



Market Position Statement for Parental Needs

November 2015



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What is driving change?

The **Children and Families Act 2014**

The Act aims to improve services for vulnerable children and support strong families, with a particular focus on:

- Timely and effective interventions shaped around the best interests of the child
- Taking into account the views of a child in decision making
- Improving cooperation between services that support children and their families – taking a whole family approach to service provision

The **Care Act 2014**

The Act is the biggest change in adult social care for 60 years. Its core purpose is to help people to achieve the outcomes that matter to them in life through the promotion of wellbeing. This not only applies to adults receiving care and support in the city, but also parent-carers of disabled children under 18.

The Care Act, works together with the Children and Families Act to require cooperation within, and between, the necessary local authority, that the right information and advice is available, and that assessments can be carried out jointly to take a holistic view of the person's needs.

Changes to our services

As you will see throughout this document, the way we organise our services within Newcastle is changing. Our Family Insights Project, CAF and MST arrangements set the direction of travel towards a more family centred, holistic approach to service provision. We want to replicate this approach both internally and externally through our commissioned services as we know that it produces better outcomes for people and improves their experience of services. For more see page 10 onwards.

What is a Market Position Statement?

Newcastle City Council aspires to be a cooperative council; this means we want to:

- Deliver services in cooperation with communities,
- Enable communities to inform choices about the Council's priorities,
- Involve communities in deciding how services can be delivered in the future and how to achieve a balance between those services which are available to everyone and those that are for people with an assessed social care need.

Market Position Statements are the first step towards achieving a cooperative approach to the commissioning of services. These documents are designed to help care and support providers and the people who use care and support services in Newcastle understand what services are currently on offer in the City, and also what we think care and support services should look like in the future.

We are producing a range of these documents looking at different client groups and service models in the City.

We want to use this document as the start of a conversation with providers, carers and people who use services, about how care and support services can support ‘a whole family approach’ that considers the needs of the whole family.

Working together with families

‘**A whole family approach**’ means being alert to considering the impact of any event on all family members and alert to engaging with the person’s circle of support. It involves coordinating services and support so that they work around the family. This means breaking down professional barriers and achieving changes in culture that mean practitioners work across organisations and service providers to achieve the best outcomes for the whole family.

A vital part of *whole family* practices are the steps taken by children’s, young people’s and adult services to identify child and wider family needs which extend beyond the individual they are supporting. Intervening early with a *whole family* approach can help avoid problems escalating to crisis level and reduce the number of families and individuals who need intensive support in the future.

Implementing *whole family* practice depends on breaking down professional barriers and achieving changes in culture so that all practitioners see their clients in the context of their family and are willing to work with other service providers to help ensure better outcomes for a number of family members where this is in their own client’s interest.

Who is it for?

Whole family working is not a new concept and there is already a considerable focus on whole-family approaches in many services across Newcastle. It essential to learn from these approaches and develop them further within adult care and support services in order to:

- improve the *identification and support* of adults experiencing problems who are parents or carers; and

- *co-ordinate the support* that is provided by different agencies to each family, especially those experiencing significant problems.

We have identified opportunities to strengthen how adult care and support services can support a *whole family* approach and work together with children's services to better meet the needs of families. This includes, but is not limited to, adult care and support providers of:

- Substance misuse services
- Adult mental health services
- Domestic violence and abuse services
- Learning or Physical Disability services
- Homelessness prevention services

However, this document will also be of interest to a range of other providers in Newcastle, such as children's social care and support services and other family support services in Newcastle.

Defining Parental Need

Support for parental needs in Newcastle covers the following main areas:

- Parents and carers requiring treatment for **substance misuse**
- Parents and carers suffering from **mental ill health**
- Parents and carers experiencing **domestic violence**

National Research

'It is estimated that 30% of adults with mental ill health have dependent children'

'A high proportion of adults in acute psychiatric hospital settings may be parents – at least 25% and probably substantially more'

'Alcohol misuse by parents, particularly by fathers, can also result in violence and risks of physical harm to children'

Source: What about the Children? Ofsted and CQC, 2013

'Those who are most at risk of suffering significant harm are children whose parents face a combination of stressors.'

