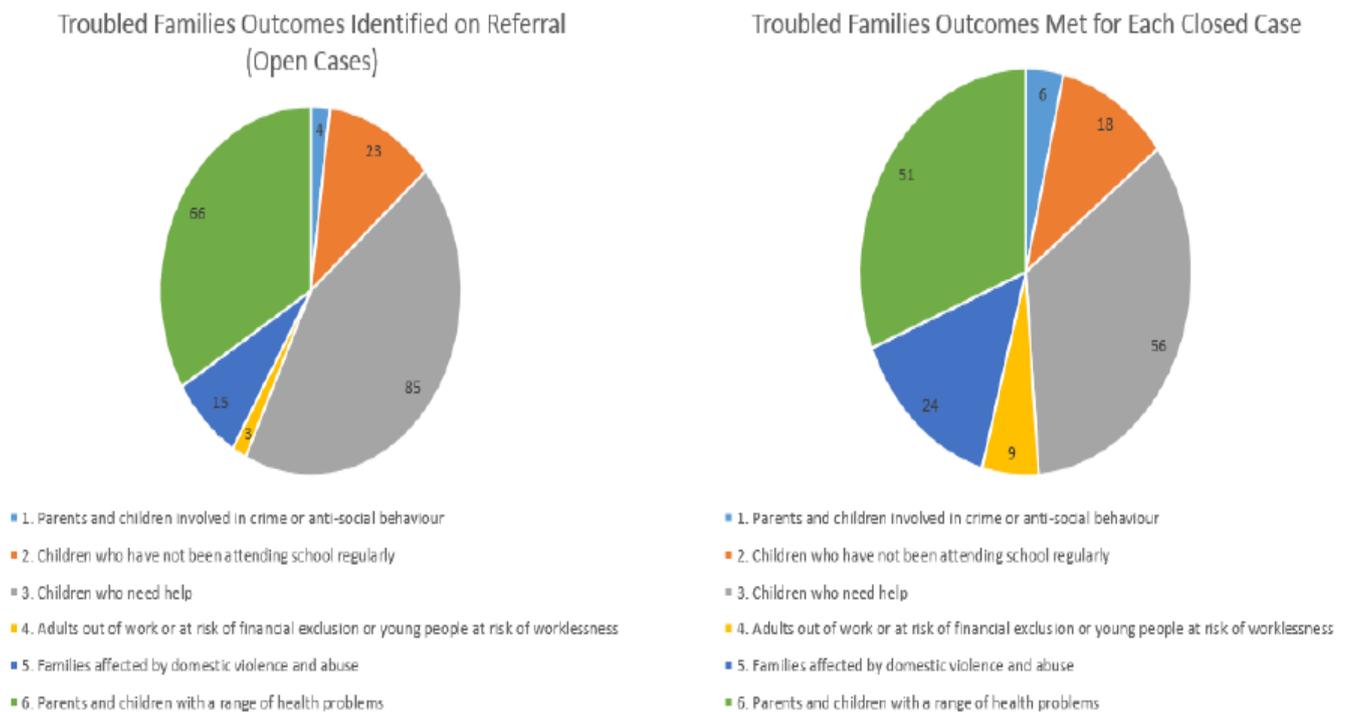
As the service is funded by the Troubled Families (TF) programme, which works on a Payment by Results model, service data is used to measure TF outcomes. Data below is for Q2 (July, Aug, and Sept) 2018-19 unless stated.

Referrals

From the cases heard at the Early Help (EH) Panel during this quarter, Core Assets accepted 87 cases and 75 cases were allocated to other services. It took 10 days on average to undertake the initial Team Around the Family (TAF) meeting, which is within the 15 day target set.

For open cases actively being worked on, TF outcome 3 (Children of all ages who need help) was the most frequently identified (85 cases), followed by 6 (Parents and children with a range of health issues - 66 cases). The least frequently identified was outcome 1 (Parents and children involved in crime or anti-social behaviour - 4 cases). Proportionately, the TF outcomes most frequently met were also 3 and 6 (56 outcomes and 51 outcomes respectively).

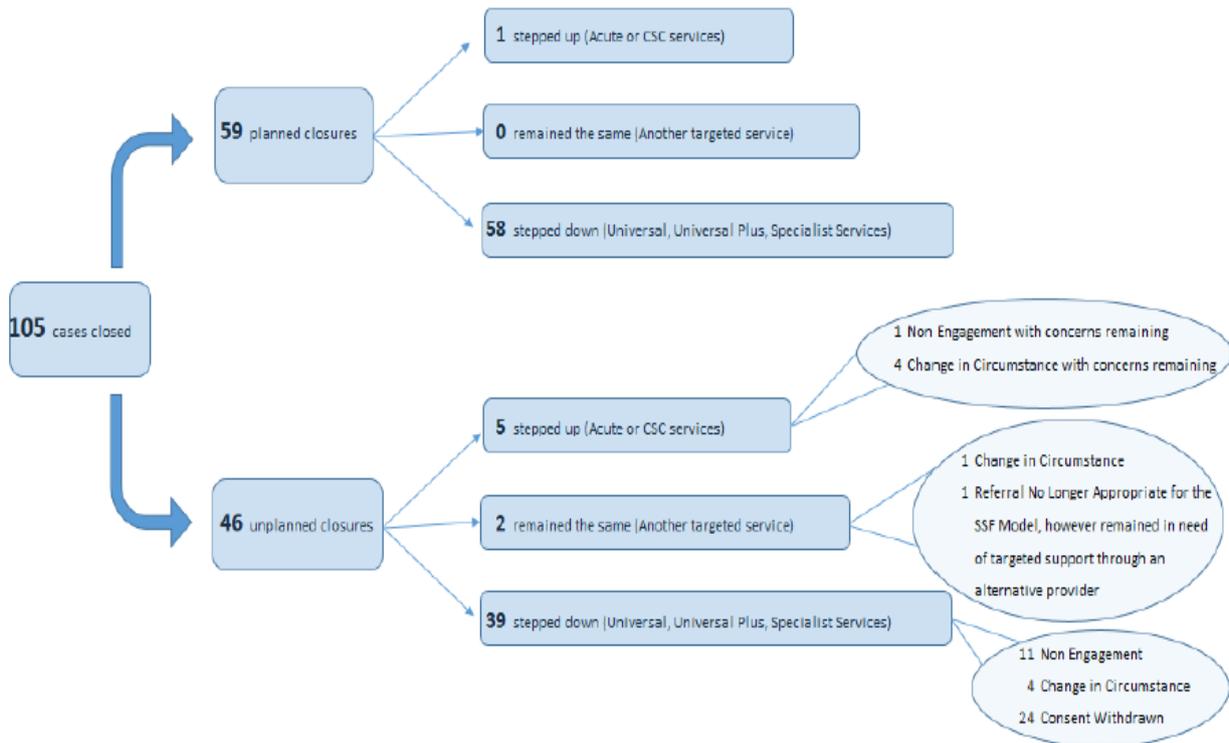
Figure 1: Safer Stronger Families Service - Troubled Families Outcome Data



Closures

105 cases closed during this quarter, of which 59 were planned and 46 were unplanned closures. The majority of the cases closing (both planned and unplanned) this quarter were stepped down to Universal / Universal Plus level (92%). For unplanned closures, the rate of stepdown was slightly lower due to safeguarding concerns for the case remaining.

