

Children and Families

PARTNERSHIP

Building better futures with children, families and communities

Islington's Family and Parenting Support

Needs Analysis

Last updated November 2016



ISLINGTON

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Needs

Throughout this needs assessment, 2015/16 data has been used where it is readily available. Some data may still be based on 2014/15 to reflect the latest published data at the time of writing. In other places, earlier data may be used if more recent data is not available, or to match the data used in other strategic documents (such as the Joint Strategic Needs Assessment, available at <http://evidencehub.islington.gov.uk/yourarea/jsna/Pages/default.aspx>).

More information on the general needs of the local population can also be found within the Needs Assessment in Appendix D of the Islington's Children & Families Prevention and Early Intervention Strategy 2015 – 2025 (available at <https://www.islington.gov.uk/~media/sharepoint-lists/public-records/childrenandfamilieservices/businessplanning/strategies/20142015/20150303islingtonchildrenandfamiliespreventionandearlyinterventionstrategy20152025.pdf>). The needs assessment below has more of a focus on the factors that reflect the need for family and parenting support.

Key message: More than a third of Islington's children are growing up in poverty in a densely populated borough, and 11% live in households that are legally defined as overcrowded.¹ Accessible and high quality universal services that mitigate the effects of this deprivation are a priority.

- Islington is the most densely populated local authority in the country and is the second smallest borough in London.
- There are 45,500 children and young people aged 0-19 years living in approximately 21,500 households.
- The 0-19 population is more densely populated in the north east of the borough.
- Child poverty has an impact on children's daily lives and future prospects. 35.3% of children and young people in Islington are living in income deprived households²;
- Islington is the 24th most deprived borough in England and the fifth most deprived in London.³ 44% of areas in Islington area in the most deprived fifth of areas in England.
- Islington is a borough of marked contrasts with some of the most affluent as well as some of the most deprived neighbourhoods in London.
- House prices are beyond the reach of the average family, and despite incentives like right-to-buy, around 61% of the borough's families are Council or Housing Association tenants.

¹ The statutory definition of overcrowding in terms of rooms and space has a high threshold.

² Income Deprivation Affecting Children Index, 2015

³ Index of Multiple Deprivation, 2015

- Areas with the greatest concentration of social housing tend to be the most deprived, e.g. Finsbury Park, Holloway and Mildmay.
- Around 5,200 children live in overcrowded conditions.
- Islington has the lowest area of green space per person in inner London. Many families live in flats without access to any outside space.

Key message: Worklessness and lone parenting are prevalent within the borough. They are risk factors, putting extra pressures on families. Highly proactive, outreach services at targeted level are required if we are to prevent vulnerable families' needs from escalating.

- 23.6% of Islington children are growing up in out-of-work benefit households (as at May 2015).⁴
- The £26,000 benefits cap was implemented in April 2013, and was estimated to affect approximately 950 families with children in Islington (affecting nearly 2,000 children). Large families, lone parents, and sick and disabled parents were most vulnerable to the impact of changes in welfare benefits. The benefit cap will be lowered to £23,000 in 2016/17, and those who live in high rent areas such as Islington will be disproportionately affected. An estimated 800-999 households will be affected in Islington, including those already affected by the £26,000 cap.⁵
- Just under 30% of children live in one-parent households (one of the highest proportions in London).
- The vast majority of lone parents are female and 40% are in employment.⁶
- The proportion of Islington 16-18 year olds Not in Education, Employment or Training (NEET) fell to 2.2% in 2015/16, compared to over 5% in the previous year. However, from 2016/17 all young people with an unknown status will be counted as NEET, so in future years a higher proportion of young people will be classed as NEET.
- The proportion of Islington school leavers in Year 11 who move into sustained education or training in the following year (i.e. sustained for two terms) increased from 94.4% in 2014/15 to 96.7% in 2015/16. At risk groups, in particular those learners who completed year 11 in alternative provision, are disproportionately represented in the group of young people who subsequently became NEET within the first two terms of post 16 learning.

Key message: The impact of inequalities on the experiences of and outcomes for families is not the same on different ethnic groups. Black and minority ethnic communities may face barriers to using services due to language and cultural attitudes.

⁴ Official Statistics: Children in out-of-work benefit households: 31 May 2015, combined with 2015 GLA Population projections

⁵ DWP Estimates of the number of households in scope for the new benefit cap in 2016/17 by Local Authority. [Estimated numbers of households with children were not available at the time of writing.]

⁶ Data used for Islington Child Poverty Needs Assessment, 2013

- As with most other London boroughs, the number of families from Black and minority ethnic communities, and those for whom English is not their main language is increasing: over 43% of primary age children and over 45% secondary age children have a mother tongue other than English. The highest concentration of children who do not speak English at home is in Finsbury Park ward – the only ward where more than half of all resident pupils in Islington schools do not speak English as their first language.
- Apart from the White-British ethnic group, the largest ethnic groups in terms of Islington's population of children are the White-Other (15.7%), Black-African (13.9%) and Mixed (12.5%) ethnic groups.
- Children from a mixed ethnic group are over-represented in terms of those referred to children's social care, as 18% of referrals in 2015/16 were from children from a mixed ethnic group.
- Children from a Black-African ethnic group are over-represented in terms of the group of children in Islington whose needs were assessed using the early help assessment (eCAF) in 2015/16.
- Children and young people from a Black ethnic group are slightly over-represented and children and young people from a White ethnic group are slightly under-represented in terms of those who accessed Islington Youth and Play provision in 2015/16, compared to the overall Islington population of children and young people.
- In 2011/12, young people from a White ethnic background were under-represented within the group of young offenders by almost 20%, compared to the ethnic composition of the local population aged 10-17, and young people from a Black ethnic group were over represented by almost the same proportion. By 2013/14, the over-representation of young people from a Black ethnic group had fallen to just over 5% above what would be expected, based on the local population, although it has since increased slightly. Meanwhile, the White population was no longer under-represented in the group of young offenders in 2014/15, although in 2015/16 they were again slightly under-represented.

Key message: Islington's child population will grow over the next five years – so therefore will the population of children with Special Educational Needs / Learning Difficulties and Disabilities. Some areas of disability - particularly Autistic Spectrum Conditions - appear over-represented in Islington compared with national norms.