'Children in these circumstances are more likely than children living in families whose parents experience fewer problems to have severe developmental needs, and experience abuse and neglect'

Source: Children's Needs – Parenting Capacity. Cleaver, Unell and Aldgate, 2011.

'1 in 10 new mothers experiences postnatal depression'

Source: No health without mental health (DH 2011)

- Parents and carers with a **learning or physical disability**
- Parents and carers who are at risk of becoming **homeless**

What do we know already?

Substance Misuse

Data shows that of the approximate 2269 children in the city known to Children's Social Care, 23% had parental substance misuse as a concern factor.

The table below shows the numbers of parents accessing treatment and harm reduction services, and their living arrangements.

Snapshot Data from Commissioned Providers	2014/15	2015 (Q1 only)
Parents in treatment or accessing harm reduction services	773	155
Number of children identified relating to the above parents	512	189
Number of parents in treatment or accessing harm reduction services who have children living with them	230	99
Number of children known to children's services	211	69

N.B. the figures in this table reflect a snapshot and thus numbers should be taken as an indication only

Not all parents with drug or alcohol problems cause harm to their children, but substance misuse can reduce their ability to provide practical and emotional care. It can have serious consequences for children, including neglect, educational problems, emotional difficulties, abuse, and the possibility of becoming drug and alcohol misusers themselves. It can also cause young people to become carers of addicted parents. Drug or alcohol treatment can help parents overcome their addiction and start to address other issues, and look after their children better.

Through our provision of substance misuse services we aim to intervene early and reduce problematic drug or alcohol misuse, and to ensure that more people achieve

sustained recovery from problem alcohol and drug use. Supporting the individual and their families to build and maintain meaningful relationships wherever possible.

You can find out more in our [Drug and Alcohol Market Position Statement](#).

Mental Health

Of the approximate 2269 children in the city known to Children's Social Care, 25% had parental mental health recorded as a concern factor.

Through our provision, we aim to help people live independently in the community with the best quality of life open to them, and their families, with the understanding that some people will require long periods of rehabilitation to enable such a level of recovery.

We know that the demand on mental health services is expected to increase:

- In-line with working age adult population growth (just over 3%) over the next few years
- As well as due to the economic recession and impacts of welfare reform

Our aim in response to this is to help people live independently in the community with the best quality of life open to them, with the understanding that some people will require long periods of rehabilitation to enable such a level of recovery. When designing our service response we recognise that people do not stand in isolation, and that there is often a variety of family needs which should be considered for service intervention to be effective.

You can find out more in our [Mental Health Market Position Statement](#).

Domestic Violence

Newcastle has relatively high numbers of children with child protection plans in place and high levels of children accommodated as a result of violence in their homes. Data shows that of the approximate 2269 children in the city known to Children's Social Care, 37% had domestic violence noted as a concern factor.

The impact of domestic violence and abuse on children and young people can be devastating. Through our provision, we want to prevent domestic violence and abuse by challenging behaviours and attitudes and intervening early to prevent it. Where adults and children are at risk or are experiencing domestic violence or abuse, appropriate support will be made available to them to enabling them to deal with their situation, including providing them with a safe and secure environment in which to live.

You can find out more in our [Domestic Violence Market Position Statement](#).

Learning and Physical Disability

Data shows that of the approximate 2269 children in the city known to Children's Social Care, 7% had a parental learning or physical disability recorded as a concern factor (3% and 4% respectively).

Through our commissioning arrangements, we aim to buy a range of affordable services which support people with disabilities to live the life they want, as independently as they can, and for as long as possible.

You can find out more in our market position statements here:

- [Learning Disability Market Position Statement](#)
- [Adult Social Care Market Position Statement](#)
- [Community Opportunities Market Position Statement](#)

Homelessness

Data shows that, of the 2142 people who presented to the Council as at risk of homelessness in the last 12 months, 22% were parents; whilst 83% of the 145 people who were owed the full statutory duty in Newcastle over the last 12 months were parents. Households with dependent children are a priority group.

