

5 Vulnerable children

5.1 Introduction

Vulnerable children experience worse health outcomes and have poorer life chances than other children. [1] This section describes known risk factors for vulnerability in children, including young person-specific factors (such as special educational needs) and parent-related issues (such as substance misuse).

Disability as a source of vulnerability is not covered specifically in this chapter. This will be covered in a forthcoming disabled children's needs assessment.

5.2 Causes and risk factors

Where a child is deemed to be at continuing risk of significant harm or impairment of their health and development, a decision is made to introduce a Child Protection Plan (Box 1). Reasons for the introduction of the Child Protection Plans in place in Hackney as of 31 March 2015 were categorised as:

- emotional abuse (47%)
- neglect (36%)
- physical abuse (10%)
- sexual abuse (4%)
- multiple reasons (3%).

A report by WAVE Trust, which tackles family issues, produced in collaboration with the Department for Education, lists a number of factors that may hamper children's development and, therefore, make them vulnerable. These factors include child abuse (Box 1), exposure to domestic violence (Box 1),¹ parental drug dependence and parental alcohol misuse. [2]

The children of parents or carers who are dependent on drugs or alcohol are more likely to develop behaviour problems, experience low educational attainment, and be vulnerable to developing substance misuse problems themselves. [3]

¹ The term 'domestic violence' only relates to those aged 16 or over, with violence to children being known as 'child abuse'. However, witnessing domestic violence (for instance, between parents) is a risk factor for child abuse and a cause of vulnerability in itself.

Box 1: Definitions used in this section

Child Protection Plan – a plan drawn up by the local authority if a multi-agency Child Protection Conference deems a child to be at continuing risk of significant harm or impairment of their health and development, which sets out how the child can be kept safe. [4]

Domestic violence – the cross-government definition is as follows: [5] any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members, regardless of gender or sexuality. This encompasses, but is not limited to, psychological, physical, sexual, financial and emotional abuse.

Child abuse – includes physical, sexual and emotional abuse, and neglect. [6]

Female genital mutilation (FGM) – includes any procedure involving the partial or total removal of the external female genitalia or any other injury to the female genitalia for non-medical reasons. [7] There are four types: [8]

1. partial or total removal of clitoris and/or prepuce (clitoral hood) (clitoridectomy)
2. partial or total removal of clitoris and labia minora (inner folds) (excision)
3. narrowing of the vaginal orifice with creation of a covering seal (infibulation)
4. all other harmful procedures to the female genitalia for non-medical purposes, such as pricking, piercing, incising, scraping and cauterisation.

Being a young carer also increases the risk of vulnerability. A 2012 joint report on young carers produced by the Association of Directors of Adult Social Services (ADASS), the Association of Directors of Children's Services (ADCS) and The Children's Society stated that: [9]

'A young carer becomes vulnerable when the level of care-giving and responsibility to the person in need of care becomes excessive or inappropriate for that child, risking impacting on his or her emotional or physical well-being or educational achievement and life chances.'

The Children's Society, using data from the *Longitudinal Study of Young People in England* (LSYPE), reports that, in comparison to their peers, young carers are: [10]

- 1.5 times more likely than other young people to have a special educational need or disability themselves
- 1.5 times more likely to be from a Black, Asian or Minority Ethnic (BAME) community
- twice as likely to not speak English as their first language.

Data from the LSYPE also reveal that, on average, young carers achieve the equivalent of nine educational grades lower overall than their peers.² Data from the Audit Commission demonstrate that young carers are twice as likely to be not in

² For instance, achieving nine C grades rather than nine B grades at GCSE

education, employment or training (NEET) for six months or more in comparison to the wider population. [11]

According to the Children and Families Act 2014, ‘a child or young person has special educational needs if he or she has a learning difficulty or disability which calls for special educational provision to be made for him or her’. [12] A learning difficulty or disability is present in a child of school age if they have ‘a significantly greater difficulty in learning than the majority of others of the same age’ or ‘a disability which prevents or hinders him or her from making use of facilities of a kind generally provided for others of the same age in mainstream schools or mainstream post-16 institutions’.

Children with special educational needs require greater support to reach their potential than non-affected children, not only because of the disabilities they have, but also because they are more likely to have other risk factors that are associated with poorer education outcomes – such as living in deprived circumstances.

Not only does raising a disabled children cost, on average, an additional £99 per week, but families supporting a disabled child are 2.5 times more likely to have no parent working for more than 16 hours per week. [13] [14] In 2011, The Children’s Society reported that 40% of disabled children were living in poverty, compared to a national average of 30%. Furthermore, 14% of disabled children were living in severe income poverty (where household income is less than 40% of the median³ income) in 2011, in comparison to 11% of all children. [15]

5.3 Local data and unmet need

Child Protection Plans, children in need and looked after children

Child Protection Plans and children in need

As at 31 March 2015, there were 214 Child Protection Plans in place in Hackney, a rate of 36.8 plans per 10,000 children aged 0-17 years. One third (34%) of these plans lasted for under three months, almost half (44%) lasted between three and 12 months, and one fifth (21%) lasted for more than one year.

Eleven per cent of Hackney’s Child Protection Plans in 2014/15 were for children who had been subject to a previous plan.

Fewer than 10 children were subject to a Child Protection Plan in the City of London in 2015/16.

Looked after children

On 31 March 2015, there were 345 looked after children (LAC) in Hackney – a rate of 56 per 10,000 children. Of these, 17 (5%) were unaccompanied asylum-seeking children (UASC).

³ The median income is the value higher than the lowest 50% of incomes and lower than the highest 50% of incomes.

Two fifths (19%) of Hackney's LAC were placed within the borough, a quarter (24%) placed in a neighbouring local authority area and more than half (57%) wider afield (predominantly other London local authorities or Essex, Kent and Hertfordshire). Due to a deliberate focus on providing placements in family settings, only 3% of children are placed in children's homes.

Data outlined in the Hackney Children and Young People's Service 'Social Care Sufficiency Strategy'⁴ demonstrate that, in 2015, in Hackney, 3.5% of LAC had a disability, with the most common needs being autistic spectrum disorder and mobility issues. [16]

During 2014/15, the City of London looked after 11 children. However, this is not comparable to the data provided for Hackney, which relate to how many are looked after on one specific day (31 March). Unaccompanied asylum-seeking children (UASC) account for almost all of the LAC, which is a much higher proportion than in Hackney, and results in different health needs. All LAC from the City of London are placed outside of the local authority.