- 3.5% of pupils in Islington schools have a statement of SEN or an Education, Health and Care (EHC) Plan, compared to the London and England averages of 2.8% (2016).
- The Special Educational Needs system is under reform, moving from statements to EHC Plans, which can last up to the age of 25, as long as the young person remains in education.
- The most common types of special educational need amongst Islington primary school pupils who have a statement or EHC Plan are Autistic Spectrum Disorders, Moderate Learning Difficulties, and Speech, Language and Communication Needs.
- There has been a significant rise in the number of statements or EHC Plans maintained in Islington where the primary need is for an Autistic Spectrum Disorder,

from 182 in 2009 to 357 in 2016. Autistic Spectrum Disorders are now the most common primary need amongst young people with a statement or EHC Plan.

- In 2015 there were an estimated 5,000 children and young people with a disability in Islington. However, this estimate includes those who may have a learning disability at the Special Education Need Support level rather than having an Education, Health and Care Plan. At the end of 2015, there were approximately 950 Islington children and young people with a statement or Education, Health and Care Plans maintained by the authority.
- 70% of Islington's disabled children and young people were male, which is consistent with the findings from national-level research by the DfE.
- In Islington, just over 100 of the pupils with a statement or EHC Plan in 2015 had a sibling who also had a statement or EHC Plan (11%).
- Disabled children and young people are more likely to live in social housing, live in an overcrowded property, or live in a household in receipt of low income or workless benefits than the average 0-18 year old living in Islington.

Young people who become parents as teenagers are amongst some of the most vulnerable and socially excluded young people in Islington. Children of teenage parents also often have poor education, health and social outcomes. Early identification and a coordinated offer of both targeted and universal support to assist them with parenting, accessing health services, remaining in education and childcare has demonstrated improved short term and longer term outcomes for both the mother, father and the child.

- Since 2012, Islington's teenage pregnancy rate has fallen below the London and England averages. The birth rate for young women aged under eighteen is also lower than the rates for London and England.
- In 2014 there were 37 births to women aged under 20 and 10 births to women aged under eighteen. These equate to maternity rates per 1000 of 6.8 and 3.5 compared to a London rate of 10.9 and 4.4.
- Teenage pregnancy is strongly associated with deprivation and social exclusion. Poor educational attainment/ achievement and disengagement from school are risk factors for teenage pregnancy. Other risk factors include being in care or a care leaver, being the child of a teenage parent, having mental health problems or being a young offender.
- 12% of 15-17 year old young offenders are fathers and 50% of offenders under 23 are fathers or expectant fathers.⁷
- An examination of the vulnerabilities of the Family Nurse Partnership caseload of teenage parents in 2015 found high proportions of service users where:
 - The service user or their wider family were known to children's social care, including a significant minority who were care leavers.
 - They were known to CAMHS or another mental health service.
 - They had experienced domestic abuse in their own relationship and / or had grown up in a household where there was domestic abuse.

⁷ Invisible fathers The Fatherhood Institute

- The father was involved in criminality and / or affiliated with gangs.

Key message: Pre-birth to 5 years - research shows that the foundations for virtually every aspect of human development are laid in early childhood and that what happens from conception and during the first five years impacts on educational outcomes, health and well-being throughout childhood and adult life. Therefore we seek to put parents at the heart of early years services and provide access to good quality early years education together with joined-up services at children's centres for families and parents-to-be to have help and support to ensure children are intellectually stimulated, physically and emotionally healthy.

- There are usually just under 3,000 births a year in Islington each year. The number of births fell in 2013 to just over 2,800, but has since recovered back to over 2,900. Births are projected to increase gradually over the next 7-8 years to almost 3,200 each year.
- Islington has amongst the highest proportion of births to older women in the country.⁸
- Islington's infant and child mortality rates (at 2.6 per 1,000 live births and 10.9 per 100,000 1-17 year olds in 2012-14) are lower than the national averages (4.0 per 1,000 and 12.0 per 100,000, respectively).
- Islington has seen strong performance in both its breastfeeding initiation and continuation rates, as measured at 6-8 weeks, in recent years with both above the average for London and England.
- The proportion of families with children aged under 5 registered with an Islington children's centre has increased by 30 percentage points over the last five years, to 95% in 2015/16. This ensures that more families have access to the wide range of support available in the local area.
- The Early Years Foundation Stage Profile is used to provide an assessment of children's development by the time they reach the end of their school Reception year. A revised Early Years Foundation Stage Profile was introduced in 2013. In the first year of the new profile, 44% of Islington pupils achieved a Good Level of Development in the profile, compared to 52% nationally. By 2016, however, 66% of Islington pupils were achieved the Good Level of Development, just below the national average of 69%.
- The inequality gap in the Early Years Foundation Stage Profile looks at the gap between the lowest achieving 20% of pupils and their peers. In 2013, the inequality gap amongst Islington pupils was narrower than the London and England averages, at 34.2% compared to 35.9% for London and 36.6% for England. Although the gap in Islington had narrowed to 32.8% in 2015, in 2016, the gap in Islington then widened to 36.3%, whilst the London and England gaps were narrower at 31.0% and 31.4% respectively.

Key message: Health – Children and families in Islington are experiencing a range of preventable conditions, many associated with deprivation and high levels of child poverty. Partnership working to deliver coherent public health

⁸ Births by area of usual residence of mother, UK, 2014

messages around health and well-being in a range of settings is key to supporting children, young people and their families to make healthy choices.