Newcastle Housing Advice Centre (01 November 2014 – 31 October 2015)	At Risk of Homelessness	Statutory The Full Duty Owed
Total	2142	464
Number who are Parents	145	120

There are longer term adverse impacts upon families and children from the insecurity and transience faced with the risk of homelessness. Our recent [review](#) found that one of the groups most at risk of becoming statutorily homeless are families with support needs. Becoming homeless and the additional challenges it brings can further compound the issues highlighted above.

You can find out more here in our [Newcastle Homelessness Strategy](#).

We know that many parents who require the support of these services do not suffer from a single issue alone, for example, many people experiencing domestic violence also abuse alcohol and/or drugs as a way to cope with the violence, but this also increases their vulnerability and can have a profound impact on those around them, especially dependent children, as the table below illustrates.

Concern Factors Recorded * Parental Mental Health, Domestic Violence, Parental Drugs and Alcohol, Parental Learning Disability, Parental Physical Disability (2014/15 data)	No. of Children	% of Children's Social Care Population
1 of the above concern factors	666	29%
2 of the above concern factors	440	19%
3 of the above concern factors	771	8%
4 of the above concern factors	15	1%
5 of the above concern factors	1	0.04%

While the majority of children known to our services only have one of the parental concern factors recorded, a significant amount of the children have more than 1 parental concern factor. Although we know that not everyone accessing the range of

services outlined in this document will have a child(ren) who are being supported by Children's Social Care, this information highlights the overlap between different parental needs and the profound impact they can have on the lives of children who are exposed to them. This is why it is so important that as partners we work together to take a holistic view of the person, considering their entire range of needs and the family context that they belong to, not just the single issue they are seeking support for.

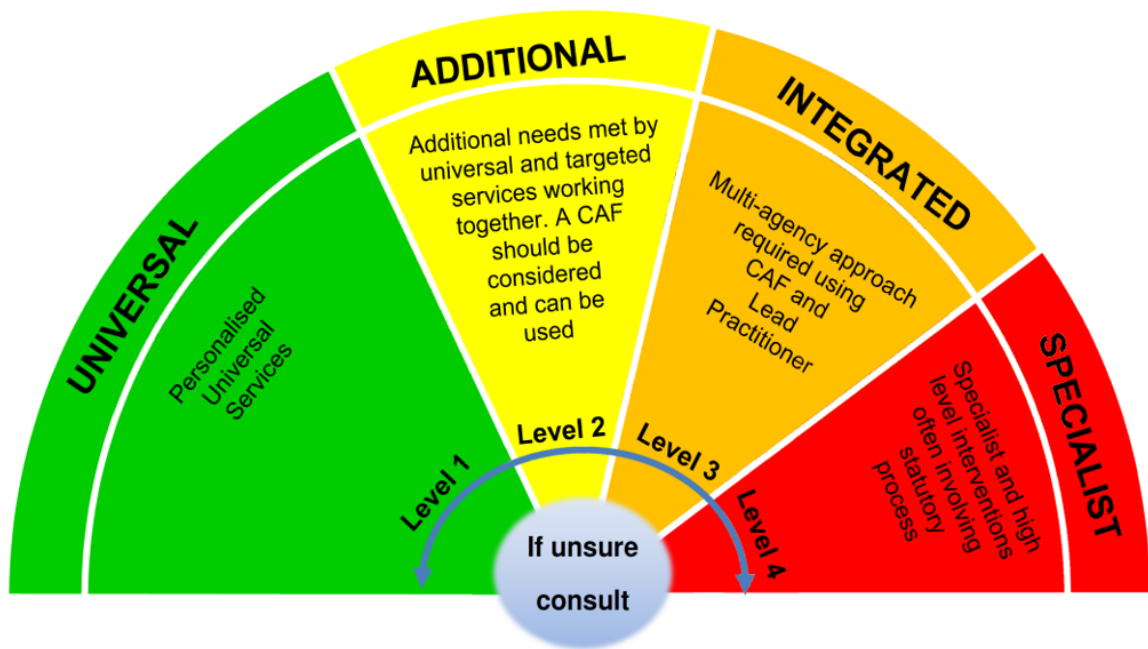
How we are working in Newcastle

We need services to work together around the needs of individuals and families, appreciating their wider family context and any multiple, interrelated needs they may have.