Specific domains of vulnerability

Domestic violence

Nationally, one quarter of women experience domestic violence in their lifetime and over half of all violent crime experienced by women is domestic violence. Approximately 250,000 children in Britain witness domestic violence every year, and in over half of cases children are also directly abused. [17] One quarter of children who witness domestic violence will go on to develop serious social and behavioural problems. [18]

It is estimated that there are approximately 57,000 incidents of domestic violence each year in Hackney and approximately 1,600 in the City. [19] (For more data and estimates, see 'Community safety' in the 'Society and environment' chapter of JSNA.) In approximately 70% of domestic violence incidents in Hackney, children are present in the same or next room. [20]

In 2015/16 there were 506 Multi-Agency Risk Assessment Conference (MARAC) meetings in Hackney, which identified 464 children.⁵ The Domestic Violence Intervention Project (DVIP), which works to reduce the number of repeat incidents when domestic violence has been identified, received 61 referrals relating to adult perpetrators in 2014/15.

In the City of London, 145 domestic violence incidents were reported to the Domestic Abuse Forum in 2013/14 (including both crime and non-crime incidents), with over three quarters of these being female victims. Between April 2015 and March 2016, 12 children were referred to the City of London MARAC. Most child protection

⁴ The sufficiency strategy is a strategic plan to meet demands for care and address gaps in provision.

⁵ MARACs are where information regarding high-risk cases can be shared between agencies to meet the wide-ranging needs of victims of domestic abuse.

investigations in the City of London between January and October 2014 included domestic abuse as a risk factor. [21]

For more detail on domestic violence in Hackney and the City, see 'Society and environment' JSNA chapter.

Parents with substance misuse issues

Across all of Hackney's adults (not just parents), the rate of opiate and/or crack cocaine use is 14 per 1,000 population (see the 'Mental health and substance misuse' chapter of the JSNA for more details). While no estimate exists for the prevalence of substance misuse in parents specifically, locally the rate of parents receiving drug treatment is 1.1 per 1,000 children aged 0-15 (2011/12). [22] In 2014/15, 115 people who began treatment with substance misuse services in Hackney were living with children, accounting for 11% of all new service users.

Given the small numbers involved, data are not available for the City of London as they may be identifiable and are likely to be unreliable.

Across all of Hackney's adults (not just parents), the rate of higher risk drinking⁶ is 78.2 per 1,000 population (2009). [23] While there is no estimate for the prevalence of alcohol misuse in parents specifically, the rate of parents receiving alcohol treatment is 1.1 per 1,000 children aged 0-15 (2011/12). [22]

Child sexual exploitation

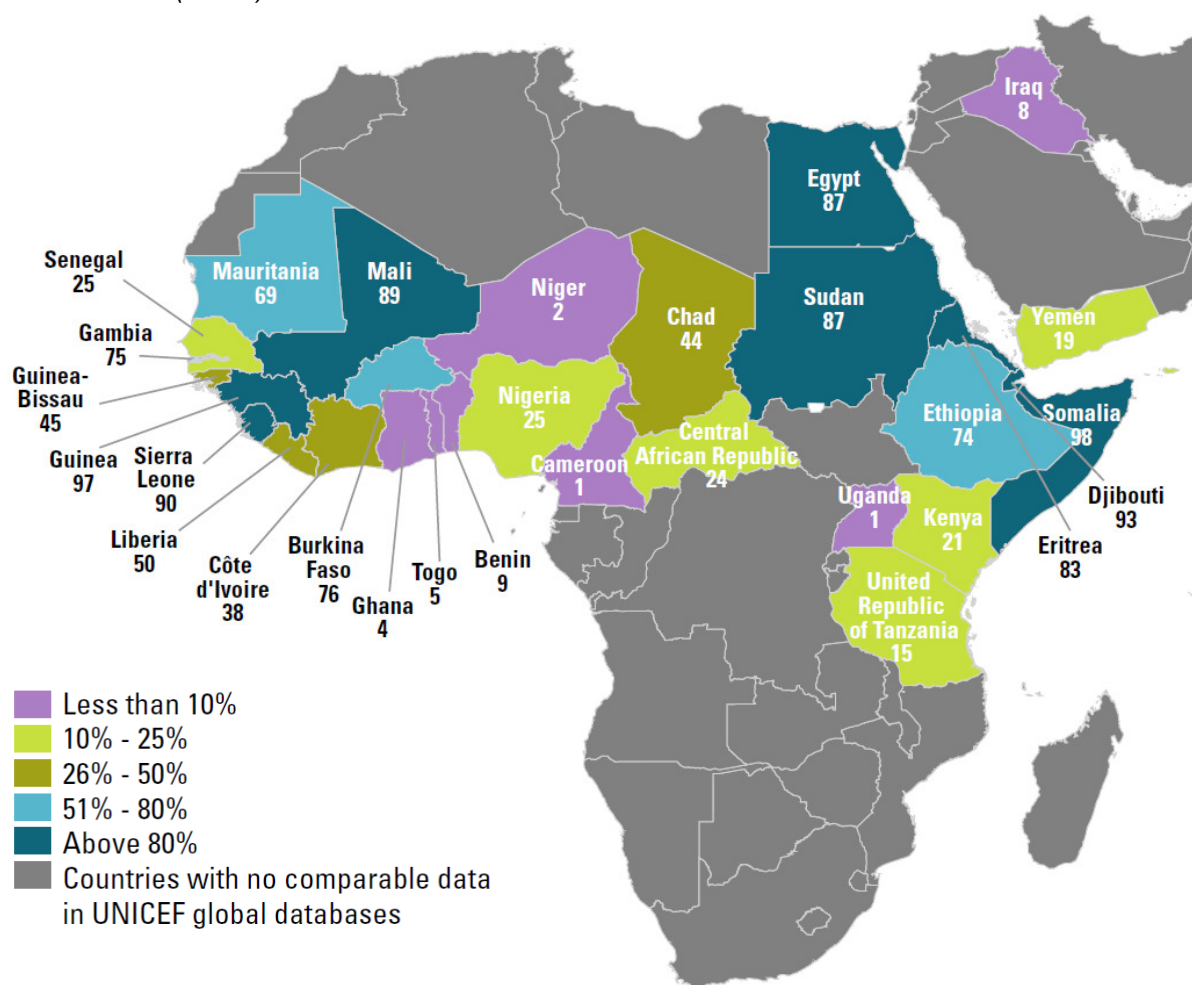
There is no definitive published estimate of the number of children who are sexually exploited in Hackney. This is due to a range of factors, including incomplete reporting to statutory authorities and concerns about identification where data are based on very small numbers. Despite this, Hackney Council is aware that a number of young people have experienced or are at risk of experiencing sexual exploitation locally. As across the rest of London, indicators predominantly point to young women being exploited by male peers or those slightly older than them. [24]

Female genital mutilation (FGM)

Female genital mutilation (FGM), as defined in Box 1, is most prevalent in certain African and Middle Eastern countries, as shown in Figure 1.