- Islington's childhood obesity levels recorded in the National Childhood Measurement programme have shown variability year on year. The levels of reception year children found to be obese has remained fairly constant over the last few years. In 2015/16, 10.3% of reception year children were found to be obese; the levels are higher than in England but the same as in London. The proportion of Year 6 Islington children found to be obese has remained around 22% each year, similar to London but higher than in England.
- Dental health of young children in Islington appears to have improved in recent years. The 2014/15 survey found less than a quarter of 5 year olds examined had tooth decay, lower than London and England. The strong association between oral diseases and deprivation, and the fact that oral diseases are largely preventable, makes oral health a particularly important public health issue in Islington.
- Smoking prevalence amongst adults in Islington was the joint highest in London, along with Hammersmith & Fulham, at 22.2% in 2014. This is higher than London (27%) and England (18%).
- In Islington the proportion of pregnant women known to be smokers at the time of delivery decreased from 8.9% (264 women) in 2010/11 to 7.7% (215 women) in 2012/13. This was lower than England but higher than London each year. The 2015/16 data suggests that 5.4% of mothers were smoking at the time of delivery, compared to 4.9% for London and 10.6% for England.
- In 2014/15, there were 418.4 emergency admissions for asthma, diabetes and epilepsy per 100,000 under 19 year olds in Islington, compared to a national average of 327.0.
- Islington's childhood immunisation uptake has increased in recent years and is now at or around the herd immunity level for most childhood immunisations up to the age of 5.
- Islington had a relatively high rate of hospital admissions for mental health conditions involving patients aged under 18 in 2014/15 at 173.9 per 100,000, the third highest rate in London. The number of admissions increased by more than four-fold between 2012/13 and 2013/14, which we believe is related to improved recording rather than an actual increase in prevalence.
- The rate of admissions for 10-24 year olds for self-harm in 2014/15 was 118.6 per 100,000, which is above the London average (97.3) but below the England average (191.4).
- A&E attendances are highest amongst the youngest children. There were 672 A&E attendances for every thousand Islington children aged under 5 in 2014/15. Although this appears high, it was actually below the London average of 682 per thousand. It was above the national average, however, as were most London boroughs.

Key message: Domestic abuse and violence is the most commonly identified factor in children's social care assessments. The physical, psychological and emotional effects of domestic violence on children can be severe and long-lasting. Victims aged sixteen and seventeen are under identified, despite being the group most likely to suffer abuse from a partner.

- As some domestic abuse and violence goes unreported, it is difficult to precisely

judge the prevalence of domestic violence in Islington, or how many children are affected by the issue.

- When national estimates from a 2011 NSPCC study are applied to the Islington population, this would suggest there are around 3,100 children and young people aged under 11 years (12%), 2,300 aged 11 to 17 (18%) and 6,000 aged 18 to 24 (24%) who have witnessed domestic violence during childhood.
- The most commonly identified factor in children's social care assessments is domestic violence. However, between 2014/15 and 2015/16, there was a fall in the number of assessments that identified domestic violence as a factor, despite an increase in the overall number of assessments completed:
 - 813 assessments identified concerns about the child's *parent/carer* being the subject of domestic violence in 2015/16 (31%), compared to 899 the previous year (37%).
 - 283 assessments identified concerns about the *child* being the subject of domestic violence in 2015/16 (11%), compared to 398 the previous year (16%).
 - 90 assessments identified concerns about *another person* living in the household being the subject of domestic violence in 2015/16 (3%), compared to 140 the previous year (6%).
- The Metropolitan Police recorded 2,370 'domestic crime' offences in Islington in the 12 months to July 2016, compared to 2,026 the in the previous year.
- Sixteen to nineteen year olds are the group most likely to suffer abuse from a partner. Nationally 12.7% of women and 6.2% of men in this age group suffer abuse, compared to seven per cent of women and five per cent of men in older groups.⁹ However, despite the extension of the definition of domestic violence and abuse to include this age group, reporting is low with fewer than five young people referred to the Multi Agency Risk Assessment Conference (MARAC) in 2015/16.

Key Message: Child Sexual Exploitation (CSE) has been a priority area for Islington's Children's Safeguarding Board and its CSE Sub Group. There have been increased numbers of children's social care referrals for CSE in recent years, which is thought to reflect the progress made across the partnership in identification and response to CSE. CSE can have a strong impact on a child's emotional well-being and behaviour, as well as having a detrimental impact on the wider family.

- 96 children were identified as potentially being at risk of CSE in 2013/14 and referred to Children's Social Care and there were contacts on 105 children for CSE in 2014/15. From 1 April to end August 2016 there were 124 children contacts made to CSC with CSE concerns.
- Since the CSE hazards system was introduced in April 2015 we have recorded 32 children with level one CSE risks, 19 children with level 2 risks and no children with level 3 risks.
- In 2015/16, there were 33 victims who had a referral to the Multi-Agency Sexual Exploitation (MASE) Panel accepted. 20 of these victims received a positive

⁹ British Crime Survey 2009/10.

intervention from the police and there were 5 disruptions.

- Of the MASE referrals 51% were at risk from peers, 54% from older adults, 42% are involved in risky internet use, 61% associate with other CSE victims, 51% are linked to gang members and 15% were known to have learning difficulties
- There were 28 Concerns of CSE reports created on police crime systems for 2015/16 in Islington. This is a reduction in reported CSE reports compared to the previous year which saw 36 concerns of crimes regarding suspicion of CSE.
- Sixty-eight percent of CSE subjects are white. This correlates with Islington's population breakdown.
- At least a third of girls identified of risk of CSE were aged 14. This correlates with the Pan London trends.
- Significant improvements have been made by the Islington Safeguarding Children Board in improving partnership working and co-ordinating services to children at risk of CSE. The board established a CSE sub-group ahead of most London boroughs. The Board has in 2015 joined the missing from home, care and education sub group with the CSE sub group in recognition of the links between the two issues.

Key message: Islington has a significantly higher level of mental health need than London and England because the borough has relatively more high-need groups, as well as significant socio-economic inequalities.

- Estimates suggest that there are more than 30,000 adults in Islington experiencing mental health problems during any one week.
- Increases in unemployment and people experiencing financial hardship, will increase levels of stress, mental ill health in the community.
- Mental ill health is associated with a wide range of poorer physical and mental health outcomes, including significantly increased risk of earlier death, social exclusion and economic hardship.
- Mental health conditions are often stigmatised, which can delay help-seeking and recovery.
- Life experiences and circumstances, including bereavement, pregnancy and parenthood, exams, difficulties at work and unemployment, may increase vulnerability to mental health problems across all groups in society.
- Studies estimate that it is possible that as many as one in four such children have mothers who would be classed as at risk for common mental health problems. This would suggest there could be as many as 6,000 children aged 5 to 16 in Islington whose mothers who would be classed as at risk for common mental health problems.
- Applying estimates found in other studies to the Islington population would suggest that there may be over 7,000 Islington children living in families where a parent has a neurotic disorder, and around 230 children living in families where a parent has a functional psychosis.
- In 2015/16, 665 social care assessments identified mental health concerns about a *parent/carer* as a factor (25%), compared to 533 the previous year (22%).
- Adult mental health was a contributory factor in almost a quarter of child protection conferences in 2015/16, compared to around 30% the previous year.