Internally, the Council has a range of initiatives aimed at promoting a more holistic approach to service provision for parents and their families. Adult social care, children's services and public health are combined into a single directorate which sets the direction of travel for this work and puts us in a good position to strengthen holistic person centred planning. We are continuing to bring together our learning and join up feedback mechanisms around the best interests of the families we serve.

Overleaf are just some examples of the work we are doing to join up services for families, and the continuum of early help and support shows how our parental need services relate according to the spectrum of need.

The continuum of help and support



Level 2 and 3

Common Assessment Framework

The Common Assessment Framework, or CAF, is a national, standardised and holistic approach to conducting assessments of children's additional needs, and supports decision making about how these needs might best be addressed within a multiagency context.

By bringing together a range of professionals into a Team around the Family, the CAF helps to form a shared understanding about a child's needs and how best to meet them in joined up way. This methodology enables us to agree a multi-agency support package to help children in their context, taking account of the needs of the parents as well as those of the child.

Level 2, 3 and 4

Newcastle Families Programme

The Newcastle Families Programme is our local response to the national Troubled Families Programme. It is a multi-agency approach which uses what we collectively know about families to proactively support them to achieve positive outcomes.

The Programme is underpinned by a family outcomes plan which is “a locally owned outcomes framework against which the success of interventions with families with complex needs will be measured”.

In Newcastle, this has provided an opportunity to engage professionals from a range of agencies and disciplines to jointly agree the characteristics of priority families, and collectively identifying indicators of positive outcomes.

Substance Misuse

Building on the work of the CAF and Newcastle Families Programme, our substance misuse services are designed in a way that enables joint working with Children’s Services and carer services to support their use for these families. Through these services we want to prevent, intervene early and reduce problematic drug or alcohol misuse and more people achieve sustained recovery from problem alcohol and drug use

For structured drug and alcohol treatment services (which applies to tier 3 or tier 4 interventions), service providers are required to input information onto the National Drug Treatment Monitoring System (NDTMS). This collects a number of information fields in relation to parental arrangements, including:

- Parental status
- The number of children living with the service user
- Whether the service user is pregnant
- Whether parenting support is provided as part of the overall recovery package.

All drug and alcohol commissioned services (across all tiers) are required to comply with the [Protocol for Supporting Children of Substance Misusing Parent Engaged with Adult Drug and Alcohol Services](#). The Council is seeking to build on this work and is consulting with agencies across adult and children’s services in relation to [the Joint Working Protocol: Supporting and Safeguarding Children Whose Parent/Carer use Drugs and /or Alcohol](#), including the arrangements described in Appendices of the Joint Working Protocol, which together sets out the requirements for working with

parents in treatment (including parents to be) with the aim of ensuring a coordinated and consistent response by all services.

Where there is pregnancy or a child involved, providers are required to work in accordance with the Signs of Safety Assessment and Planning Process as set out in Appendix 3 and Appendix 4 of this protocol. Providers should also comply with these processes to capture information where service users do not have their own children, but live with someone else's children. This applies to both structured (tier 3 and tier 4) and unstructured (tier 2) service provision.

Level 2, 3 and 4

Domestic Violence

Our vision is to prevent domestic violence and abuse by challenging behaviours and attitudes and intervening early to prevent it. Where adults and children are at risk or are experiencing domestic violence or abuse, appropriate support will be made available to them to enabling them to deal with their situation, including providing them with a safe and secure environment in which to live.

