

Equality Impact and Needs Analysis (EINA)

Directorate:	Education and Early Help
Service Area:	Family Support Service
Name of service/ function/ policy/ being assessed:	Hidden Harm Strategy 2012-2015
Officer leading on assessment:	Mac Heath, Head of Family and Targeted Services
Other staff involved:	Karen Neil, Head of Safeguarding QA

PREPARATION FOR THE EQUALITY IMPACT AND NEEDS ANALYSIS

1. **Briefly describe the service/ function/ policy:**

The Hidden Harm Strategy commits London Borough of Richmond upon Thames and its partners to improving outcomes for children and young people who are affected by parental substance or alcohol misuse, domestic abuse or parental mental ill health. It aims to achieve service improvement through the improved collaborative intelligence relating to Hidden Harm and its impact on families and on promoting services to achieve improved outcomes by 2015.

2. **Why is the equality impact and needs analysis being undertaken?**

To ensure that services reach widely to all children, young people and families living within the London Borough of Richmond upon Thames who are at risk of, or are experiencing, Hidden Harm.

The strategy ensures access to all irrespective of gender, age, ethnicity, disability, language and culture.

3. **Has this service/ function/ policy undertaken a screening for relevance?**

If so, which protected characteristics and parts of the duty were identified as of high or medium relevance and why? Please attach screening for relevance as an appendix to this EINA.

If not, make an assessment of which protected characteristics and parts of the duty are of high or medium relevance and explain why:

It is acknowledged that Hidden Harm does have some characteristic elements that were identified and need to be addressed. These include:

Age – A key characteristic of Hidden Harm is the impact on children and young people,

particularly pre-birth to age 16. It is challenging to understand how many are likely to be affected within this agenda, due to the harm caused being by it's very nature hidden. At a national level however, it is considered that the Alcohol Harm Reduction Strategy for England estimates there are between 780,000 and 1.3 million children of adults with an alcohol problem. In 2010, ChildLine reported that during 2008-2009 they received 6,312 calls from children and young people with concerns about substance misuse. Almost twice the numbers of children were counselled about parental alcohol misuse (4,028) than those counselled about parental drug misuse (2,284). Around 335,000 children lived with a drug dependent user, 72,000 with an injecting drug user, 72,000 with a drug user in treatment and 108,000 with an adult who had overdosed. The hidden nature of the harm caused through compromised parenting is also applicable to other areas such as domestic abuse and parental mental ill health. An analysis of serious case reviews (reviews of child deaths and serious injury through abuse and neglect) between 2005 and 2007, found that, in almost 75% of cases children lived with past or present domestic violence, parental mental ill health, and or parental substance misuse, which could be locally reflected in line with the local needs analysis.

Disability – Young Carers have been identified as potentially impacted by the nature of Hidden Harm. This is particularly relevant for those children and young people with a parent who is suffering from poor parental mental health. Therefore, the strategy ensures alignment with the Young Carers Strategy to ensure any arising concerns are mitigated.

Gender – The element of the strategy most relevant is due to the nature of Domestic Abuse. A high percentage of domestic abuse is perpetrated by males against females and therefore the support procured should in some cases need to be gender specific e.g. Refuge and their women only hostels. However it is acknowledge that domestic abuse can take various forms and is not purely gender, class or ethnicity specific.

Pregnancy and Maternity – The strategy acknowledges the impact of Hidden Harm on unborn children, particularly either through Foetal Alcohol Syndrome (FAS) or the increase in prevalence to domestic abuse during pregnancy.

Race and Ethnicity – It is considered that Hidden Harm is likely to cut across all ethnic boundaries but services need to be promoted across different languages and improve accessibility in recognition that many families impacted by Hidden Harm are considered hard to reach and unclear how to seek appropriate help and support.

4. **What sources of information have been used in the preparation of this equality impact and needs analysis?** For example, this could include equalities monitoring information, performance data, consultation feedback or needs assessment. Please provide the details in the table below:

<i>Information source</i>	<i>Description and outline of the information source</i>
Professionals e.g. those working within DV, Substance Misuse, Adult & Children's Services, Mental Health Services, Health, Carers and Children Centres	Consulted with multi-agency practitioners for the purpose of this strategy, including through the LSCB.
Integrated working quarterly updates	Information source details numbers of families where a CAF is being used, issues for initiating, interventions, age and gender

Information source	Description and outline of the information source
	breakdown and distance travelled.