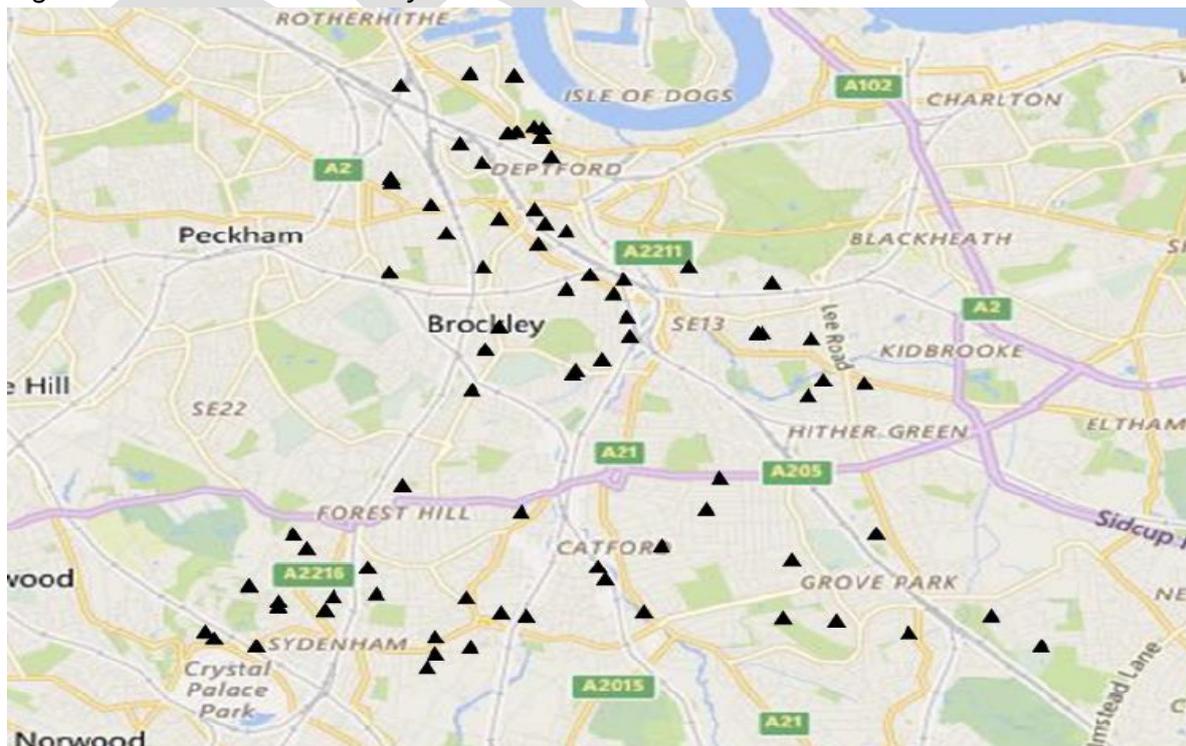
Figure 2: Reasons for closures and associated level of need



Service User Location

Of the 87 cases accepted this quarter, there are variations in service user intake across the borough shown in Figure 3. There are higher levels of referral intake particularly from the northern wards (Deptford area) but also from the south-west wards (Sydenham area). This is likely to be reflective of levels of poverty (which in turn may affect levels of crime and need), in these areas and higher volumes of social housing.

Figure 3: Service user intake by location



Demographics

Just over half (53%) of the 196 service users were aged between 12-17. The service has been delivered to slightly more males than females this quarter, 54% male and 46% female. The Core Assets intake of service users from a wide variety of ethnic backgrounds is reflective of the diverse borough of Lewisham. Religion was not stated for the majority of service users.

Outcomes

The 'Family Star' questionnaire is completed with all parents, asking them to reflect on where they feel they currently are within different categories. The scores in October show improvement in all but one of the areas, the greatest improvement was in the areas of Education and Learning, Meeting Emotional Needs, Your Well-being and Progress to work.

The 'My Star' questionnaire is completed by the young person. The questions / categories are reflective of those faced by young people. The scores for cases closing during this month show improvement in all areas. The greatest improvement is reflected for Feelings and Behaviour category, followed closely by the Confidence and Self Esteem category. The lowest improvements were in the "Where you Live" and "Being Safe" categories, this was due to a family moving out of borough which impacted on the young person's view of their living situation.

Figure 4: Family Star Plus Outcomes - October 2018



CYP-IAPT

Table 7 shows the number of families using the CYP-IAPT service in recent years.

Table 7: CYP-IAPT Outputs

Year	Total Referrals	Total Families Engaged	Breakdown Group	
			Incredible Years Group	Personalised Intensive Parent Training
2014-15	49	15	1 group 8 parents	7 families
2015-16	37	12	1 group 7 parents	5 families
2016-17	104	42	3 groups 29 parents	13 families
2017-18	57	28	3 groups 18 parents	10 families

Outcomes

A requirement of the CYP IAPT programme is use of routine outcome measures when working with parents/children. The minimum data set used with parents includes:

- Initial Strengths & Difficulties Questionnaire (parent)
- Current View (EET)
- IAPT Goal Progress Chart
- IY Parent Weekly Evaluation Form
- Brief Parental Self Efficacy Scale (BPSES)
- Session Feedback Questionnaire (SFQ)

This is an extremely robust way of measuring the programme impact, parental confidence, understanding and engagement of the sessions, and how the practitioners themselves are delivering and meeting parent expectations.

Strengths and Difficulties Questionnaire's (SDQ)

The SDQ breaks down the clinical data into different areas:

- Conduct Disorder: Measures defiance and behavioral problems in relation to other children of their age
- Emotional Problems: Potential emotional issues that could underlie the behavioural problems of the child and could indicate potential Mental Health issues
- Impact: Impact that the child's behaviour has on a family
- Help: Level of help & support experienced by families from programme engagement
- BPSES: This measures the parent's confidence in their parenting skills and understanding of strategies they can use to help address issues and behaviours.

For emotional/conduct/impact a third of service users reported improvements. For 'Help' the scores indicated that all parents feel the programme had an impact with 50% reporting a great amount. For BPSES Just over 2/3 of the group showed a reliable increase in confidence in their parenting ability as a result of the group.

National and Local Strategies

National Strategies

The section below sets out key national strategies in each of our focus areas.

Substance Misuse

[Drug Strategy \(2017\)](#)

The overall aims of the Home Office's Drug Strategy are to:

- Reduce illicit and other harmful drug use
- Increase the rates recovering from their dependence

The approach to achieving this is divided over four key objectives:

- Reducing Demand
- Restricting Supply
- Building Recovery
- Global Action

Specific to parenting and families the strategy acknowledges that parental drug and alcohol dependence can have a significant impact on families, particularly children, and can limit the parent's ability to care for their child(ren). Parents are role models for their children and parental dependence increases the likelihood of children misusing drugs and alcohol themselves. It can also mean that children take on inappropriate caring roles for their parents. Crucially the strategy acknowledges that there are families where substance misuse is just one of a number of other complex problems. Actions were identified for Public Health England to:

- PHE will also work with Family Drug and Alcohol Courts and local public health teams to help them to work together to improve outcomes for families and children.
- PHE will review the evidence and provide advice on the estimated number of children likely to be affected by the drug and/or alcohol use of their parents, and provide advice to national and local government on where action could have the greatest impact on improving children's outcomes.

Domestic Violence

[Ending Violence Against Women and Girls Strategy \(2016-20\)](#)

Builds on the original plan from 2010 which had four pillars of prevention, provision of services, partnership working and pursuing perpetrators as its framework. The vision of the updated strategy is that by 2020 the below objectives are met:

- There is a significant reduction in the number of VAWG victims, achieved by challenging the deep-rooted social norms, attitudes and behaviours that discriminate against and limit women and girls, and by educating, informing and challenging young people about healthy relationships, abuse and consent;
- All services make early intervention and prevention a priority, identifying women and girls in need before a crisis occurs, and intervening to make sure they get the help they need for themselves and for their children;
- Women and girls will be able to access the support they need, when they need

it, helped by the information they need to make an informed choice;

- Specialist support, including accommodation-based support, will be available for the most vulnerable victims, and those with complex needs will be able to access the services they need;
- Services in local areas will work across boundaries in strong partnerships to assess and meet local need, and ensure that services can spot the signs of abuse in all family members and intervene early;
- Women will be able to disclose experiences of violence and abuse across all public services, including the NHS. Trained staff in these safe spaces will help people access specialist support whether as victims or as perpetrators.