For our residents and communities:

- Every woman in Newcastle has access to safe, effective and timely support and interventions to reduce the risk to them and their children to reduce the harm caused by domestic violence or abuse
- Women and children have access to appropriate services which meet their aspirations and abilities, gives them choices, enables them to make positive changes in their lives and to stay safe

Our Newcastle Domestic Violence and Abuse Partnership Children's Sub Group brings together key agencies who provide services and responses to those experiencing domestic violence and abuse, including but not limited to the Council, Sure Start, and the voluntary and community sector. The key tasks of this group are:

- Supporting and promoting multi-agency responses to safeguarding children and young people at risk due to domestic violence and abuse focussing on prevention, protection and provision
- Awareness raising about the extent and prevalence of domestic violence and abuse and the impact on children and young people
- Informing the commissioning of children and young people's services
- Ensuring the voice of the child informs service development and delivery

Level 4

Family Insights

In Newcastle, we want to support more families to stay safely together, and also improve their journey when they need our help. Our innovative Family Insights programme aims to increase the time spent working directly with families in order to offer a tailored response to the needs of particular families.

Implementing Family Insights will involve more direct working with families delivering positive change across Children's Social Care. Over a period of 16 months we will create four new segment specific Social Work Units (2 of which are now live), in addition to our current workforce. Each new Unit will begin with a steady flow of new cases, with an explicit remit to learn from them and to co-create a new operating environment based on the specific needs being addressed. Staff within the new Units will have an improved knowledge of what works for specific family types, with better feedback loops and more opportunities for collaboration and reflection. This means that children and their families receive a tailored and timelier response to meet their needs, and with fewer hand-offs to other services.

Level 4

Homelessness Prevention

These services support residents when primary and secondary support fails to prevent homelessness or destitution. We use our feedback loops and exception reporting to learn from crisis to better target our primary and secondary support to change practice and process to reduce preventable crisis and create a culture of overcoming co-dependent obstacles to inclusion.

Through this activity we aspire to a consensual approach that aligns partnerships and commissioning with services that respond to the complex needs of individuals in their context, based on the following principles:

- An understanding of the structural and individual causes of homelessness
- A life course approach to preventing homelessness at the earliest opportunity
- An asset based approach that builds on people's and partners' strengths
- Understanding the value of, and the difference, our interventions make
- Integrating our responses to people's social, health, housing and financial needs
- Providing places to live that create hope and inspire change
- Humanely responding to crises when we fail to prevent homelessness
- Learning from these crises to prevent reoccurrences.

To bring together the learning from all of these initiatives there are strong governance arrangements underpinning our processes (see a high level overview below), with lead accountability for service improvement being held by the Wellbeing for Life Board, which has representation from all major partners involved in the health and wellbeing of people in the city.



We recognise that it is only through working together that services and professionals can truly take a holistic view of an individual's needs and spot early help and support at a preventative stage. This is why we will continue working internally and with external partners to ensure the learning from the range of governance structures are systematically shared and improve working practice across the whole of wellbeing, care and learning and beyond.

What we Commission

Currently, we commission a range of services which make a contribution towards supporting parental needs in Newcastle. These services are not exclusively for parents, but many of those who access the services are parents, and many will access more than one of these services at any one time. It is important therefore to understand the range of commissioned services available for parents to access, and how they might work together to provide a holistic service response to the needs of families.

Substance Misuse

We currently invest in a number of services ([see our service directory](#)) ranging from tier 4 residential rehabilitation and tier 3 community based structured treatment, through to recovery support and aftercare. Through this investment we want to prevent, intervene early and reduce problematic drug or alcohol misuse and help more people achieve sustained recovery from problem alcohol and drug use.

During 2015, the Council has worked with partners to recommission a new integrated drug and alcohol service as part of a balanced recovery focussed treatment system. Through the recommissioning activity across drugs and alcohol, we have continued to have a focus on *Whole family* within service specifications and monitoring, in order to strengthen how organisations work together in partnership to meet the needs of individuals and their families or carers.