ANALYSING IMPACT, NEEDS AND EFFECTS

[It is important that the analysis addresses each part of the duty assessed as relevant to the area being examined \(see further Guidance on RIO\).](#)

5. Key questions to consider:

- a. **What does the data tell you about the groups identified as relevant to the area being assessed?**
- b. **What does customer feedback, complaints or discussions with stakeholder groups tell you about the impact of the service/ function/ policy on the protected characteristic groups, where assessed as relevant to area being examined?**

Other questions to consider:

- How well are diverse needs met?
- Have any differences in access to services/functions been identified for any group?
- Has the area identified any disadvantages experienced by groups, which need to be addressed?
- Have there been any complaints about a failure to receive an appropriate and fair service?
- Is there any other evidence of differential impact or different outcomes which needs to be addressed?
- Is there any evidence that participation in areas of public life is disproportionately low for any particular relevant protected characteristic group?
- Have the needs of disabled people been identified and addressed where these are different from the needs of non-disabled people?
- Have you identified any need to tackle prejudice or promote understanding between different relevant protected characteristic groups?

Remember that equality analysis is not simply about identifying and removing negative effects of discrimination but it is also an opportunity to identify ways to advance equality of opportunity and to foster good relations.

Protected Group	Findings
Age	Figures show that over recent years the number of births has increased and the number of young people within the borough has also increased. Therefore, the strategy needs to be appropriately resourced to address the pressures families can find themselves under with young children and children centre activities appropriately reflect the community which they serve.

	This recognises that parents suffering from the elements recognised within Hidden Harm are likely to have younger children and as such, due to the vulnerability of young children, risks can be heightened.
Disability	Young Carers have been identified as potentially impacted by the nature of Hidden Harm. This is particularly relevant for those children and young people with a parent who is suffering from poor parental mental health and in recognition that Richmond upon Thames has less identified young carers than the National average, relevant to its size.
Gender (Sex)	A high percentage of domestic abuse is perpetrated by males against females and therefore the support procured should in some cases need to be gender specific.
Gender reassignment	Gender reassignment is not considered to be relevant to the strategy.
*Marriage and civil partnership (*only in relation to first part of the duty: eliminate discrimination and harassment)	Marriage and civil partnership are not considered to be relevant to the strategy.
Pregnancy and maternity	In Richmond, a significantly higher percentage of babies are born to mothers aged 35 and over (40.3%) compared to England as a whole (20.1%). The borough has a provision for young parents of under 25 years old which is provided by Richmond Youth Partnership but it is considered there is a need for greater support for mothers suffering from post-natal depression and be able to be in receipt of parenting support and advice.
Race/ethnicity	There is no evidence to suggest that certain ethnic groups in the borough are likely to suffer from Hidden Harm and it is recognised to cut across the ethnic boundaries.
Religion and belief including non-belief	There is no evidence to suggest that certain religious or belief groups in the borough are likely to suffer from Hidden Harm and it is recognised to cut across religious boundaries.
Sexual orientation	Sexual orientation is not considered to be relevant to the strategy.

6. [Have you identified any data gaps in relation to the relevant protected characteristics and relevant parts of the duty? If so, how will these data gaps be addressed?](#)

<i>Gaps in data</i>	<i>Action to deal with this</i>
Domestic Abuse	
<ul style="list-style-type: none"> Information sharing and communication between Adult and Childrens Services is crucial Training and workforce development needed Non-judgemental, family focused approach key Patchy provision across Borough, not all areas covered, no consistency in 	<ul style="list-style-type: none"> Progress protocol with Refuge and other Domestic Abuse services. Ensure concerns identified within multi-agency meetings e.g. MARAC