⁶ Higher risk drinking in this indicator is defined as more than 50 units of alcohol per week in males and more than 35 units of alcohol per week in females.

Figure 1: Prevalence of FGM among women aged 15-49 years in Africa and the Middle East (2016)



Source: Global databases based on data from *Multiple Indicator Cluster Survey, Demographic and Health Survey* and other national surveys 2004-2015, 2016, UNICEF

Girls born to mothers from an FGM-practising country are at risk of being subject to FGM themselves. It has been estimated that, of 144,000 girls born in England and Wales to mothers from FGM-practising countries between 1996 and 2010, 60,000 of these mothers had undergone FGM. [25] It is estimated that 3,300 Hackney and the City residents have undergone FGM, of whom an estimated 120 are aged under 15. [26]

In order to raise awareness and improve services and the safeguarding of girls at risk, the Department of Health introduced the FGM Prevalence Dataset in April 2014. This dataset required all NHS healthcare settings to record and collect information about the prevalence of FGM within the local patient population. In April 2015, the FGM Enhanced Dataset was introduced to replace the initial FGM Prevalence Dataset. [27] Homerton Hospital had been recording FGM data in antenatal services prior to the introduction of mandatory recording. Over the nine-year period 2008-2015, a history of FGM was disclosed and recorded in the antenatal booking of 286 Hackney mothers at Homerton Hospital out of approximately 27,000 births, a birth

prevalence rate of 1.1%. In total, fewer than five Hackney mothers underwent deinfibulation⁷ at Homerton Hospital during this period.

Between July and September 2015, FGM was identified in 13 clinical attendances (all of which being new recordings) in Hackney and the City.⁸ In 10 of these cases, the type of FGM was unknown or not reported. In nine of the 13 cases, the woman was pregnant, and a baby girl was born in fewer than five of these attendances (which perpetuates the risk of FGM in the family).⁹

Hackney children's social care service received 60 referrals for children at risk of FGM over a 10-month period in 2014/15, but in no cases had the girl had FGM performed.

There are no girls aged 0-15 in the City of London who were born in countries where FGM is prevalent. [28]

Young carers

The 2012 report on young carers by the Hackney Children and Young People Scrutiny Commission acknowledged that: [29]

'There is no accurate figure for the number of young carers in Hackney and this makes it difficult to assess the true scale of the problem.'

The last Census identified 1.2% of 0-15 year olds in Hackney and 1.45% of 0-15 year olds in the City of London to be providing unpaid care. Table 1 shows that approximately one quarter of young carers provided at least 20 hours of unpaid care per week.

Table 1: Number of children/young people providing unpaid care (2011)

	Hackney		City of London	
	Provide any unpaid care	Provide 20+ hrs of unpaid care	Provide any unpaid care	Provide 20+ hrs of unpaid care
0-15 year olds	618	130	9	<5
16-24 year olds	2,039	609	24	6

Source: 2011 Census, Office for National Statistics

At 15 years of age, girls have been providing unpaid care for 7.7 years and boys for 5.7 years on average in Hackney and the City. [22]

Children with special educational needs

Prior to September 2014, children received a Statement of Special Educational Needs (SEN) from their local authority if they required additional educational provision. Children with an SEN statement accounted for 11% of all pupils known to have some additional educational needs in Hackney in 2013.

⁷ Deinfibulation is the surgical procedure to reverse FGM type 3 (see Box 1).

⁸ Data should be submitted every time the woman or girl has treatment related to her FGM or gives birth to a baby girl, and every (not just the first) time FGM is identified by a clinician or is self-reported.

⁹ Numbers fewer than five are suppressed so that data are not identifiable.

Under the Children and Families Act 2014 these statements have been replaced by Educational Health and Care (EHC) plans, which aim to address broader health and social care needs. From September 2014, children who already had an SEN statement would be transferred to an EHC plan within three and a half years. [30]

Pre-school

In 2011, 195 girls and 240 boys aged four years and under were recorded on the Census as having their day-to-day activities limited by a long-term health problem or disability in Hackney. This is equivalent to 2.1% of girls and 2.5% of boys. [31] In 2013/14, 289 children aged four and under accessed disability or special needs services in Hackney.

Fewer than five children in the City of London had their day-to-day activities limited by a long-term health problem or disability in the 2011 Census. [31]

School age

According to the 2011 Census, 797 girls and 1,165 boys aged 5-19 years were recorded as having their day-to-day activities limited by a long-term health problem or disability in Hackney – 3.8% of girls and 5.5% of boys of those ages. In the City, 22 children and young people aged five to 19 had their day-to-day activities limited, with 3.6% of girls affected and 5.1% of boys affected. [31]

Every term, pupils with special educational needs are reported to the Department for Education and are classified into one of four levels – specific difficulties (like dyslexia), moderate learning difficulties, severe learning difficulties, and profound and multiple learning difficulties. In 2014, the proportion of pupils known by state-maintained primary or secondary schools and special schools to have moderate learning difficulties was 3.1% in Hackney, and the proportion known to have severe learning difficulties was 0.2%. [32]

As there is only one state-maintained primary school and no state-maintained secondary schools in the City of London, data are only presented for Hackney.

Outcomes linked to vulnerability

Youth justice

The entrance of young people to the criminal justice system may be regarded as an outcome of vulnerability rather than an underlying risk factor. [33]

In Hackney, 456 per 100,000 10-17 year olds received their first warning, caution or conviction in 2014. In 2013/14, 690 per 100,000 10-18 year olds in Hackney were under the supervision of a youth offending team. Comparable data are not published for the City of London as they may be identifiable due to the small numbers involved.