- Mental ill health among 5 to 17 year olds is estimated to be 36% higher in Islington than the national average with around 3,200 (or more than 1 in 8) *children and young people* in the borough experiencing mental health conditions at any one time.
- In 2015/16, 268 social care assessments for 245 different children/young people identified mental health concerns about the child/young person as a factor compared to 240 assessments for 223 different children/young people in 2014/15. This represents 10% of assessments in both years.

Key message: Parental problem drug use causes serious harm to children and young people. Effective treatment of the parent can have major benefits for their children, particularly when Adults' and Children's Services work together. Local data indicates that a significant proportion of parents with substance misuse problems have on-going contact with their children.

- Alcohol and substance misuse can both contribute to mental health problems and domestic violence, and alcohol specific death rates in Islington are higher than London and England (46.8 per 100,000 in Islington in 2014, compared to 39.0 for London and 45.5 across England).
- There were almost 1,400 adults in treatment for drugs in Islington in 2013/14 (0.8% of the adult population).
- Just over 900 adults were in treatment for alcohol misuse in Islington in 2013/14 (0.5% of the adult population).
- 291 children's social care assessments were completed in 2015/16 where *parental drug use* was identified as a relevant factor (11%), and a further 66 assessments identified drug use by another person in the household as a factor (2.5%). This includes 34 assessments where both parental drug use and drug use by another person in the household were identified as factors (1%).
- 334 children's social care assessments were completed in 2015/16 where *parental alcohol use* was identified as a relevant factor (13%), and a further 50 assessments identified alcohol use by another person in the household as a factor (2%). This includes 36 assessments where both parental alcohol use and alcohol use by another person in the household were identified as factors (1%).
- Parental alcohol and drug misuse is often a contributory factor in child protection cases. Information is collected around contributory factors discussed at child protection case conferences. In 2015/16, 17% of child protection conferences recorded drug use and 18% recorded alcohol as contributory factors. This compares to 24% and 21% of conferences with each respective contributory factor in 2014/15.
- It is difficult to gain an accurate picture of the number of parents with substance misuse problems in Islington. Drug users may not want services to know that they have children because they are afraid that concerns will be raised about their parenting.

Key message: Although young people make use of Islington's Young People's Drug and Alcohol Services, earlier help to young people and advice to their parents before substance misuse becomes problematic could be more effective.

- Around 100 under-eighteen year old residents receive treatment from Islington Young People's Drug and Alcohol Services each financial year, the majority for cannabis and/or alcohol use.¹⁰ The majority of referrals are from the Youth Offending Service.
- The rate of under-eighteen year olds admitted to hospital with alcohol specific conditions in Islington is the second highest in London for the years 2012/13 to 2014/15 at 43.5 per 100,000 0-17 year olds. However, this only relates to 50 admissions over the three years, therefore although the rate is above the England average, the difference is not statistically significant.
- In 2015/16, 127 children's social care assessments recorded concerns about drug misuse by the child as a factor (5%), compared to 121 the previous year (also 5%). Only 51 assessments listed concerns about alcohol misuse by the child as a factor (2%), compared to 79 the previous year (3%).

Key message: The involvement of fathers in parenting and family support activities has increased but is still low across services.

- For every 100 mothers who attended an early years parenting programme in 2014/15, nine fathers attended.
- For every 100 mothers who attend a Children's Centre activity in 2015/16, 20.1 fathers attended.
- The proportion of child protection conferences where a father was invited increased from 54% in 2014/15 to 59% in 2015/16. The proportion of fathers who attended a conference (out of those where a father was invited) rose slightly to 65% from 64% in 2014/15.
- For every 100 mothers who attend a Family Group Conference, 71 fathers attended over the last 5 years (2011/12 – 2015/16).

Key message: Although the overall crime rate for Islington increased in 2015/16, the number of young people entering the youth justice system is declining. However, this does not reflect the real picture – the number of youth crimes has increased in the long term, but at least half of these crimes do not result in a charge or prosecution. Although 8 out of 10 who offend do not re-offend, Islington has London's highest youth re-offending rate.

- The total number of offences recorded in Islington has increased from 26,221 in 2014/15 to 28,124 in 2015/16 (a 7% increase).
- Violence against the person offences increased from 6,883 offences in 2014/15 to 7,777 in 2015/16, a 13% increase.

¹⁰ <https://ndtms.net/> - National Drug Treatment Monitoring System
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- Overall, serious youth violence has decreased in Islington, with 167 crimes committed in 2015/16 compared to 192 in 2014/15.
- The number of first time young offenders has been decreasing over time. In 2011/12, there were 140 first time offenders, whereas in 2015/16 there were 85. Taking into account the population increase over time, this means the rate has fallen from 957 per 100,000 people aged 10 to 17, down to 554. However, the Islington rate remains above the London (424) and England (406) rates.
- The re-offending rate for young offenders in Islington increased from 1.33 per offender in 2009/10 to 2.31 in 2013/14. The latest data suggests a slight fall to 2.12, based on October 2013 – September 2014.¹¹
- The number and rate of Islington young offenders sentenced to custody increased significantly between 2012/13 and 2014/15. Although there was a slight fall in the use of custody in 2015/16, the Islington rate remains the highest in London.
- Local residents' perceptions of most kinds of anti-social behaviour have improved. Between 2012/13 and 2015/16, the proportion of Islington residents responding to the annual Public Attitude Survey who felt that there was a problem in the area with teenagers hanging around on the streets fell by around a third, from 31% to 19%. There was a similar fall in the proportion reporting that people being drunk or rowdy in public places was a problem, from 29% in 2012/13 to 20% in 2015/16. Over the same period, the proportion of respondents who felt that there was a problem in the area with vandalism, graffiti and other deliberate damage to property or vehicles fell from 20% to 9%. A summary measure on the public's confidence in the Police dealing with anti-social behaviour and crime showed a slight improvement from 69% in 2014/15 to 71% in 2015/16.
- In 2015/16, 20 Acceptable Behaviour Contracts were issued, compared to 76 in 2011/12. 29 Criminal Behaviour Orders were issued in 2015/16, the same as the number of Anti-Social Behaviour Orders issued during 2011/12.
- There has been a reduction in repeat (10+ calls) anti-social behaviour complaints to the Police and the Council, from 67 in the second half of 2013/14 to 55 in the second half of 2015/16.
- The number of anti-social behaviour interventions made via Housing, the Noise Team and Community Safety has increased significantly, from 56 in 2012/13 to 170 in 2015/16.