<ul style="list-style-type: none"> quality assurance • Need for more early intervention/preventative work • Provision for both genders and couples work (when people want to remain together) • Complex needs (and interrelationship between Hidden Harm issues) 	
Substance Misuse	
<ul style="list-style-type: none"> • Engagement from Education and Health Services needed • Little understanding or work on Substance Misuse taking place in Childrens Centres • Linked contact between Drug and Alcohol Workers and other area services 	Draw together multi-agency information sharing protocols and create opportunities for Childrens Services Managers to link with Adult and Mental Health Services
Joint Working	
<ul style="list-style-type: none"> • Progress but still some myth busting to do • Need for universal systems, procedures and understanding across Adult and Childrens Services • Concern regarding multiple entries to services and support, and information stored on different systems and databases 	Through Troubled Families Agenda, link Hidden Harm concerns into inter-agency board
Mental Health	
<ul style="list-style-type: none"> • Need engagement from Adult Mental Health Services and involvement with CAF process • Adult seen as patient not parent • Long waiting lists • Could draw on non-medical services such as counselling • Inter-agency working, shadowing and training is required • Lack of dual diagnosis professionals • Concern in level of post-natal depression in Young Mothers 	Ensure joint information sharing protocol to cross-reference data between Childrens Services, Adults Services and Mental Health providers, to assist in the identification of concerns and deploying support.
Young Carers	
<ul style="list-style-type: none"> • Engagement of education system is crucial • CAF process can help meet need • Increase in identification of Young Carers in schools is needed and profile to be raised in education services 	Work with local carers hub to ensure SLA reflects need to improve identification of young carers and offer support.

SUMMARY OF THE KEY FINDINGS

7. Set out the key findings from the equality impact needs analysis of the service/ function/ policy. Key questions to consider when completing this section:

- *Are there findings of unlawful discrimination?*
- *Can you address any identified adverse impact?*
- *Can you mitigate any negative impact?*
- *Please provide rationale if you are unable to address any adverse impact.*
- *Have you identified any ways of advancing equality in this area? For example, meeting diverse needs?*
- *Is there a need for any actions to promote understanding between different protected groups?*

There is a confidence that the strategy is formed to enhance practice and service delivery, particularly for this groups that are considered to be disenfranchised or hard to reach. It is not considered that there will be any adverse or negative impacts on specified sectors of the community and it is proposed that this agenda will be inclusive and targeted to meet those in most need requiring support. It is planned for the service to be developed systemically through the organisation, therefore increasing and improving accessibility for those at risk of, or experiencing, Hidden Harm.

CONSULTATION ON THE KEY FINDINGS

8. What consultation have you undertaken with stakeholders or critical friends about the key findings? What feedback did you receive as part of the consultation?

From February 2012 to June 2012 discussions have taken place with professionals from multi-agency backgrounds to discuss key themes relating to Hidden Harm, Domestic Abuse, joint working between Adult and Children's Services; Mental Health, Substance Misuse and Young Carers. A wealth of information was gathered, which focussed on many of the activities already taking place but also to consider what action is required to move this agenda forward.

Working Together to Safeguard Children, 2010¹, brings together this understanding with a clear aim to ensure that the needs of children whose parents are affected by these issues are included in the LSCB's annual assessment of need contained in the [Annual Report](#) and is reflected in its [Annual Business Plan](#) in order to plan to meet identified needs thereby decreasing the risk of harm presented. Moreover, it is critical that the LSCB partnership forges stronger links with services delivered to parents and potential parents within social care and health provision across the Hidden Harm agenda.

Local information on the extent and impact of Hidden Harm issues within the borough has not habitually been gathered and analysed and this then causes considerable difficulty in determining its prevalence. However, there are some data sources which can be used. The LSCB commissioned report, 'Children Affected by Parental Drug and Alcohol Problems: A Study of Need and Response in Richmond' (Jo-Ann Roden, April 2010) summed up the issue in respect of collation and analysis of information concerning affected children. The key findings were:

- There is no clear figure which states how many children and young people in Richmond are receiving an intervention for being affected by parental drug and/or alcohol problems.
- The estimated number of children affected by parental drug and/or alcohol problems was around 4800; most of these may not come into contact with specialist services due to their assessed need
- Roughly 30% of caseloads in IYSS involve affected children (as evidenced by YPDAS and TYS).
- There is no consistent method for collating data on this population group. Data gathered was patchy and often depended upon the patience of a practitioner going through case files.
- No CAFs in Richmond cite parental drug and/or alcohol problems as presenting issues.
- The most prevalent problematic substance for both parents and young people is alcohol.
- There are many professionals that are aware of working with affected children but they do not work with the family's substance problems per se and they do not collect data on this.