In 2014/15 there were 54 young reoffenders in Hackney. 'Hackney's Youth Justice Plan' notes that these young people tend to have the most complex problems at home, at school and in the community. [34]

Child deaths

The rate of child deaths may be regarded as a proxy indicator of harm due to vulnerability. However, it is important to note that this is an imperfect measure, as there are many causes of child death that are not related to vulnerability. In particular, the available data include perinatal deaths, most of which are not considered to be preventable.

The infant mortality rate (IMR) includes all children from birth until one year of age and is measured using data aggregated over three years to reduce year-on-year variability due to the small numbers involved. The IMR in Hackney was 5.5 per 1,000 in 2011-13. For more detail, please see Section 2.5.

Nationally, most infant deaths occur in the neonatal period.¹⁰ Neonatal mortality rates are strongly influenced by whether delivery is at term or preterm, with low birthweight babies accounting for two thirds of neonatal deaths. In comparison, post-neonatal mortality is thought to be influenced to a greater extent by parental circumstances, including their socio-economic position and the care they provide for their infant, as well as congenital abnormalities. [35]

For more information about infant mortality, please see Section 2.

The child mortality rate (CMR) includes all children aged 1-17 and is measured using data aggregated over three years. The CMR in Hackney was 15.8 per 100,000 in 2012-14 [36] In the City of London there have been fewer than five child deaths in the last five years.

5.4 Health inequalities

This sub-section describes the available data on inequalities in exposure to, or experience of, vulnerability in children and young people.

An important factor known to be associated with poorer health and wellbeing outcomes for children is the presence of multiple vulnerabilities, such as both domestic violence and parents with substance misuse issues. [37]

5.4.1. Age

Parents with substance misuse issues

The impact of parental substance misuse on children varies with the child's age. In infancy, this includes impacts on early emotional development. In childhood, parental substance misuse is linked to social isolation and caring responsibilities, and in adolescence with risk-taking behaviour. [38]

¹⁰ Neonatal period is the first 28 days after birth

Female genital mutilation (FGM)

The most common age for FGM varies by culture. Some evidence suggests that FGM is most commonly performed between the ages of five and nine, but it is important to note that it can be carried out at any age from birth into adulthood. [39]

Young carers

In London, the likelihood of being a young carer increases steadily with age, from 0.5% of those aged 5-7 recorded as providing unpaid care in 2011 to 5.8% of those aged 18-19. [31]

Children with special educational needs (SEN)

The proportion of pupils with SEN support peaks at ages 8/9 to 10/11 at 13-14%, with a sharp drop from age 15/16 (9%) to age 16/17 (4%), the age at which compulsory schooling ends. [40]

Youth justice

The chance of being a first-time entrant to the youth justice system increases with age. Six per cent of entrants in 2015 were 10-12 years of age, while 25% were aged 17. [41]

Child deaths

In 2015/16, roughly three quarters of child deaths in Hackney and the City were of children under the age of 12 months, with the majority of those at less than 28 days. [42]

5.4.2. Gender

Looked after children

Nationally, boys are slightly more likely than girls to be looked after children. [43]

Child sexual exploitation

Self-reported national data suggests that girls aged 11-17 are over two and a half times as likely as boys of the same age to experience 'contact' sexual abuse.¹¹ [44]

Female genital mutilation (FGM)

FGM is by definition an inequality faced only by those with vulvas, the vast majority of whom are women and girls.

¹¹ Contact abuse involves the abuser physically touching the child; this is as opposed to non-contact abuse, such as encouraging a child to watch sexual acts, and online abuse.

Young carers

In the 2011 census, 2.8% of male Hackney residents aged 0-24 and 3.6% of female Hackney residents aged 0-24 were recorded as providing unpaid care, making girls just under a third more likely than boys to be young carers. [31] Figures for the City of London were too small to compare.

Children with special educational needs (SEN)

Nationally, boys are just under twice as likely as girls to be recorded as having SEN. [40]

Youth justice

Nationally, boys aged 0-17 are over three and a half times as likely as girls of the same age to become first-time entrants to the youth justice system. [41]

Child deaths

Nationally, 58% of child deaths in 2015/16 were boys and 42% were girls, making boys about a third more likely than girls to die before the age of 18. [45]

5.4.3. Ethnicity

Looked after children

Children of Black ethnicity are over-represented among Hackney's looked after children (LAC) – accounting for nearly half (45%) of looked after children, but comprising less than one third (29%) of the local 0-19 population. Conversely, children of White ethnicity are under-represented among Hackney's looked after children – accounting for less than one third (28%) of the LAC caseload, but comprising 41% of the local 0-19 population (Table 2).

Table 2: Ethnicity breakdown of looked after children in Hackney (31 March 2015)

	Proportion of LAC	Proportion of all Hackney residents (0-19)
Black or Black British	45%	29%
White	28%	41%
Mixed	19%	10%
Asian or Asian British	6%	12%
Other ethnic group	2%	7%

Source: LAC: Children's Social Care Bi-Annual Report to Members, July 2015
All residents: Census 2011 [31]

Female genital mutilation (FGM)

In line with the areas of high prevalence of FGM internationally shown in Figure 1, the UK communities that are most at risk of FGM include Kenyan, Somali, Sudanese, Sierra Leonean, Egyptian, Nigerian and Eritrean. Hackney is the sixth

most diverse borough in London and, as such, contains relatively high numbers of people from some of these communities. [46]

Parents with substance misuse issues

We do not have specific data, locally or nationally, on parents with substance misuse issues by ethnicity. However, please see Section 7.4 of the 'Mental health and substance misuse' chapter of the JSNA for information about substance misuse by ethnicity in the wider population.