Mental Health

We currently invest in a number of services ranging from advocacy and carer support, to specialist care homes and home care ([see our service directory](#)).

Through this investment we want to help people live independently in the community with the best quality of life open to them, with the understanding that some people will require long periods of rehabilitation to enable such a level of recovery. For parents, it is particularly important that family context is considered as part of any treatment and care planning.

Domestic Violence

We currently invest in a range of specialist services ([see our service directory](#)) to support women who are affected by domestic violence and abuse and sexual violence, including:

- Refuge accommodation provision
- Floating and outreach support
- Integrated victim support
- Perpetrator programme
- Emergency alarms

Through this investment we want to prevent domestic violence and abuse by challenging behaviours and attitudes and intervening early to prevent it. Where adults and children are at risk or are experiencing domestic violence or abuse, appropriate support will be made available to them to enabling them to deal with their situation, including providing them with a safe and secure environment in which to live.

In 2014, the Council consulted on plans to recommission an integrated domestic violence and abuse service, which included direct consultation with women and their children. The [feedback](#) received directly from women and their children, along with stakeholders, informed the resulting accommodation and service specifications which will commence October 2016.

Learning and Physical Disability

We currently invest in a number of services ranging from day opportunities to independent supported living schemes. This includes 250 independent living placements, 306 care at home support packages and 132 residential placements (in and out of area).

Through this investment we want to offer affordable services which support people with Learning Disabilities to live the life they want, as independently as they can and remain independent for as long as possible.

Our Learning Disability services are outcomes focussed, and designed to support the personalised outcomes that individuals aspire towards; their parenting goals and family aspirations are an important part of this.

Homelessness

We currently invest in a number of services to prevent and support people at risk of homelessness. The Council has 25 units of temporary accommodation specifically for families for whom the Council has a full statutory duty to accommodate. In addition, there are 37 units of supported accommodation across the city provided by the voluntary and community sector which would be suitable for families. The Council also commissions 10 units of abstinence based accommodation and support specifically for women (and their children) recovering from drug and alcohol problems.

The Financial Context

Alongside these ways of working, it is important to consider the challenging economic context that we are working in; the Council's budget has been reducing significantly over recent years which has been a huge challenge for the Council and many of its providers. Reduced funding means that we need to find new and innovative ways of delivering services, which not only save money but, more importantly, bring learning and working practices together to support families to achieve what they want to in their lives.

Financial pressures and legislative changes create a need for a range of services which not only offer the traditional services in isolation, but take a more holistic, integrated view of the individual – understanding that many parents will have multiple needs, accessing a number of different services at any one time, and how these services interact together to understand a richer view of the parent is crucial to improving outcomes for the parent and the child(ren) involved.

Service Type	Gross Expenditure 2014/15
Substance Misuse	£5.7m
Mental Health	£4.3m
Domestic Violence	£0.75m
Learning Disability	£35m
Physical Disability	£8.1m
Homelessness	£6.2m

Many of the services support people that would not be eligible for statutory care and support services from the local authority, either in the short or long term. However we continue to invest in these services as we recognise that they are an important part of improving parent and child wellbeing, improving outcomes for families, and preventing people's needs escalating to the point where statutory services are required.

We recognise that not every parent will have an eligible care and support need as defined by the Care Act 2014, so our services are targeted at a range of parental need levels.

In addition, there are a variety of services that support parents in the city run by partner organisations such as: Northumberland Tyne and Wear NHS Foundation Trust, Newcastle Upon Tyne Hospitals Trust, Schools and Academies, and a wide range of voluntary and community organisations. We will continue to signpost people to the appropriate services in the city no matter what their level of eligibility is.

What this means for Providers

The Council is committed to working with providers to stimulate the development of an innovative family support market which is focussed on helping families improve their health and wellbeing, and achieve their outcomes.

This means not only focussing on a single parental need in isolation, but also giving consideration to their interrelated needs, family context and wider determinants of health. Only by taking a holistic approach to services, and moving away from focussing on a silo approach to individual needs will we be able to improve and sustain outcomes for children and families.