In order to effectively identify and support children who are at risk of Hidden Harm and to address the identified gaps in service provision, the following strategic priorities have been identified:

1. Strengthen partnership arrangements between services

This will be achieved by: improving joint commissioning arrangements; planning services better between the Council's adults and children's services directorates and ensuring there are effective links between adult treatment services, maternity services and health and social care services.

2. Provision of reliable multi-agency management information

A shared multi-agency approach to collecting and analysing management information is needed in order to establish the scale of the Hidden Harm problem in Richmond upon Thames. All relevant agencies should be committed to collating consistent information about the numbers of children being affected by parental substance misuse, parental mental health issues and domestic violence, in order that such children can be identified and supported appropriately.

3. Development of a Communication Strategy

Increase awareness about the harm caused to children as a result of parental substance misuse and increase knowledge about services available to address this.

4. Strengthen timeliness and effectiveness of services for children.

There needs to be early identification and assessment of needs, and the delivery of appropriate packages of support for children and young people affected by substance misuse, parental mental health issues and domestic violence. Children affected by Hidden Harm should receive targeted preventative services undertaken with the family to avoid the need for more specialist interventions at a later stage. There should be increased focus on training staff who work with children, equipping them to identify, understand and respond to the needs of these children.

5. Development of dedicated multi-agency services for Hidden Harm

A multi-agency commitment is required to develop integrated services for children and families coping with parental substance misuse issues and mental health concerns including an analysis of need to identify the most effective services and the likely demand for services to be delivered. Service providers need to be identified as well as research into the most

effective interventions.

6. Development of joint protocols and procedures

Effective practice should be enhanced by adult treatment services and the Local Safeguarding Children Board developing multi-agency arrangements supported by joint protocols and procedures to address joint working arrangements, confidentiality and data sharing, risk assessment and management, and referral pathways.

ACTION PLANNING

9. What issues have you identified that require actions? What are these actions, who will be responsible for them and when will they be completed?

Issue identified	Planned action	Lead officer	Completion Date
To develop reliable multiagency management information	<p>(a) Each agency to audit what information is currently collated in order to identify shortfalls.</p> <p>(b) Network to agree what information should be collated and how this is to be achieved.</p> <p>(c) Network to agree where the statistical information should be presented. (e.g. LSCB)</p>	Lead Officers across Service	Sept 2012
Development of dedicated Multi-agency Services	<p>Joint Strategic Needs analysis to be undertaken to establish what services are required and by whom.</p> <p>a) Dialogue with voluntary agencies to raise awareness about the services required and how they could deliver them.</p> <p>b) Funding to be identified through joint commissioning arrangements.</p> <p>c) Explore other services to identify possible model to be adopted locally.</p> <p>d) Benchmark services with other areas.</p>	Lead Officers, PCT and DAT	January 2014
Develop joint protocols	a) Working group to be	Lead Officers	January 2014

and procedures	<p>set up between social care and adult treatment services to develop a joint protocol.</p> <p>b) Agreement reached about other areas of practice requiring a joint protocol. e.g. Maternity services, health visiting, and children's centres.</p>		
Involvement of children, young people and families in service design and development.	<p>Consult with children and families about:</p> <p>a) Specific service for children who have caring responsibilities because of their parent's substance misuse.</p> <p>b) Provision to support grandparents and other relatives caring for children because of substance abuse issues of their parents.</p>	Lead Officers	January 2014

MONITORING AND REVIEW

10. How will the actions in the action plan be monitored and reviewed? For example, any equality actions identified should be added to business, service or team plans and performance managed.

This strategy will be monitored by the Troubled Families Governance Board and reported on twice a year to the LSCB and Adult Safeguarding Board.

PUBLISHING THE COMPLETED ANALYSIS

11. When completed, the equality impact and needs analysis should be approved by a member of DMT and published on the Council's website. Please provide details below:

Approved by	ECCS EWG
Date of approval	23 April 2013
Date of publication	April/ May 2013

DECISION-MAKING PROCESS

12. Has a copy of this EINA or summary of key findings been provided to key decision-makers to help inform decision making, for example as an appendix to a Cabinet or Committee report?

- If so please provide the details including the name of the report, the audience i.e. Cabinet/ Committee, the date it went, and the report author.**
- Please also outline the outcome from the report and details of any follow up action or monitoring of actions or decision taken:**

N/A.