Young carers

Nationally, young carers are 1.5 more likely than their peers to be from Black, Asian and Minority Ethnic (BAME) communities, and are twice as likely not to speak English as their first language. [47]

Children with special educational needs (SEN)

Nationally, Asian children are less likely than White children to be recorded as having SEN, and Black children are slightly more likely. [40]

Youth justice

Nationally, Black children aged 10-17 are four times as likely as White children of the same age to become first-time entrants to the youth justice system. Asian children are 1.5 times as likely as White children. [41]

Child deaths

Locally, the number of child deaths is too small to see patterns by ethnicity. Nationally, Black and Asian children are around twice as likely as White children to die before the age of 18. [45]

Deprivation

Looked after children

Some of the underlying reasons for entering care, such as substance misuse and chaotic lifestyles, are linked to deprivation. [48] Nationally, there is a moderate association¹² between child poverty and rates of children going into care. [32]

Domestic violence

Domestic violence can and does occur in all socio-economic groups, and the evidence on links between domestic violence and deprivation is mixed. However, there is some evidence suggesting that low income and high unemployment is linked to higher rates and severity of domestic violence. Similarly, factors associated with

¹² Analysis carried out on national data aggregated by local authority. Number of local authorities (N) 152, proportion of variance explained by child poverty (R²) 0.269.

deprivation (substance dependency, financial stress) are also linked to higher rates and severity of domestic violence. [49]

Parents with substance misuse issues

We do not have specific data, locally or nationally, on parents with substance misuse issues by deprivation. However, please see Section 7.4 of the 'Mental health and substance misuse' chapter of the JSNA for information about socio-economic variation in substance misuse in the wider population Hackney and the City.

Young carers

Nationally, over the time period 2004 – 2010, the median income for families including a younger carer was £5,000 less than that for families without a young carer. [10]

Youth justice

Evidence on the links between deprivation and youth crime is mixed. [50] There is a moderate association¹³ between levels of deprivation and rates of first-time entrance into the youth justice system at the local authority level. [41]

Child deaths

Infant mortality is strongly linked to socio-economic status, with rates for those born to parents in routine and manual occupations over twice as high as those born to parents in higher managerial, administrative and professional occupations. [51]

Location within Hackney and the City

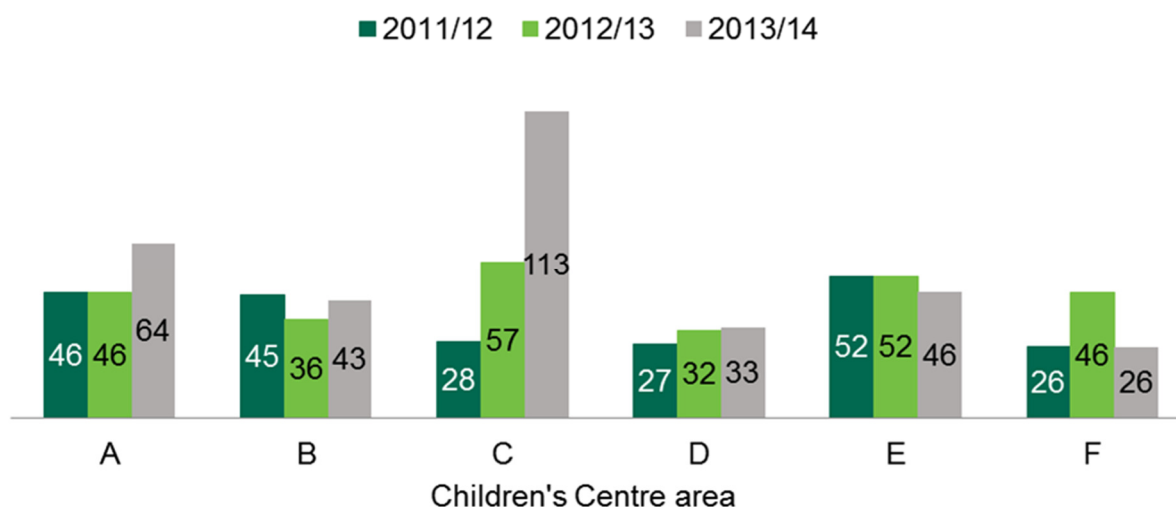
Children with special educational needs

Services for pre-school children in Hackney are commonly described according to the Children's Centre area they are based in – there are six such areas locally.¹⁴ Over a recent two-year period, Children's Centre areas A-D have seen an increase in the number of pre-school children accessing disability or special needs services, but areas E and F have seen a reduction. Area C has witnessed the largest increase, with a four-fold rise in the number of children accessing these services over this period (Figure 2). This is not accounted for by an increase in the relative size of the under-five population in this area over this time period.

¹³ Analysis carried out on national data aggregated by local authority. Number of local authorities (N) 150, proportion of variance explained by deprivation (R^2) 0.310.

¹⁴ For a map of Children's Centre areas, please see Section 2.1.

Figure 2: Number of 0-4 year old children accessing disability/special needs services (2011/12-2013/14)



Source: Hackney Learning Trust

5.5 Comparison with other areas and over time

Child Protection Plans, children in need and looked after children

Child Protection Plans and children in need

The most recent data on Child Protection Plans for Hackney's statistical peers is from 2014 and shows an average rate of 40.9 per 10,000 residents aged 0-17, which was broadly similar to Hackney's rate of 37.9 per 10,000 that year. [32]

The number, and rate, of Child Protection Plans in Hackney has seen a marginal decrease over the past three years (Table 3).

Table 3: Child Protection Plans in Hackney as at 31 March

	2013	2014	2015
Number of Child Protection Plans	225	221	214
Rate of Child Protection Plans per 10,000	39.3	37.9	36.8

Source: Children's Social Care Bi-Annual Report to Members, London Borough of Hackney, July 2015

Between 2013 and 2015, the proportion of children remaining on a Child Protection Plan for either a very short (under three months) or long (over two years) period of time has increased, with fewer children remaining on a plan for an intermediate period of time (Table 4). It has been proposed that the increase in the percentage of children subject to a plan for a short amount of time may be due to an increase in the number of children becoming subject to a plan in the three months prior to the collection of these data (i.e. between January and March 2015). Statistical peer and national data are not yet available for 2015 to compare whether this effect has been observed elsewhere.

Table 4: Duration of Child Protection Plans, as at 31 March

	2013	2014	2015
Under 3 months	19%	27%	34%
3-6 months	35%	15%	19%
6-12 months	31%	25%	25%
1-2 years	12%	31%	13%
Over 2 years	3%	2%	8%

Source: Children's Social Care Bi-Annual Report to Members, London Borough of Hackney, July 2015

The proportion of Child Protection Plans that were placed on children who had been subject to one previously decreased from 17% to 11.4% between 2012/13 and 2014/15.