Specific to parenting the strategy identifies that effective multi-agency responses are also critical in managing adolescent to parent violence.

Adult Mental Health

[No Health without Mental Health - \(2011\)](#)

A cross government outcomes strategy, sets out six shared objectives to improve mental health, wellbeing and outcomes for people with mental health problems:

- More people will have good mental health
- More people with mental health problems will recover
- More people with mental health problems will have good physical health
- More people will have a positive experience of care and support
- Fewer people will suffer avoidable harm
- Fewer people will experience stigma and discrimination

Specific actions to be taken include

- prioritise early intervention across all ages;
- take a life course approach, with objectives to improve outcomes for people of all ages;
- tackle health inequalities, and ensure equality across all protected characteristics, including race and age, in mental health services;

The strategy acknowledges some parents will require additional support to manage anxiety and depression during pregnancy and the child's early years, which can have an adverse effect on their child's development. States plans to work with Health Visitors and School Nurses to ensure that these staff are properly equipped to identify and help parents, infants, children and young people who need support with their emotional or mental health.

Advocates for adolescents, multi-systemic interventions that involve young people, parents, schools and the community have been shown to reduce conduct disorder, improve family relationships and reduce costs to the social care, youth justice, education and health systems. Further acknowledgement that families often experience multiple problems, such as substance misuse or mental health problems, parenting problems, child neglect and behaviour problems in school, or involvement in offending. Evaluation of family intervention has shown reductions in mental health problems, drug or substance misuse and domestic violence.

[Five Year Forward View for Mental Health](#)

This national strategy, which looks at both adults and children, was published in February 2016, following the establishment of a Mental Health Taskforce in March 2015. It aimed to take a strategic approach to improving mental health outcomes across the health and care system. It set out three main aims:

- Making it easier for everyone to access high quality services
- Bringing mental health care and physical health care together
- Promoting good mental health and stopping people from having mental health problems

Parenting

England does not have a Parenting Strategy, however Scotland published theirs in October 2012: *Making a positive difference to children and young people through parenting*²⁸. The strategy sought to champion the importance of parents to Scottish society, by strengthening the support on offer to parents and by making it easier to access that support.

Cross-cutting strategies

[Troubled Families Programme](#)

The Troubled Families Programme aims to help families overcome multiple and complex problems, many of whom would previously have been let down by services that focused on the specific problems of individual family members rather than the whole family's overlapping needs. The programme is working with families to address a number of problems including: domestic abuse, physical and mental health problems, crime, worklessness and debt.

The current programme (2015-2020) now specifically supports families with younger children and those with a broader range of problems, such as substance misuse, domestic abuse or mental health issues.

Local Strategies

Substance Misuse

[Lewisham Alcohol Delivery Plan \(2015-17\)](#)

The plan is divided into four strands:

- Prevention
- Treatment and Recovery
- Co-ordination and enforcement of existing powers against alcohol-related crime, disorder and anti-social behaviour
- Intelligence

The Alcohol Delivery Group, works in partnership across the borough to oversee the plan.

²⁸ <https://beta.gov.scot/binaries/content/documents/govscot/publications/publication/2012/10/national-parenting-strategy-making-positive-difference-children-young-people-through/documents/00403769-pdf/00403769-pdf/govscot:document/>

Domestic Violence

[Violence Against Women and Girls Plan 2017-2021](#)

VAWG brings together eight strands of policy under one umbrella:

- Domestic violence and Abuse
- Stalking
- Female Genital Mutilation
- Crimes said to be committed in the name of 'honour.'
- Trafficking for Sexual Exploitation
- Sexual Violence and Rape
- Prostitution
- Forced Marriage

The strategic priorities of the plan are Protecting and Educating; Deliver the Right Support; Working Together and Ensure that perpetrators are held to account.

Adult Mental Health

[Maternal Mental Health Action Plan](#)

A Maternal Mental Health JSNA was carried out in March 2018, which produced a set of recommendations and corresponding action plan. Mental health in the perinatal period (from conception to one year after birth) is an issue that is of concern to a wide range of services and commissioners, and the Maternal Mental Health Action Plan was developed and carried forward in partnership between the Maternity Service, Health Visiting Service, CYP and Adults MH commissioners, Children's Social Care and Early Help and GPs.

Perinatal Mental Health remains a priority for the CCG across Maternity and Mental Health commissioning, and is included within the 2019/20 Mental Health Commissioning Intentions, 2019/20 CAMHS Transformation Plan and Maternity Better Births Implementation Plan for the STP. There is a strong network of Perinatal Mental Health professionals in Lewisham, including a specialist midwife and health visitor and a number of perinatal mental health clinicians, that work together to achieve the recommendations of the JSNA and Action Plan.

[Lewisham CAMHS Transformation Plan \(October 2018\)](#)

One of the plans priorities is 'Care for the most vulnerable', which has the sub-section 'Enhancing preventative and integrated support for perinatal mental health'. The plan include details of the Perinatal Mental Health Pathway, current services offered and details on performance, as well as future objectives:

- Seek to enhance prevention, early intervention and integrated approaches to perinatal mental health support.
- Evaluate and review the Specialist Perinatal Mental Health Team in response to the Community Service Development Funding coming to an end in March 2019.
- Build a closer partnership approach to perinatal mental health commissioning, across Children's and Adults Mental Health and Maternity Commissioning.
- Raise awareness of perinatal mental health and provide further training opportunities for local GPs.
- Share and raise awareness of the Integrated Perinatal Mental Health Pathway, including responsibility for mental health screening, amongst Health and Social Care Professionals.

Cross-cutting strategies

[Children and Young People's Plan \(2015-18\)](#)

The Lewisham Children and Young People's Strategic Partnership has identified four key areas to improve outcomes for children and young people. This work is to be taken forward through our Children and Young People's Plan 2015-18. The priority areas are:

- Build child and family resilience
- Be healthy and active
- Raise achievement and attainment
- Stay safe

Lewisham aims to work across the partnership to ensure that the right of every child to live in a safe and secure environment, free from abuse, neglect and harm is protected. Joint working will identify and protect children and young people at risk of harm and ensure that they feel safe. The Children and Young People's Partnership Board, chaired by Cllr Barnham, oversees the progress of the plan.

[Early Help Strategy \(2016-20\)](#)

The strategy was published in the understanding that providing early help is more effective in promoting the welfare of children than reacting later in life. The five key objectives of the strategy are:

- 1) To understand and respond in a timely way, apply the revised continuum of need document and assess needs of children, young people and families
- 2) To develop appropriately targeted early help services and support prevention, early intervention and crisis intervention
- 3) To create a clear 'menu' and pathway of support across all partner agencies so that families and professionals understand what support is available and how it can be accessed
- 4) To support families to be resilient and effectively address issues they are facing to stop their needs from escalating
- 5) To embed resilient practice in community settings, which will enable families to be appropriately supported in these settings as soon as issues arise

Progress on the objectives is monitored by the Early Help Board.

Local Views

During the preparation of this JSNA, we consulted with local parents both in an online survey and in focus groups. Key themes identified by parents during the consultation around this strategy and through other recent consultations have been highlighted below.