Key message: Most offending by young people is group-related in some way. After a significant increase in gang violence in 2011, young gangs and groups have been a priority for the Safer Islington Partnership. Their work has severely disrupted what were the main gangs in Islington. However, the situation is subject to rapid change and requires close monitoring.

- There are currently six main gangs operating in Islington - three considered to be the most "active" (Easy Cash, Cally and Red Pitch). These three active gangs have all featured in the Metropolitan Police Services "Top 20" gang list for risk over the last year.

¹¹ Data from the Police National Computer.

- Over 160 young people are on the Islington Gangs Matrix (known for violence). There are another 150 young people that could be described as being linked to local gangs / groups.
- There were 141 children's social care assessments completed in 2015/16 that identified concerns that a child may be at risk of harm because of involvement in or with gangs (5%), for 130 different young people. This is an increase on the previous year, where there were 101 children's social care assessments completed which identified gangs as a factor (4%), for 95 different young people. However, this increase may be related to increased awareness of issues such as Child Sexual Exploitation (CSE) and gang activity and the work of a new Gangs Coordinator post.
- The three main gangs currently operating in the borough have contributed significantly to the levels of youth violence and knife crime witnessed over the summer months.
- The Integrated Gangs Team is now fully staffed and functional and has a cohort of the top 50 highest risk gang members. Initial findings suggest that the unit is having a positive impact in terms of engagement and pathways to education, training and employment, but it is too early to evaluate the full impact of the team.

Key message: Prisoners without active family support during their imprisonment are 39% more likely to offend in the first year after release than those who demonstrate or receive active family interest.¹²

- Data on the number of prisoners broken down by their home local authority is not routinely published. However, some snapshot data is available via a historical Freedom of Information request shows that there were 479 Islington prisoners as at the 31st March 2011, and 452 at the same date the following year. Applying the proportion of prisoners who were parents of under-18s found by the Surveying Prisoner Crime Reduction study would lead to an estimate of 250 Islington families with children where a parent was in prison at these points in time.
- Strong family ties can assist in prisoners' successful community re-entry. 45% of prisoners however lose contact with their families while serving a sentence, and 22% of married prisoners divorce or separate as a result of their imprisonment.¹³
- Prisoners' children experience a range of negative outcomes (poor mental health, unstable care arrangements, bullying and teasing, higher risk of anti-social/delinquent behaviour compared to peers, poverty and higher levels of social disadvantage).¹⁴
- 65% of boys with a convicted parent go on to offend.¹⁵
- It is difficult to disentangle the effects of the criminal justice process and the prison sentence from other life circumstances linked to poverty, deprivation and social exclusion. Imprisonment of a parent is however considered to increase the impact of other risk factors on children.

¹² May, C. et al. (2008) *Factors linked to reoffending: a one year follow-up of prisoners who took part in the Resettlement Surveys 2001, 2003 and 2004*. London: Ministry of Justice.

¹³ Salmon, S. (2007) *Memorandum submitted by Action for Prisoners' Families*, Home Affairs Select Committee Written Evidence, March 2007.

¹⁴ Children of Offenders Review 2007: Department for Children, Schools and Families

¹⁵ Social Exclusion Unit Report (2002): *Reducing the risk of reoffending by ex-prisoners*.

Key message – families with additional needs: Nearly ten per cent of Islington’s families received a targeted early help service in 2015/16¹⁶.

- In 2015/16 there were 1,734 Islington children with Early Help activity recorded, compared to 1,789 in 2014/15.
- 57% of those children whose families received an Early Help service in 2015/16 (whose gender was recorded) were male in 2015/16.
- Parenting issues were the most common reason for a referral to Early Help services in 2015/16 (26% of cases) followed by children or young people at risk of anti-social behaviour (11%), children suffering poor outcomes as a result of parental mental health difficulties (11%), children and young people with disabilities (10%) and housing issues (10%).

Key message: The children of families with multiple and complex needs experience significantly poorer outcomes than their peers in terms of their education, careers, health and wellbeing, criminal activity and custody.

- There are up to 2,000 families living in Islington who have multiple needs, which will include multiple parenting risk factors such as:
 - low income or on out of work benefit
 - in rent arrears or debt
 - overcrowded, homeless or in temporary accommodation
 - a family member in the criminal justice system (arrests, convictions, prison, probation)
 - there is domestic violence
 - poor attendance at school or repeated exclusions
 - family member involved in anti-social behaviour
 - anxiety or depression or a more enduring and serious mental illness
 - learning difficulty or disability
 - physical health problems
 - substance misuse problems
 - concerns about parenting
 - children’s social, emotional and behavioural problems
 - pregnancy at a young age.

Key message: Islington’s rates of children in need and of children looked after by the local authority are higher than comparative authorities.

- A child is defined as “in need” if they are unlikely to achieve or maintain a reasonable standard of health or development without the services from the local authority, the child’s health or development is likely to be significantly impaired, or further impaired, without the provision of services for the child; or the child is disabled.

¹⁶ These are services provided to families who have a need for additional support but do not meet the statutory thresholds for a children’s social care intervention.