Due to its very small child population (see Section 1.2), the number of children requiring a statutory social care intervention in the City of London is low compared to other local authorities.

Looked after children (LAC)

In 2014, the proportion of children being looked after in Hackney and the City (56 per 10,000) was similar to the London and national averages (54 and 60 per 10,000, respectively), but lower than the average of its statistical peers. [22] Given that the majority of these LAC are from Hackney, and the number of LAC in the City of London is small (11 in total over all of 2014/15), the following detail relates only to Hackney LAC.

Table 5 shows that both locally and nationally the *number* of LAC has increased over the last five years. However, the number is increasing faster locally than nationally, with a 22% increase in Hackney between 2011 and 2014, compared to a 5% increase nationally and a 9% average *decrease* among Hackney's statistical peers. This increase has predominantly occurred in those aged 10 and over, both locally and nationally. [52]

Table 5: Number of looked after children on 31 March¹⁵

	Hackney	Statistical neighbour average	National
2011	270	447	65,510
2012	315	438	67,070
2013	320	425	68,060
2014	330	405	68,800
2015	345	-	69,540

Source: Children's Social Care Bi-Annual Report to Members, London Borough of Hackney, July 2015

The emotional wellbeing of LAC is calculated through the 'average difficulties score' – where a score of under 14 is considered normal and a higher score indicates greater difficulties. The score for children who are aged 5-16 years and have been looked after for at least 12 months (as of 31 March 2014) was 13.9 in Hackney – matching the national average. [22]

¹⁵ 2015 data are not yet available for statistical peers.

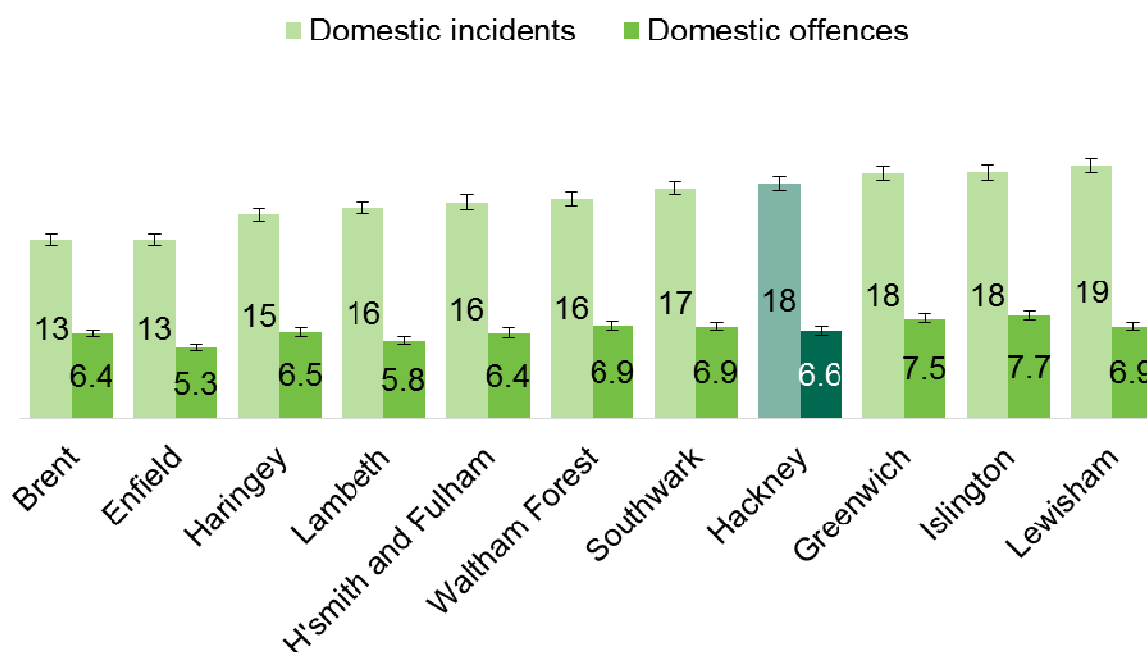
Data outlined in the ‘Children’s Social Care Sufficiency Strategy’ demonstrate that the proportion of LAC with a disability in Hackney (3.5% in 2015) has remained stable for the past four years.

Specific causes of vulnerability

Domestic violence

A freedom of information (FOI) request to the Metropolitan Police Service on the rate of domestic violence incidents¹⁶ and domestic violence offences¹⁷ in London revealed that, in 2012, the rates in Hackney were similar to its statistical peers (Figure 3). Comparable data are not available for the City of London as it is policed by the City of London Police, a separate organisation, not the Metropolitan Police Service, which serves Greater London.

Figure 3: Domestic violence incidents and offences (2012) per 1,000 resident population (mid-2014 Office for National Statistics estimates)



Source: A count of domestic violence incidents and offences, broken down by borough, for the calendar year 2012.¹⁸

Female genital mutilation (FGM)

London has the highest prevalence of FGM in the UK, at 21 per 1,000 population. [53] The rate of newly recorded FGM per 100,000 females in Hackney and the City is approximately twice the national average, but half the London average (Table 6). [54]

¹⁶ Domestic violence incidents are records where there is an allegation of domestic violence, regardless of whether the allegation was confirmed or not.

¹⁷ Domestic violence offences are cases where a confirmed crime has been added to the Metropolitan Police Service Crime Report Information System record.

¹⁸ https://www.whatdotheyknow.com/request/domestic_violence_statistics_by

Table 6: FGM experimental statistics (July-September 2015)

	City and Hackney	London	England
Newly recorded FGM (cases)	13	758	1,385
Newly recorded FGM (rate per 100,000 females)	9.8	17.6	5.0
Pregnant at attendance (cases)	9	374	687
Pregnant at attendance (rate per 100,000 females aged 15-44)	12.4	18.6	6.5

Source: 'Female Genital Mutilation (FGM): July to September 2015, experimental statistics', HSCIC, 2015

Parents with substance misuse issues

Hackney has a higher estimated prevalence of opiate and/or crack cocaine use across all adults than nationally, but the rate of parents receiving drug treatment is the same in Hackney as nationally (Table 7). This finding may be due to a relatively lower prevalence of substance misuse in parents locally, or it could reflect unmet need in terms of accessing services.