Lewisham Parenting Strategy Consultation

An online survey was undertaken in May 2018, to look at how the council supports parents in the borough. It aimed to gain insight on the challenges parents face, how services meet the needs of those who use them and how services could be planned to meet needs in the future. The survey was completed by 203 parents. The survey [link](#) was distributed via schools, Lewisham and Greenwich Trust, service providers and community and voluntary organisations. The key findings were:

- Lack of knowledge about what is on offer was listed as the main barrier to accessing support. Other barriers included time of service, waiting lists and childcare.
- Different parents want different types of support. The consultation highlighted that there needs to be a wide range of types of support available as different parents prefer different types of support.
- There is a need to involve fathers and partners in services. We currently do not engage well with fathers and partners evidenced by the fact that only 7% of responses for the online consultation were from fathers. Few fathers will present at parenting support as it often targeted to mothers.
- The majority of parents who have accessed parenting support previously felt it had impacted positively on their parenting and on their children.
- We engage well with parents of children with SEND. 31% of respondents reported having at least one child with Special Educational Needs and Disabilities which is an over-representation compared to the demographic of Lewisham.
- From their experiences of bringing their children up in Lewisham, parents are concerned about crime and gangs, education and mental health.
- At a 'Thrive LDN' Lewisham Community Workshop held in March 2018, the need to educate and empower parents to effectively deal with issues arising throughout childhood was highlighted. This event also highlighted the importance but lack of parenting support.

Focus groups

The views of parents with alcohol or substance misuse issues are often not heard in the development of strategies and plans. In May 2018, two focus groups were undertaken with parents attending the CGL Women's Group and Aftercare Group. The aim of the focus groups was to gain insight on the specific challenges parents who had been in receipt of services for alcohol and/or drug abuse and how they felt they could be better supported. A total of 18 individuals (both male and female) attended the two focus groups. The key findings were:

- Parents in aftercare felt that thresholds for accessing services was their biggest barrier to accessing support. They felt if services were more pro-active rather than reactive their children may not have needed as much input from social services. The main factor was knowing where to go for support and how to access it.

- Parents felt that there should be more psychological support for children who are exposed to addiction. This could help to break the cycle of addiction and propose methods for children to understand and handle their emotions.
- Parents wanted more support around understanding their rights and the rights of a social worker when contact is initiated. There were suggestions that this could take the form of an information pack given to parents at the first contact or that they could have support from advocates.
- Parents in treatment suggested that childcare was the main barrier to support. Groups held before the school run worked best but their children are their priority.
- Parents can feel stigmatised at general parenting groups or workshops. Parents voiced that they felt they couldn't be honest with "normal mums at other groups".
- Parents would value more follow up after attending courses and groups. It was highlighted that often after a few months of an activity when it stops you are alone again.
- Parents would value more activities for their children to do after school. This would help them spend more time to focus on their own health and wellbeing.

Views of parents with young children were captured at the end of a Mindful Mums session and a focus group was held at the Maternity Voices Partnership. The key findings from these parents were:

- Parents have worries about accessing childcare and unclear about the processes for accessing free childcare. They do not find the information on either the Government or Lewisham website clear and would value having professionals or knowledgeable peers to talk to.
- Parents would like more parenting groups in the evenings and at weekends so that working partners have the chance to attend.
- Parents would like a variety of support. Parents acknowledged that it is nice to come to groups such as Mindful Mums with their babies but at other times it would be nice to leave their child at home and focus on themselves. They also spoke about sometimes offering groups in other venues that were outside of the child environment so they could focus on their own needs.
- Parents would value seeing the same midwife and health visitor to help them to establish relationships and to have consistency in the service and information provided.
- Parents would value a consistency in information during and after their pregnancy. Parents felt that messages from Health Professionals were inconsistent including the roles of the groups of professionals.

What Works?

As described Lewisham currently has a variety of parenting services provided across the partnership. In order to understand where resource could be focused in future a review of relevant research and evidenced parenting programmes was undertaken.

The Joseph Rowntree Foundation carried out a number of research projects on parenting. It summarised these in its 2007 publication *'Parenting and the different ways it can affect children's lives: research evidence'*, which pulled together findings from seven separate research projects on parenting. Recurring themes were:

- Differences in child temperament, among other factors, demonstrate that **flexible, adaptable parenting** is more likely to be effective than a 'one size fits all' approach.
- The quality of parent-child relationships shows considerable stability over time. **Some dimensions of parenting are important in children's lives irrespective of age**, especially whether relationships are warm and supportive or marked by conflict.
- **Warm, authoritative and responsive parenting is usually crucial in building resilience.** Parents who develop open, participative communication, problem-centred coping, confidence and flexibility tend to manage stress well and help their families to do the same.
- Young children's relationships with their mothers typically affect their development more than father-child relationships. But **teenagers' relationships with their fathers appear especially important to their development and achievement in school.**
- Children's perspectives show that what young people 'think' is not necessarily what parents 'think they think'. **Parents tend to underestimate their own influence**, but are also prone to take insufficient account of children's feelings at times of emotional stress.
- There is no clear-cut, causal link between poverty and parenting. However, **poverty can contribute to parental stress**, depression and irritability leading to disrupted parenting and to poorer long-term outcomes for children.
- **Policy, practice and research on parenting have made simplistic assumptions about parenting in black and minority ethnic communities.** Stereotyped misunderstandings about 'tradition' and 'culture' have contributed to failures to protect children from abuse.
- **Parents most in need of family support services are often the least likely to access them.** Evidence suggests that engagement can be improved by: accessible venues and times for service delivery; trusting relationships between staff and users; a 'visible mix' of staff by age, gender and ethnicity; involving parents in decision-making; and overcoming prejudices concerning disabled parents, parents with learning difficulties and parents with poor mental health.

Any review of commissioned services should consider these factors within their selection framework.

Research conducted for the [Scottish Parenting strategy](#) (2012) found that **parents wanted clear, concise and consistent information at every stage** of being a parent from conception to teenage years. The most commonly recurring obstacles to finding this information were:

Finding relevant information when it's needed - including the different stages of children's development, how to manage behaviour and how to respond to the challenges of the teenage years. Information needs to be clear to avoid confusion.

Not knowing where to turn for help - Many parents said they do not know where to go or who to ask, leading to feelings of isolation and being left to cope alone.

Cultural differences - The language barrier was one commonly cited reason for parents of different cultures not asking for help, along with a lack of understanding by services and agencies of their culture.

In summary the dissemination of accurate information and understanding where to find it are key. This reinforces finding from the Lewisham Parenting Strategy survey. Overcoming potential barriers such as are also key, particularly relevant in such a diverse local authority as Lewisham.

Older Children

As part of the development of the Scottish Parenting Strategy, a review of interventions to [support parents of older children and adolescents](#) (pre-dominantly children aged 7-19) was conducted. Many findings overlapped with general parenting, which were: Reducing stigma, making services accessible and understanding what will support parents engaging with a parenting programme increase its success. Its key points are summarised below:

1. Family-centred help-giving approaches are successful

Give families choice regarding involvement and provision of services and parent/professional collaboration and partnerships. Services need to be characterised by practices that treat families with respect and dignity; and which share information.

2. Parents' experiences and perceptions of parenting programmes

The most successful programmes are ones which allow parents to acquire knowledge, skills and understanding along with feelings of acceptance and support from other parents. This may enable parents to regain control and feel more able to cope with their parenting role.

3. Address the Support needs of mothers, fathers and carers

It was found that the support needs of parents are often not sufficiently addressed in designing services. Parents and children's views should be taken into account through effective evaluation. Parents seek a certain type of support from professionals. Parents require support in the form of advice and practical skill development, emotional support, personal and social skills support, family relationship-building skills, opportunities to learn, education and training and financial support. Support can be preventative or treatment; some families may require both forms of support.

4. Community-based interventions and removing stigma associated with parenting programmes

The findings suggest that community-based parenting skills programmes have the potential to improve child behaviour, welfare, and reduce the amount of time spent in care and levels of juvenile crime. Addressing the barrier of negative stigma and ensuring that parents feel comfortable in receiving help through non-judgemental, empathic support from staff is a key facilitator to engaging parents.