- As at the 31st March 2016, Islington had a rate of 612.3 children in need per 10,000 children, which was the 5th highest in the country and was higher than the London (355.3), Statistical Neighbour (421.7) and England (337.7) averages.
- If we look at the rate of children who were a child in need at any point during 2015/16, the Islington rate was 1063.3, which was significantly higher than the London (690.4), Statistical Neighbour (753.4) and England (667.1) averages.
- Data shows that 60.4% of Islington's referrals that were closed during the year were open for less than 3 months, compared to 49.5% for London, 46.0% for the Statistical Neighbours and 47.3% across England.
- Where there is a need to decide whether a child is suffering, or is likely to suffer, significant harm, a child protection case conference is held. A child protection plan is put in place when it is decided that a child is suffering, or is likely to suffer, significant harm. The aim of the plan is to keep the child safe and promote his or her welfare. 40.1 children per 10,000 in Islington had a child protection plan at the 31st March 2016, which is lower than our statistical neighbours (42.6).
- 88 children per 10,000 are looked after by Islington, which was higher than our statistical neighbours (63 children per 10,000) as at 31st March 2016. The Islington rate increased in 2014/15 before falling slightly in 2015/16, whereas the Statistical Neighbour average has continued to fall over recent years. The England rate has increased very slightly over the last 5 years, but was lower than the Islington rate at 60 per 10,000 at the end of March 2016.
- The increase in 2014/15 was largely due to the requirement to provide support and accommodation to homeless sixteen and seventeen year olds and in the numbers of asylum seeking children. The overwhelming majority of young people aged sixteen and seventeen remain looked after until their eighteenth birthday.

Key message – Missing a day or more of school per month not only reduces the likelihood of pupils leaving school with good qualifications, but also has an impact on children and young people's outcomes that goes beyond their youth and into later life. Although absence levels from Islington schools have improved significantly in recent years, there are still too many pupils regularly missing school.

Absence

- In 2014/15, the absence rate in Islington primary schools was 4.3% of sessions. This was slightly higher than the London, Statistical Neighbour (both 4.1%) and England (4.0%) averages.
- 2.5% of Islington's primary school pupils were persistent absentees, under the definition of having an absence rate of 15% or more. This was slightly higher than the London, Statistical Neighbour and England averages.
- In 2014/15, the absence rate in Islington secondary schools was 5.0%. This was slightly higher than the London and Statistical Neighbour averages, although it was slightly lower than the England average.
- 4.3% of Islington's secondary school pupils were persistent absentees, under the definition of having an absence rate of 15% or more. This was lower than the London, Statistical Neighbour and England averages, with the gap between Islington and the England average being over 1 percentage point.

Behaviour

- The rate of permanent exclusions from Islington schools has decreased over the last 3 years and is now in line with the England, London and Statistical Neighbour averages.
- The rate of fixed term exclusions in Islington primary schools fell between 2012/13 and 2013/14, before rising again in 2014/15 and is now significantly higher than the England and London averages, although it remains slightly lower than the Statistical Neighbour average.
- The rate of fixed term exclusions in Islington secondary schools fell between 2012/13 and 2013/14, before rising again in 2014/15. The rate was lower than the Statistical Neighbour average, slightly lower than the England average but above the London average.
- The number of pupils in Islington's Alternative Provision places has decreased from over 200 at the end of 2011/12 to 127 pupils at the end of 2015/16.

Key message: We currently have little information about the numbers of lesbian, gay, bisexual and transgender (LGBT) parents and carers in Islington.¹⁷

- There is no data to accurately report the percentage of adults living in London that identify as LGBT. Stonewall estimates 5-7% of the population are LGBT. Other research suggests 2.5 per cent of adults who live in London said they were gay/lesbian or bisexual.¹⁸
- Research shows many LGBT people are reluctant to access mainstream services or are unwilling to disclose their orientation in case they experience discrimination or are misunderstood. This can reduce the effectiveness of the support they receive or lead to less positive outcomes¹⁹.
- One in 10 lesbian, gay, bisexual and trans individuals have avoided using public services for fear of homophobia, and one in five health care professionals have admitted to being homophobic.²⁰
- Lesbian, gay and bisexual people face considerable health inequalities and are disproportionately likely to suffer from poor sexual, mental and physical health, as well as increased levels of substance misuse.²¹
- Some children of gay parents at school experienced use of homophobic language, homophobic bullying and the exclusion of their families and LGBT people in school. Two thirds of young people witnessed homophobic bullying in their own school²².

Key message: The most robust estimate of the number of parents with learning disabilities is from a 2003/04 National Survey of adults with learning disabilities in England²³, which found that one in fifteen of the nearly 3000 people interviewed had a child. Applying this to Islington's population would indicate

¹⁷ The information on LGBT families was provided by PACE, a London charity promoting the mental health and emotional well-being of the lesbian, gay, bisexual and transgender community.

¹⁸ Integrated Household data April 2010 to March 2011

¹⁹ <http://www.pacehealth.org.uk>.

²⁰ Independent GP Patient Survey 2011

²¹ <http://www.guardian.co.uk/healthcare-network/2012/sep/04/gp-lesbian-gay-bisexual-patients>

²² You Gov poll of 2000 people 2012

²³ Emerson, E et al, 2005, Adults with learning difficulties in England, 2003/4

there are over 200 parents with learning disabilities in Islington (including mild to moderate learning disabilities).

- An estimated 2.65 out of every thousand adults aged 18 to 64 in Islington were getting long term support from the local authority in 2014/15, which is below the London (2.91) and England (3.73) rates.
- A national survey of 2,974 adults with a learning disability carried out by Lancaster University found that 7% were parents.
- In Islington's GP-registered population there are 710 adults recorded as having a learning disability²⁴. If we apply the 7% estimate obtained from the national survey, we can estimate that in Islington there are 50 parents with learning disabilities. It must be noted that there is a wider group of parents with learning disabilities who are not diagnosed and may not fit the eligible criteria for support services. The national survey found that 52% of parents with a learning disability looked after their children; we can estimate from this that in Islington this would equate to 26 people.
- 2014/15 GP data suggests that the proportion of Islington's registered population with a learning disability is the equal-third highest in London at 0.40% (although this data does include all ages, not just those aged 18 and older). London tends to have relatively low proportions of the population with learning disabilities, whereas the proportion in Islington is closer to the national average.
- 13 child protection conferences had a parental learning disability recorded as a contributory factor in 2015/16 (3.7% of all conferences), compared to 22 the previous year (6.6%).
- 77 children's social care assessments that were completed in 2015/16 recorded a parental learning disability as a factor (3%), compared to 49 the previous year (2%).

²⁴ Islington's GP dataset, 2012

What parents and carers want – consultation and involvement

Below is a sample of the views of parents and carers views gathered through evaluations, consultations and routine user feedback.

Information about services: Being able to find information about services that are on offer was the most important priority for mothers and fathers. Whilst many parents said this was something we do well, it was also the single biggest thing parents said we needed to improve.