For alcohol use, Hackney also has a higher estimated prevalence of higher risk drinking across all adults than nationally, but the rate of parents receiving alcohol treatment is lower in Hackney than the national average. Again, this may be due to lower prevalence of high-risk drinking among local parents and/or unmet need.

Table 7: Rate of parents in substance misuse treatment

	Hackney	England
Prevalence of opiate and/or crack cocaine use per 1,000 (all adults), 2011/12	14.4	8.4
Parents in drug treatment per 1,000 children aged 0-15, 2011/12	1.11	1.10
Prevalence of higher risk drinking per 1,000 (all adults), 2009*	78.2	67.5
Parents in alcohol treatment per 1,000 children aged 0-15, 2011/12	1.06	1.47

Source: Public Health England Public Health Profiles Tool; *Local Alcohol Profiles for England

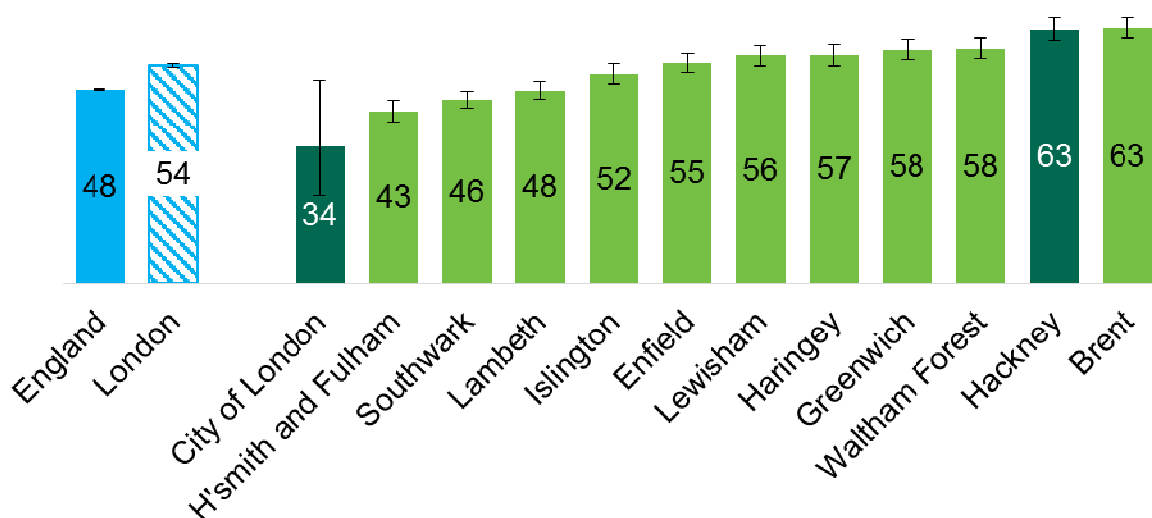
Young carers

According to the 2011 Census, 1.2% of 0-15 year olds in Hackney provide any unpaid care and 1.45% in the City of London. This compares to a national average of 1.1% and a range of 0.9% to 1.3% among Hackney's statistical peers.

Again according to Census data, the number of known young carers rose between 2001 and 2011 in England, from 139,000 to 166,000. However, as already noted, this is likely to be an underestimate of the true number of young carers. [10]

The proportion of 16-24 year olds known to provide any unpaid care is higher, at 6.3% in Hackney and 3.4% in the City of London. On this measure, Hackney is amongst the highest of its 10 statistical peers (Figure 4).

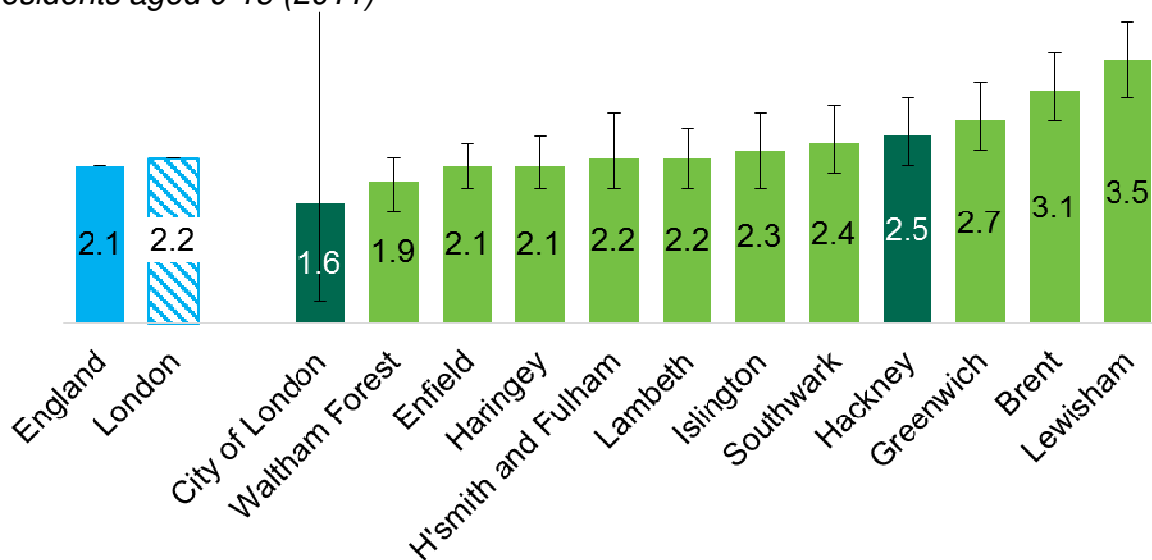
Figure 4: 16-24 year olds providing any unpaid care per 1,000 residents aged 16-24 (2011)



Source: 2011 Census, Office for National Statistics

Hackney has a similar proportion of 0-15 year olds providing 20 hours of care or more a week, compared to the London and national averages and most of its statistical peers (Figure 5).