5. School-based interventions

School-based interventions that involve parents and carers can improve child behaviour, school attendance, relationships, prevent or reduce substance misuse and potentially increase educational attainment. Offering support through a single point of contact for parents can improve both parental engagement and child outcomes. Studies have indicated that service provision in a school setting is less stigmatising and can facilitate engagement. Making access to support as easy as possible through convenient locations and providing childcare. Fathers and ethnic minority parents face particular barriers to access which should be considered as part of service design and delivery.

6. Policy initiatives

Policy initiatives that provided financial supplements or incentives to parents had no effect or a potentially negative effect on child outcomes. However the limited evidence was drawn from the US.

Potential Programmes to Utilise

There are a wealth of existing parenting programmes in addition to those currently running in Lewisham, with varying degrees of evidence base behind them. A number with a strong evidence base are described below:

Strengthening Families Programme (SFP)

The [SFP](#) is an evidence-based family skills training program found to significantly improve parenting skills and family relationships, reduce problem behaviours, delinquency and alcohol and drug abuse in children and to improve social competencies and school performance. Child maltreatment also decreases as parents strengthen bonds with their children and learn more effective parenting skills. The programme was originally developed in the 1980s in the US for high-risk and general population families. This programme has been deemed by the UK Faculty of Public Health as having a strong evidence base. The original programme consisted of 14 sessions, a seven session programme was then developed for low risk children. The programme continues to be developed and adapted to widen its reach and impact. In London the programme has been implemented in Kingston and Richmond, utilising Troubled Families funding.

A number of evidence reviews have been conducted in the UK, including work by the [Early Intervention Foundation](#) and Oxford Brookes University, detailing its effectiveness in 10-14 years olds.

Family Links Programmes

[Family Links](#) has been working throughout the UK for over 20 years to support children, parents and teachers with their emotional health and wellbeing, with an emphasis on early intervention. As well as working with children and parents, they provide other training to professionals such as social workers and those in health care. Again the UK Faculty of Public Health has deemed their work to have a strong evidence base.

The organisation has a *Talking Teens* programme that works specifically with parents of teenagers, or soon-to-be teenagers. The four week parenting programme was [evaluated](#) in 2018 and found that there was a statistically significant improvement in all measures,

showing significant improvements in parenting self-efficacy and aspects of family life. Wirral Council's Family Intervention Service is an example of the programme.

Supporting Father's Involvement Programme

Supporting Father's Involvement is a programme being trialled in the UK that was originally designed to reduce couple conflict but has recently been shown to have secondary preventative application for couples at risk of low severity domestic violence and abuse. It is a couples, group based approach particularly concerned with improving fathers' involvement in family life within low income families with relatively high levels of conflict. The [Early Intervention Foundation](#)'s 2014 report on Domestic Violence and Abuse found that the programme required further testing but was 'an example of a promising and innovative approach'.

Families with current reported domestic violence and abuse concerns, or current child protection involvement are excluded from participation but the programme has been shown to reduce future domestic violence and abuse incidents. The intervention has been subject to a US Random Control Trial involving more than 270 low-income families, which showed that a 16-week couples group, led by trained mental health professionals, resulted in a reduction in parenting stress, an increase in father involvement in the tasks of child care, maintenance of couple relationship satisfaction, and stable children's problem behaviours (in contrast with increasing problems in the control group) over an 18 month follow up period. A benchmarked non-controlled second study of another 270 low income couples participating in Supporting Fathers Involvement not only maintained the levels of couple relationship satisfaction seen in the original RCT, but also significantly reduced parenting stress, reduced violent behaviours (including hitting and screaming), reduced children's aggressive behaviour and increased father involvement in the family.

Child First

[Child First](#) is a US national, evidence-based, two-generation model that works with very vulnerable young children and families, providing intensive, home-based services. The programme was identified by the Early Intervention Foundation as meeting several criteria of the Troubled Families Programme²⁹. However it has not yet been used in the UK.

Evaluation work has been conducted on outcomes between 2010-2017 in conjunction with the Research and Evaluation Team at the University of Connecticut Health Centre. It found that following participation within the programme 78% of children and families showed improvement in at least one area, 56% in at least two areas, and 35% in at least three areas.

Child First data analysis has continued to show strong outcomes in the following areas:

- Improvement in child language development
- Improvement in child social skills
- Decrease in child behavioural problems
- Decrease in maternal depression
- Decrease in parent stress
- Strengthening of the parent-child relationship

²⁹ Children of all ages who are identified as in need or are subject to a Child Protection Plan; Families affected by domestic violence and abuse and Parents identified with mental health problem

What should we be doing next?

It has been difficult to collect some service data for this JSNA, due to a number of the parenting support offers being provided by small organisations who have limited capacity to performance manage. Therefore it is not always possible to understand the reach and impact of the numerous programmes working with families. Data collection and analysis is an area for expansion to ensure that outcomes can be quantified and value for money realised. Related to this is equalities monitoring information. As the borough continues to grow, it is set to increasingly diversify. Hence it is crucial to understand if use and uptake of services is representative, to mitigate any potential inequalities between groups.

The mapping exercise of services is extremely helpful to understand what is available however this work needs to be developed further with pathway diagrams created to enable both parents and professionals to know where to seek help or make referrals. As reflected in both the literature (particularly research conducted for the Scottish Parenting Strategy) and the Lewisham Parenting Strategy Consultation, knowing where to find information is crucial. It is encouraging that a directory of services is currently being produced by the council, however it is vital that this is widely publicised and kept up to date. It also needs to be accessible for the wide ranging audience it must reach, so be useable by residents who do not speak or read English; have learning difficulties or another impairment. Greater awareness should also mean that the right referral is made, this is particularly important when there are multiple issues, for example an underlying condition needs to be successfully addressed before further parenting support is offered to ensure it is not counter-productive and that the parent is well enough to consistently apply the techniques or learning. This would then have the knock-on effect of less repeat or inappropriate referrals happening. The Hidden Harm service is an excellent example of this principle in practice.

As well as a *Parenting Support* offer, specific services are in place around *Substance Misuse, Domestic Violence and Adult Mental Health* but again access could be improved by services working in a more joined up way and adapting their offer, which was a key finding from the Parenting Survey. Mapping pathways as mentioned above should also assist. This is particularly relevant, as discussed, the toxic trio issues do not happen in isolation. This links back to ACES and the aim to reduce the number of traumatic experiences children go through.

Underserved groups include fathers, older children and younger parents (where the Family Nurse Partnership is not applicable). These areas should be addressed, particularly engagement with fathers. Transition is a further area that would benefit from further examination, both transition from primary to secondary school and from children to adults services.

Recommendations Summary

- Use mapping/directory of services to create pathways document(s). This could be done by level of need and/or by issue, e.g. Domestic Violence.
- The Family Information Service is currently in its infancy, explore how it will be expanded to include details of services that parents can self refer into
- Co-ordination and amalgamation of commissioned service monitoring data, including equalities monitoring, to help build a clear picture of need across the borough

- Attempt to better understand non-commissioned provision in the borough
- Consider how to access more information on dads and older children
- The development of an overarching Parenting Strategy with a connected Action Plan would provide a framework to take the learning from this needs assessment alongside continual improvement and review of parenting support across the borough.
- Consideration of our parenting offer to be included in the early help review

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Appendix A - Additional Indicators of Parenting Capacity in Lewisham

Social Care

Examining social care data gives us an understanding of the level of children living in an area who need help or protection.

Children in Need (excluding Looked After Children and those with a Child Protection Order)

Children in need are defined in law through the Children Act 1989, as children who are aged under 18 and:

- need local authority services to achieve or maintain a reasonable standard of health or development
- need local authority services to prevent significant or further harm to health or development
- are disabled.

In 2017/18 there were 1,526 Children in Need in Lewisham. Information on gender was available for 1,461 of these children, 55% were male and 45% were female. Black African and White British were the largest groups (both 21%), however this is an over-representation for Black African child who make up just 15% of the 0-18 population and an under-representation for White British children who comprise 26% of the 0-18 population. Black Caribbean children were also over-represented within the Children in Need cohort.