Parents say that the most helpful sources of information and advice are from GPs, health visitors, children's centres, family and parenting support services, schools, family, friends and other parents, as well as leaflets and posters. Many parents of under-fives would also like to find out about services through short messaging services and the majority of respondents said they would like information via email. The majority of parents of children with a disability consulted would like a Facebook page or website. Parents with learning difficulties want accessible information in easy read and picture formats. Fathers want information that is specific to them.

The kind of information, advice and support parents said were most useful in order of priority were:

- managing children's behaviour
- training and employment
- child health and development
- pregnancy, birth and looking after babies
- financial advice and budgeting
- information about education, school and childcare

The children's centre annual parents' survey showed that 52% rated the council website as being useful for information about children's centres with 39% replying that they did not know or had not used the site. This compares to 42% finding the site useful in the 2011 survey, with 49% not having used the site or 'did not know'.

Supportive staff were seen as being the most important thing we do well in Islington to support families. Parents interviewed for our 2014/16 independent evaluation of the early help delivered by children's centres, Families First and IFIT commented:

Supportive: *"From day one we hit it off and she saw me at my worst. She was very warm. Some workers can be very condescending and think because you've got a disability you're not intelligent. She was very accepting and went at my pace."*

Persistent: *"The service was actually very persistent. I thought most support workers would be too busy. If you're not crying out for help, they can ignore you. But she was different, she called me back and she was lovely, she really engaged me."*

Skilled with working with the whole family: *“She had an amazing range of skills being able to include and engage my 2 year old, 19 year old and the others in between.”*

Knowledgeable: *“She helped me with everything, benefits, my home, my children, and my health. She just knew how to get what we needed.”*

Challenging: *“I suffer from depression and would sleep all day. She wouldn’t accept this was my lot. Now I get up and have something to do, places to go, people to see. I can see a future and that includes working and having a career.”*

Children’s Centre services

“Our family support worker... is very supportive, always willing to offer her assistance”.

“I’ve been really well advised by the family support worker for help when I was going in the courts.”

“I got help with things that we use every day and it really helped me because I am single parent.”

“Family Support - the family support workers I have found to be very helpful, approachable, they made connections with my children, are easy to talk to and have referred me to services which best suit my needs. Both are available and up for a chat when I see them so it reassures me I have someone who will listen and is there for me.”

Overall satisfaction with the family and parent services is extremely high. In 2015, 92% of respondents to the annual Children’s Centre Survey were satisfied with the information and advice about family or parenting issues, 87% were satisfied with the family support they received from Family Support and Outreach Workers and 82% were satisfied with parenting programmes. A new question on satisfaction with the family support received from bilingual Family Support and Outreach Workers was introduced in 2014, and the results have shown that satisfaction improved from 82% in 2014 to 84% in 2015. 79% of respondents using children centres services said the centre had made them feel more confident about parenting in 2015.

Drop-ins and stay-and-plays in children’s centres are very well attended and highly valued by parents with very high satisfaction rates of 96% in 2015. Satisfaction with child minding networks was 73%. Parents’ satisfaction with early year’s education and day care has remained extremely high with 75% saying they were involved in planning their child’s development and learning and that centres helped them to support their child’s learning at home. Awareness of parents’ groups at children’s centres has risen over the last few years. Parents rated very highly their children’s enjoyment of activities at the children’s centres (89%) and 85% of survey respondents said their children had learnt new skills.

A consultation on reshaping the early childhood offer in Islington ran in June-July 2016. Over 600 responses were received, the majority from mothers. Many parents told us that Islington’s children’s centres offer vital services; families are happy with services and want them to continue.

“The services currently are first class. Please keep it up. So important for new mum's mental health and baby's development. You have a really engaged workforce too. Please keep that up as well!”

Parents of children with disabilities

Ways of working:

I want my child to get good quality support from kind and competent people;
I want services to work well together and know who to contact;
I want to speak to people who know about education / health / care;
I want to be involved in decisions about how support is delivered for my child.

Quality of services:

I want to be supported by people in my local area;
I want to support I need to be as independent as possible;
I want services delivered close to my home;
I want my child to live as full a life as possible.

Information and advice

I want access to easy to understand information that is accurate and up to date;
I want good information about services available, especially at times of change;
I know where to get information about what's going on;
I want a clear line of communication, action and follow up.

Employment and training

Although parents' use of employment and training services has remained fairly constant across children's centre services, their levels of satisfaction with information about training and employment has decreased from 86% in 2011 to 75% in 2015. 42% identified themselves as being interested in volunteering in 2015, down from 52% in 2011. Levels of satisfaction with ESOL classes were 76% and IT classes 61%.

Families receiving targeted and specialist family support received a higher level of employment support in the last three year, through the Stronger Families programme. Families with multiple and complex problems were interviewed about the support they had received from the Stronger Families Employment Advisers. They told us how different it was from their experience with other services:

“[With other services,] all the energy and the time is spent on the kids, no-one ever asked about me and my progress.”

“It was tailored to me and I was able to be honest and in the end I didn't want to let her down.”

“Initially I thought I'd better say 'yes,' as it would look good to co-operate but it was the best thing I have ever agreed to.”

“There's still a lot going on [with child] but it feels controlled, and I'm active, I'm

going somewhere it's a new start.”

“I feel calmer, it's OK to think about me, I'm allowed to have a future.”