Encouraging all services and agencies to “Whole family”

Providers of **Mental health, Substance Misuse, Domestic Violence, Learning** and **Physical Disability**, and **Homelessness** services should:

- Establish whether the person they come into contact is a parent, and what their support need may mean for both them as a parent, and any children involved
- Record the numbers of children affected by adult mental health, domestic violence, substance misuse, physical or learning difficulties, and/or homelessness – in relation to the people they come into contact with

- Appropriately share information with related services where a child need has been identified
- Regularly audit case files to establish if practitioners are identifying children appropriately – considering their needs, and associated risks, and taking appropriate action as a result e.g. referral for support or intervention
- Ensure that staff are aware of the range of services available in the city to support these five parental needs, and how they can work together to improve outcomes for the parent and the child
- Ensure that managers are aware of all cases in which adults with substance misuse, mental health, domestic violence, and/ or learning difficulties have children
- Create links with community groups so that people have a wide range of social and leisure activities available to them
- Champion *Whole family* practice through joint staff training and recruitment and the information they provide to service users and the public
- Prioritise the safety and welfare of children within the family, involve the child's social worker and follow Local Safeguarding Children Board procedures when children may be at risk of suffering from harm or a child appears to be neglected
- Consider the involvement, potential contribution and (when appropriate) the risks associated with all of the adults who have a significant influence on a family, even if they are not living in the same house, or are not formally a family 'member'.

This is not about simply collecting data about whether a service user is a parent or not, it is about using that information to shape the service response, to understand the person in their family context as we know this has a huge effect on their wellbeing and chances of sustaining positive outcomes.

It is also about closer working and communication between services that provide support to parents and carers of children so that their individual needs are not seen in isolation. Parents are not a homogenous group with static needs, the services they access should understand this and providers should adapt their service response to move with the needs of parent-carer in their family context.

New providers to the market should be looking at how they can link into, and keep up to date with, the activities that are already happening across the City, and how they can develop relationships with existing organisations that are working within communities; these could range from volunteer led groups to organisations that are running events within an area.

By doing so we believe we will support people to maintain their emotional health and wellbeing.

Integrated care and support planning

To take a *whole family* approach when working with parents. This includes working with the Common Assessment Framework (CAF) where Tier 2 and 3 needs are identified to enable a Team around the Family from both adult and children's services to support the needs of the whole family (where appropriate) and to improve the outcomes for children of service users and promote positive family involvement.

At times, one family can be subject to and be expected to participate in a number of plans from different organisations. If all relevant parties agree, then all agencies could contribute to a single plan for the family in which there may be both individual and collective components. This can be particularly helpful in ensuring that the wellbeing of all concerned is promoted and can also be helpful in resolving conflict and negotiating a balanced way to achieve desired outcomes for all. Where it is not appropriate to combine plans, they should at very least be coordinated.

Where plans are combined for people or integrated across services/organisations, a named lead practitioner should be identified who undertakes the lead on monitoring and reviewing the plan.

Workforce Development

We will continue to deliver a workforce development programme to embed integrated working practices amongst staff working with children, young people and parents.

This will include developing a range of local protocols across the following areas to help practitioners in delivering a *whole family* approach:

- Substance abuse
- Adult mental health
- Domestic violence
- Learning or Physical Disability
- Homelessness

Whole family and safeguarding and promoting children's welfare

Whole family practice and philosophy means helping parents/families secure better outcomes for their children through more effective and better co-ordinated interventions by adults', young people's and children's services.

All staff including those working with adults have a responsibility to notify children's social care services when they suspect a child may be suffering or is likely to suffer significant harm. This should be done by following Newcastle's local [safeguarding children procedures](#).

Key contacts

Commissioning and Procurement

Room 115, Newcastle Civic Centre, Newcastle Upon Tyne, NE1 8QH

Tel: 0191 211 5281 laura.choake@newcastle.gov.uk