Children with a Child Protection Plan

There were 327 Lewisham children with a Child Protection Plan in 2017/18, with an almost even gender split. Whilst White British children comprised the biggest ethnic group, it was Black Caribbean children who were most over-represented at 19%, (this ethnic group comprise 10% of the population).

Looked After Children

There were 480 Looked After Children in 2017/18, again split evenly by gender. As seen with Child Protection Plans, White British children were most numerous, yet Black Caribbean children were over-represented at 19% of all Looked After Children. In Lewisham children are more likely to become looked after due to abuse or neglect, rather than due to family stress or dysfunction or absent parenting. The same pattern was seen for Children in Need.

Table 8: Children's Social Care Data (Data for 2017)

	Rate per 10,000 children under 18		
	Lewisham	London	England
Children who started to be looked after due to abuse or neglect	24.8	14.3	16.2
Children who started to be looked after due to family stress or dysfunction or absent parenting	3.4	11.6	9.3
Children in Need	392.8		
Children in need due to family stress or dysfunction or absent parenting	69.0	97.9	93.8
Children in need due to abuse or neglect	241	166.3	172.9

Teenage Pregnancy

Research evidence, particularly from longitudinal studies, shows that teenage pregnancy is associated with poorer outcomes for both young parents and their children. Teenage mothers are less likely to finish their education, are more likely to bring up their child alone and in poverty and have a higher risk of poor mental health than older mothers. Infant mortality rates for babies born to teenage mothers are around 60% higher than for babies born to older mothers. The children of teenage mothers have an increased risk of living in poor quality housing and are more likely to have accidents and behavioural problems.³⁰

In Lewisham in 2016, 100 young women aged under 18 years conceived, (22.1 per 1,000 population)³¹. Whilst this is a 40% reduction since 2009 the borough remains the 7th highest in London but similar is to the national average (18.8 per 1,000 population). In 2016, 12 girls became pregnant under 16 years, a rate of 2.8 per 1,000 population; the national rate was 3.0. Of under 18 conceptions in Lewisham in 2016, 59.0% led to abortion, compared with the national average of 51.8%.

Deprivation

In relative terms, Lewisham remains amongst the most deprived local authority areas in England. In the overall Index of Multiple Deprivation or IMD (the combined score from all the indices), Lewisham's average score was 28.59, which puts Lewisham as the 48th most deprived of all 326 Local Authorities (one being the most deprived). This means that Lewisham is within the 20% most deprived Local Authorities in England³².

The percentage of dependent children aged under 20 in relative poverty (living in households where income is less than 60 per cent of median household income before housing costs) was over one in five (22.7%) in 2015³³.

The percentage of children eligible and claiming free school meals in 2017 was 17.6%, a rate that was higher than London (16.5%) and the national figure (13.9%). Furthermore Long term claimants of Jobseeker's Allowance in 2016 was also higher than England and seventh highest of any London borough. In terms of income Average weekly earnings (2017) at £520.60 Lewisham residents were lower than comparable neighbours.

Housing

The housing charity Shelter³⁴ states the major influences on a child's life as: family income, effective parenting, and a safe and secure environment - are all directly or indirectly influenced by a family's housing conditions. Furthermore poor housing conditions increase the risk of severe ill-health or disability by up to 25% during childhood and early adulthood. Lewisham faces significant and increasing housing challenges. The Family homelessness

³⁰ Public Health England, 2016 <https://www.local.gov.uk/good-progress-more-do-teenage-pregnancy-and-young-parents>

³¹ ONS, 2017

<https://fingertips.phe.org.uk/search/teenage#page/4/gid/1/pat/6/par/E12000007/ati/102/are/E09000023/iid/20401/age/173/sex/2>

³² Department of Communities and Local Government (2015)

³³ HMRC, 2018

³⁴ https://england.shelter.org.uk/__data/assets/pdf_file/0016/39202/Chance_of_a_Lifetime.pdf

rate at 5.2 per 1,000 households (2016/17) was notably higher than London and more than double the national average. The number of people on the housing waiting list in Lewisham is increasing. In 2016/17 there were 1,864 households in Temporary Accommodation.

Schools Data

School Absence³⁵

Ensuring all children and young people fulfil their potential requires regular school attendance in order to benefit from the developmental opportunities offered by schools. Missed learning opportunities increases the risks of falling behind academically and socially. Children and young people who attend school regularly and punctually are less likely to be at risk, both in terms of engaging in anti-social behaviour and in terms of their own health safety and welfare. Children with low levels of attendance tend to achieve less in both primary and secondary schools.

It is therefore encouraging that overall school absence in Lewisham for 2016/17 was 4.5% (Primary 3.9% and 5.2% for secondary). The overall absence rate for pupil enrolments known to be eligible for and claiming free school meals (FSM) was 7.0%, compared to 4.1% for non FSM enrolments. The percentage of FSM eligible enrolments that were persistent absentees was 21.6%, compared to 8.2% of pupil enrolments that were not eligible for free schools meals. The overall absence rate for Lewisham Children Looked after is 7.9% (authorised is 5.2% and unauthorised is 2.7%). 70% of the cohort have over 95% attendance, there are no Children Missing Education, however 19.9% of the cohort are persistently absent. The report data not give data by gender or ethnic group.

School Exclusions

In the academic year 2016/17 there were 67 permanent exclusions from Lewisham schools, 22% (11 pupils) less than 2015/16. There were an additional 16 Lewisham residents excluded from secondary schools outside of the borough. Persistent disruptive behaviour was the main reason for exclusion in Lewisham schools, with verbal/ physical assault on another pupil and offensive weapons / knives being the other two main causes.

Table 9: Exclusion reasons - Lewisham schools only

Reason	2016/17	2015/16
Drugs	6	6
Offensive weapons / knives	13	23
Persistent disruptive behaviour	25	28
Verbal/ Physical assault on another pupil	15	21
Verbal / physical assault on an adult	2	0
Sexual misconduct	4	0
Racist abuse	1	0
Damage	1	0

³⁵ Access, Inclusion and Participation: Attendance Annual Report 2016/17

Excess weight

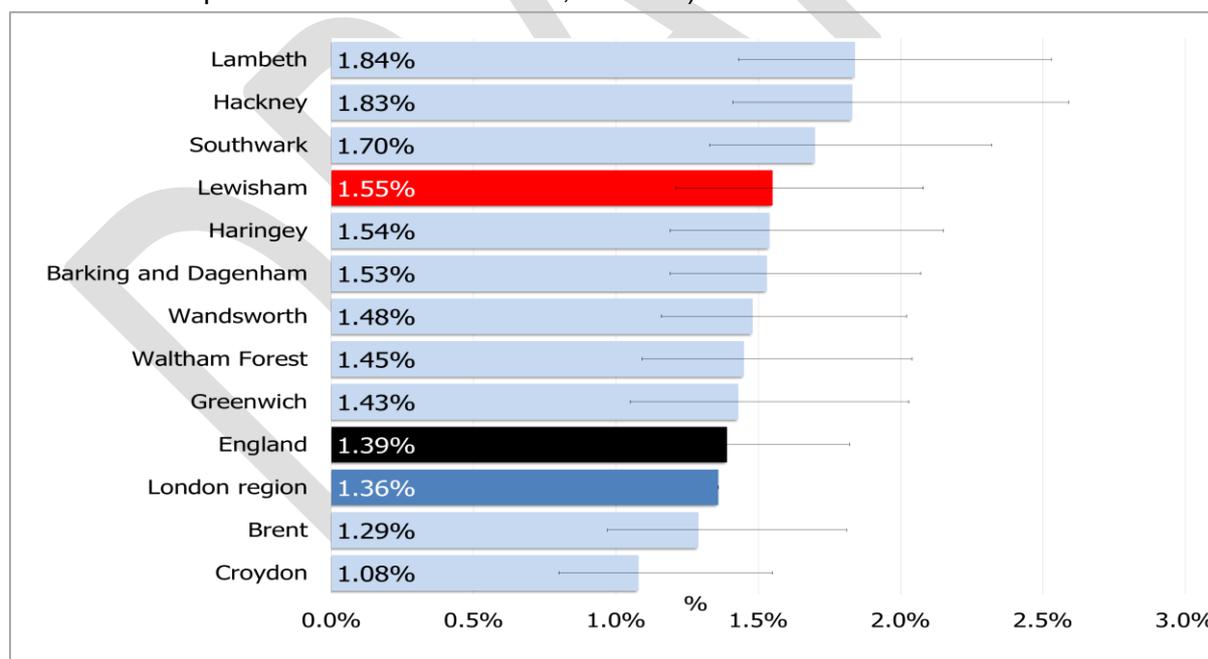
A number of studies, including the Joseph Rowntree Foundation found that parental obesity had an impact on the quality of parent-child relationships³⁶. Adult excess weight in Lewisham is 57.8%, (childhood levels range from 22% in Reception to 39% in Year Six). All ages are above the national average illustrating the additional challenges Lewisham faces in tackling obesity and its many associated problems. Maternal obesity also increases the risk of poor pregnancy outcomes and is a risk factor for childhood obesity. Data from Lewisham Hospital for 2017-18 indicates that 47.6% of women attending their maternity booking appointment (at around 13 weeks of pregnancy) had excess weight. Within this group, 40% were either obese or morbidly obese. Benchmarking data is not available for this indicator, as areas are not required to report the data.