The evidence base – what works

- *Both early support and later interventions work* – early intervention reports better and more durable outcomes for children, but later intervention is better than none and may help parents deal with parenting under extreme stress.
- In order to provide early help to vulnerable families, *risk factors* must be identified and services must actively reach out to the families most at risk of poorer outcomes.
- Evidence shows that parenting support which focuses not only on the relationship between parent(s) and child but also on the *parental couple relationship* (however that parental couple may be constituted) is more effective in improving outcomes for children than that which focuses on parenting alone. It may also assist families who at risk of domestic violence and abuse but not currently experiencing it.²⁵
- High quality training and supervision, the opportunity for reflection, clear and concise guidance and an emphasis on domestic violence and abuse in supervision can build professional confidence in practitioners' ability to elicit and act on disclosures of domestic violence and abuse, as can the routine use of screening tools in parenting interventions and clear pathways to specialised services.²⁶
- A recent large scale UK study of the effectiveness of domestic violence perpetrator programmes concluded that the majority of men make steps towards change. The programmes extend men's understandings of violence and abuse, with clear shifts from talking about standalone incidents of physical violence to beginning to recognise ongoing coercive control. Physical and sexual violence was ended for the majority of women in Project Mirabel research group. Everyday abuse and harassment was more difficult to curtail, but some reductions were seen across all measures of success. There is no evidence that men either increase or shift to completely new, more subtle forms of abuse, although a number do not choose to abandon practices they have already used. The fact that their ex-partners were attending a programme enabled some women to set new boundaries or take actions they had previously found difficult because of the abuse. Changes in parenting and understandings of the impact of violence on children were found for some men.²⁷
- There is robust evidence that suggests that the adoption of 'two-generation' or *whole family* approaches to intervention is effective.²⁸

²⁵ *Parenting work which focuses on the parental relationship*. A policy briefing paper from TCCR - <http://tccr.ac.uk/policy/policy-briefings/276-parenting-work-tccr-policy-briefing>; Gordon, Harold, Daniel Acquah, Ruth Sellers and Haroon Chowdry, *What Works to Enhance Inter-Parental Relationships and Improve Outcomes for Children* (University of Sussex/ DWP, 2016); Jonathan Guy with Leon Feinstein and Ann Griffiths, *Early Intervention in Domestic Violence and Abuse* (Early Intervention Foundation, 2014), 64.

²⁶ Jonathan Guy with Leon Feinstein and Ann Griffiths, *Early Intervention in Domestic Violence and Abuse* (Early Intervention Foundation, 2014), 77.

²⁷ Liz Kelly and Nicole Westmarland, *Domestic Violence Perpetrator Programmes: Steps Towards Change* (Project Mirabal Final Report – Durham University, London Metropolitan University, Jan 2015).

²⁸ Egeland and Bosquet, 2001.

- A preventive, less crisis-oriented approach and a “*can-do, will-do*” culture in efforts to improve outcomes for children can make a difference in addressing neglect and emotional harm.²⁹
- *Building resilience* in children and young people is complex: “resilience is not an individual trait but a feature of the developmental system (including) positive expectations even in tough times, flexible self-regulation and an array of competencies and supports.”³⁰ However, effective strategies have been documented for the early years, middle childhood, adolescence and early adulthood.³¹ Key factors promoting resilience in children are support from family and/or peers, good educational experiences, a sense of agency of self-efficacy and opportunities to contribute to family or community life by taking on valued social roles. Family support and social-care professionals should avoid weakening informal sources of support.³²
- Research suggests that poor parental relationship quality, and parental relationship conflict, affects the security of attachments between infants and parents, indicating a clear need for services during the transition to parenthood. Early intervention parenting programmes prioritising *antenatal education/preparation for parenthood and on social emotional development for under 3s* have the biggest impact on improving life chances and narrowing gap in outcomes.
- Targeted services are required to tackle more complex types of parenting difficulties and to build the resilience of parents, children and young people. *Features of successful services* are:
 - Services with a strong theory base and a clear model which describes the predicted mechanism of change work best to improve outcomes.
 - Services using more than one method of delivery (i.e. home visiting, group work, guided learning as part of a package) work best. Group work works where issues involved are suitable to address in a ‘public’ setting, individual work where problems are severe or parents are not ready or able to work in a group.
 - Services that have programmes with a workbook/manual and where the core programme maintains ‘programme integrity’.
 - Services delivered by appropriately trained and skilled staff – backed up by good management and support.
 - Services that pay attention to practical factors: child care, transport and location, are in comfortable and welcoming venues with delivery at convenient times and that are well advertised and marketed.
 - Services that pay attention to the importance of building trusting relationships between professional and families (especially important for ‘hard to reach’ groups).

²⁹ Gardner, Ruth. *Developing an effective response to neglect and emotional harm to children*. (University of East Anglia and NSPCC, 2008)

³⁰ Sroufe L A, Egeland B, Carlson E A and Collins W A. *The development of the person: the Minnesota study of risk and adaptation from birth to adulthood*. (2005)

³¹ Newman, Tony. *What works in building resilience?* (2004); Glover, Jane *Bouncing Back: How can resilience be promoted in vulnerable children and young people?* (2009)

³² Newman, Tony. *What works in building resilience?* (2004);

- If the role is clearly defined, the key worker or lead professional role can improve outcomes by acting as a single point of contact for the child or family, coordinating the delivery of the actions agreed by the practitioners involved and reducing overlap and inconsistency in the services received.
 - Services that pay attention to parents' personal context and circumstances, and tailor their response.
 - Good interagency working practices for onward or outward referral.
 - Services that have an understanding of diversity issues.³³
- Engaging parents in *evidence based parenting programmes* is essential: parenting is the single biggest factor impacting on outcomes for children and young people.³⁴
 - Fathers are important for the well-being of infants and children and their role can be strengthened through the development of *father inclusive practice*, strategies for engaging fathers and male carers and supporting father–child and parental relationships.³⁵
 - *Skills based programmes and family-focused programmes work in preventing youth violence and crime*. Skills-based programmes involve demonstrations, practice and activities that aim to develop young people's abilities to control their behaviour and/or participate in prosocial activities. Family-focused programmes include home-visiting, parent training and family therapy. They recognise that creating changes in young people is difficult when they have complex home lives, and take into account family level risk and protective factors.³⁶
 - Strong *family ties can assist in prisoners' successful community re-entry* and lower the risk of re-offending.³⁷

³³ All above from Ghate, D, & Hazel, N (2004) and Moran, P, Ghate, D & Van der Merwe, A (2004)

³⁴ *Grasping the Nettle: Early Intervention for Children and Families and Communities* C4EO 2010

³⁵ *Commissioning Father –Inclusive Parenting Programmes:A Guide* Fatherhood Institute September 2009

³⁶ O'Connor, Robyn M. and Stephanie Waddell, *What Works to Prevent Gang Involvement, Youth Violence and Crime: A Rapid Review of Interventions delivered in the UK and Abroad* (Early Intervention Foundation, 2015).

³⁷ Maruna, S (2001) *After Crime and Punishment: Pathways to Offender Reintegration*. Cullompton: Willan Publishing.