Substance Misuse Contextual Data

Adults - Alcohol

Alcohol is the leading risk factor for deaths among men and women aged 15 to 49 in the UK. Whilst Lewisham performs 'well' against the national average for alcohol related hospital admissions, the alcohol specific mortality rate is increasing (12.8 deaths per 100,000 population) and is now highest out of all similar boroughs, this is also compared to a flat national figure (10.4 per 100,000 population)³⁷. This appears to be driven by mainly by premature mortality for men from liver disease and is an indication of higher alcohol misuse.

Chart 1: Dependent Drinkers aged 18+ (Estimated % with 95% Confidence Intervals. Lewisham compared to other similar areas, 2014-15)



Lewisham is seen to have more adult dependent drinkers than most similar areas and England, however the confidence intervals for this indicator are particularly wide, this has a potential impact if parents are heavily represented within this group.

³⁶ Parenting and the different ways it can affect children's lives: research evidence (2007) <https://www.jrf.org.uk/sites/default/files/jrf/migrated/files/2132-parenting-literature-reviews.pdf>

³⁷ Public Health England, 2018

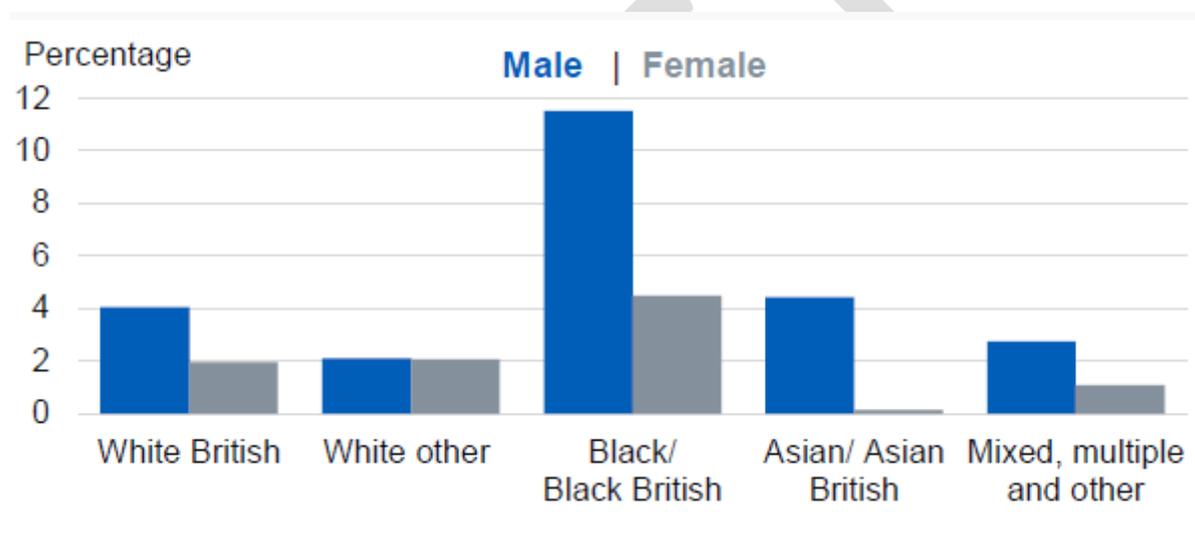
Drug Users - Adults³⁸

Across England in 2016/17, 8.5% of adults used an illicit drug at least once. Whilst it is not possible to ascertain what proportion of this group were parents we do know that the 25 to 34 age range saw the highest level of hospital admissions with a primary diagnosis of poisoning by illicit drugs.

Drug dependence

Using age-standardised data, the proportion showing signs of dependence was highest (at 7.5%) among adults in the Black/Black British group. Despite this in previous years (2016), those in treatment were more likely to be White. This has particular implications for Lewisham with a large Black African and Black Caribbean population. It also highlights issues with access to treatment across ethnic groups. Those who were categorised as unemployed or economically inactive were more likely to be classed as drug dependent.

Chart 2: Drug Dependence by Ethnic Group – Nationally (2016/17)



Lewisham Data

Data on use of drugs is periodically produced by Public Health England at local authority level. Lewisham is considered to have higher levels of use of opiates and/or crack cocaine than London or England.

Table 10: Use of Opiates and/or Crack Cocaine in Lewisham

	Rate per 1,000 Population		
	Lewisham	London	England
Estimates of use of opiates and/or crack cocaine (2014/15) ³⁹	9.4	8.9	8.6
Estimates of injecting of opiates and/or crack cocaine (2011/12) ⁴⁰	3.05	1.97	2.49

³⁸ All data taken from NHS Digital publication <https://files.digital.nhs.uk/publication/c/k/drug-misu-eng-2018-rep.pdf>

³⁹<https://fingertips.phe.org.uk/search/drug#page/4/gid/1/pat/6/par/E12000007/ati/102/are/E09000023/iid/91117/age/182/sex/4>

⁴⁰<https://fingertips.phe.org.uk/search/drug#page/4/gid/1/pat/6/par/E12000007/ati/102/are/E09000023/iid/91118/age/182/sex/4>

The Diagnostic and Outcome Measure Executive Summary (DOMES) Report is a quarterly report that contains key treatment outcome and diagnostic data at a partnership level to assist local areas to monitor performance and compare that to national trends. Data below is taken from the Lewisham report for Quarter 3 report for 2016/17. Successful completions from substance misuse treatment, is deemed the key measure for tackling drug and alcohol dependency. Lewisham's outcomes are similar to the national average:

*Table 11: Number of Lewisham Drug Users in Treatment (Q3 2016/17)*⁴¹

	Number in Treatment
Opiate Treatment	779
Non Opiate Treatment	409
Alcohol Treatment	342

*Table 12: Lewisham Clients successfully completing Drug Treatment Services (Quarter 3 2016/17)*⁴²

	Lewisham (%)	London (%)
Opiate clients	6.5	6.6
Non-opiate clients	41.3	36.7
Alcohol clients	34.2	38.3

In the calendar year 2016, 6.3% of Lewisham opiate drug users left treatment successfully (and did not re-present to treatment within six months). For non-opiates, the figure was 42.5%. Lewisham has lower success rates compared to the best performing similar local authorities. As would be expected from the lower level of successful completions, Lewisham has a higher level of representations into treatment. At the six month review following successful completion of treatment, both opiate and non-opiate drug users in Lewisham were more likely than the national average to report a housing need (Q3, 2016/17).

Substance Misuse - Young People

Table 13: Lewisham Young People in Treatment Services

<i>Number in specialist services</i>	<i>Q4 2016-17</i>	<i>Q1 2017-18</i>
No. of young people under 18 in specialist services in the community	88	27
No. of young adults, 18-24, in 'young people only' specialist services in the community	127	45
No. of young people under 18 in specialist services within the secure estate	0	0

Contextual Mental Health Data

Nationally there is an over-representation of young men from BME groups in mental health services. African Caribbean men are much more frequently diagnosed with psychosis than White men and are more likely to be detained under the Mental Health Act. Furthermore people in the Black broad ethnic group were the most likely to have been detained under the

⁴¹ Diagnostic Outcomes Monitoring Executive Summary, Q3 2016/17

⁴² Diagnostic Outcomes Monitoring Executive Summary, Q3 2016/17

Mental Health Act in 2016/17 - with 272.1 detentions per 100,000 Black people. People in the White ethnic group had the lowest rate of detention, at 67.0 per 100,000 White people. Again this has specific implications for the Lewisham population with its large proportion of black residents.

Severe mental illness (SMI) is a group of mental health conditions characterised by psychosis. Such illnesses tend to have poorer prognosis, are more likely to require hospitalisation, and are often comorbid with other health problems. They can cause large reduction in life expectancy, in the range of 10-20 years. It is therefore of note that Lewisham has higher rates of serious mental illness (1.31%) compared to the national average (0.92%)⁴³, although the local rate is similar to those of our neighbouring boroughs.

Lewisham has a lower prevalence of SMI in younger people, and in particular young women, possibly reflecting underdiagnoses of this age group. Converse to the national picture there is a higher prevalence of SMI diagnosed in white ethnic groups. Due to the Lewisham data being taken from the GP register, this might reflect an inequality by ethnic group in terms of being registered at GPs.

Table 14: Prevalence of SMI by age, comparing Lewisham GP Data with the Annual Psychiatric Morbidity Survey (APMS)

	20-29	30-39	40-49	50-59	60-69	70-79	80+
Lewisham	10.3%	19.9%	23.1%	23.7%	11.7%	6.7%	3.5%
APMS	14.1%	23.3%	22.5%	18.9%	14.5%	5.0%	1.7%

Table 15: Prevalence of SMI by Gender, comparing Lewisham GP Data with the Annual Psychiatric Morbidity Survey

	Lewisham	APMS Average
<i>Female</i>	46.5%	45.5%
<i>Male</i>	53.5%	54.5%

⁴³ General Practice Quality Outcomes Framework (2016/17)

Appendix B - Current Parenting Services

Table 16: Current parenting Services by Provider

Name of service	Provider	Commissioned by
Aftercare service	Blenheim CDP	Adults Commissioning Team
Athena	Refuge	Adults Commissioning Team
Child Sexual Assault Hub	Safer London	CYP Joint Commissioning Team
Children and family centres	PSLA, Clyde, Donderry, Kelvin Grove and Eliot Bank	CYP Joint Commissioning Team
Community Groups Programme	Childrens Centres	CYP Joint Commissioning Team
CYP IAPT	CAHMS	CYP Joint Commissioning Team
Education Champions	Virtual School	CYP Joint Commissioning Team
Expectant Fathers Programme	Working With Men	Lewisham & Greenwich Trust
Family Cooking on a Budget	Adult Learning Lewisham	Adult Learning Lewisham
Family Early Intervention Substance Misuse Support Pathway	In-house service	Adults Commissioning Team
Family Information Service	Online Directory	Early Years Quality & Sufficiency
Family Nurse Partnership (FNP)	Lewisham & Greenwich Trust	CYP Joint Commissioning Team
Family Social Work (SSF)	Core Assets	CYP Joint Commissioning Team
Freedom Programme	PSLA/Health Visiting	CYP Joint Commissioning Team
Functional Family Therapy	Youth Offending Service	CYP Joint Commissioning Team
Health Visiting	Lewisham and Greewich Trust	CYP Joint Commissioning Team
Indigo (Specialist Midwifery Team)	Lewisham & Greenwich Trust	CYP Joint Commissioning Team
Lewisham Autism Support	National Autistic Society	CYP Joint Commissioning Team
Lewisham Safer Stronger Families	Core Assets	CYP Joint Commissioning Team
Lewisham Young Carers Project	Family Action	CYP Joint Commissioning Team
Lewisham Young Carers Project	Family Action	CYP Joint Commissioning Team
Local Offer	Online Directory	CYP Joint Commissioning Team
Maths for Parents	Adult Learning Lewisham	Adult Learning Lewisham
MECSH	Lewisham & Greenwich Trust	CYP Joint Commissioning Team
Mindful Mums	MIND	CYP Joint Commissioning Team
New Direction	Change Grow Live	Adults Commissioning Team
NVR	CAHMS	CYP Joint Commissioning Team
Parent and Child Housing Service	One Support	Adults Commissioning Team
Parent Champions	Family and Childcare Trust	Early Years Quality & Sufficiency
Parent Support Group	In-house service	Attendance & Welfare
Parental Wellbeing Service	CAHMS	CYP Joint Commissioning Team
Place2be	Place2be	CYP Joint Commissioning Team
Primary Care Recovery Service	Blenheim CDP	Adults Commissioning Team
Safeguarding in Education	Lewisham Council	Attendance & Welfare
SENDIASS	KIDS	CYP Joint Commissioning Team
Understanding your baby	Health Visiting Service	CYP Joint Commissioning Team
Volunteering Service	Family Lives	CYP Joint Commissioning Team
Young Fathers Project	Working With Men	CYP Joint Commissioning Team
Aftercare service	Blenheim CDP	Adults Commissioning Team

Appendix C - Three Stage Model

Figure 5: Three Stage Model



All partners within the Lewisham Children's Partnership arrangement have agreed to work against our three stage model: universal, targeted and specialist within a single framework in which services will deliver the vision for our children and young people.

Appendix D - Academic Research Context

Much contemporary research on parent-child relationships can be traced to four dominant perspectives:

- **social learning theory** (Social learning theory is based on the assumption that children's behaviour will improve when appropriately reinforced - good behaviour is rewarded and bad behaviour is either ignored or appropriately sanctioned. Social learning theory-based programmes teach parents strategies for dealing with child misconduct, such as time out and withholding privileges, and encouraging positive behaviour through proactive reward systems, such as sticker charts and point systems.)
- **attachment theory** (is based on the notion that an infant's ability to form a strong emotional bond with their primary caregiver is a natural part of its development. The security of this bond, also known as attachment security, is largely determined by the parent's ability to respond sensitively and appropriately to their infant's bids for attention. Programmes based on attachment theory therefore aim to improve parental sensitivity by increasing parents' understanding of their children's needs and attachment related behaviours.)
- **parenting styles** (is based on research that suggests children's behaviour is directly related to their parent's child-rearing practices. Parents who combine high levels of parental warmth with high levels of supervision are more likely to have children who are more confident, more autonomous and more socially responsible. This parenting style is often referred to as an authoritative style of parenting, as it recognises the child as an individual in his or her own right and promotes personal responsibility. For this reason, many parenting programmes include elements which encourage parents to allow their children to take risks within a family environment amidst high levels of supervision.)
- **the model of human ecology** (assumes that a child's development is determined by his or her interaction within the nested environments of the individual, family, school, community and culture. Each of these environments contains elements (also known as protective and risk factors) which can either improve a child's life outcomes or place them at risk for adversity. Every family is unique in terms of the risk and protective factors influencing it. Programmes based on this model consider ways to strengthen protective factors in order to reduce or remove any ongoing risks.)