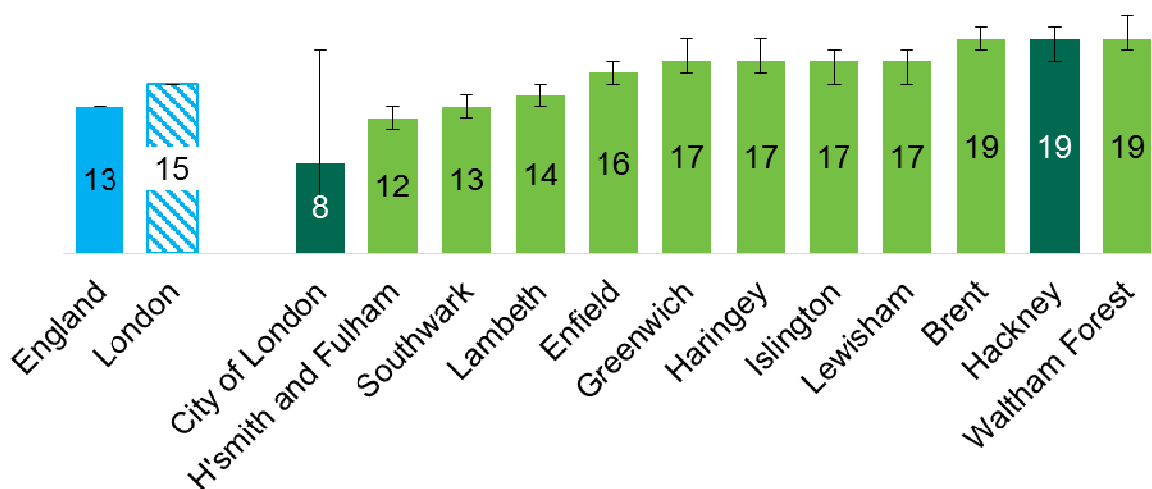
Figure 5: 0-15 year olds providing 20+ hours of unpaid care per week per 1,000 residents aged 0-15 (2011)



Source: Public Health England Public Health Profiles Tool

Hackney has a higher proportion of 16-24 year olds providing 20 hours of care or more a week than most of its statistical peers. Hackney also has a significantly higher proportion providing 20 hours of care or more per week than the London and England averages.

Figure 6: 16-24 year olds providing 20+ hours of unpaid care per week per 1,000 resident aged 16-24 (2011)



Source: Public Health England Public Health Profiles Tool

On average, the number of years for which 15 year olds have been providing informal care is significantly lower in Hackney and the City than nationally, for both males and females, but still stands at nearly eight and six years respectively. (Figure 7).

Figure 7: Unpaid care duration (number of years) for 15 year old carer (2011)



Source: 2011 Census, Office for National Statistics

Children with special educational needs

Pre-school

Hackney has a slightly higher rate of children aged four and under being recorded as having their day-to-day activities affected by a long-term condition or disability (2.3%) in comparison to London (2.1%) and England (2.1%), with this difference

predominantly due to an increased rate in girls. [31] Comparisons are not possible for the City of London due to very small numbers.

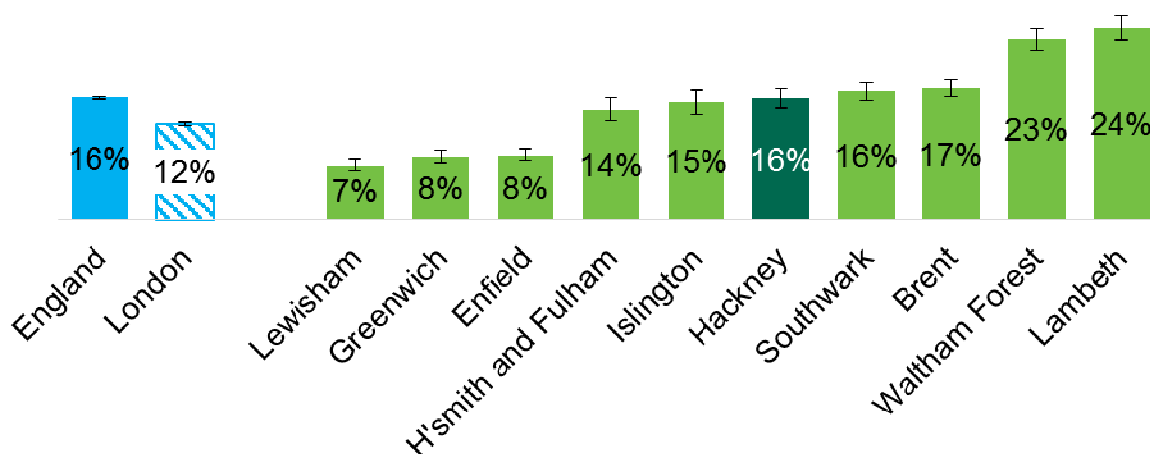
School age

Hackney and the City of London have comparable rates of children and young people aged five to 19 recorded as having a long-term health problem or disability – at 4.6% and 4.7%, respectively. These are both similar to the rates observed in London (4.4%) and England (4.7%). [31]

However, Hackney has a significantly greater proportion of pupils with moderate learning difficulties¹⁹ known to schools than the London average, but at 15.5% it is in line with the England average and sits in the middle of the borough’s 10 statistical peers (Figure 8). Local trends are following national trends in a downward direction (Figure 9).

As there is only one state-maintained primary school and no state-maintained secondary schools in the City of London, data are only presented for Hackney

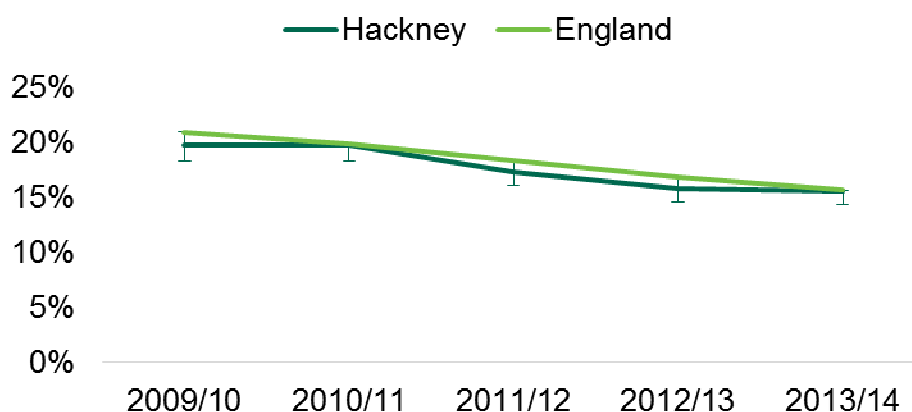
Figure 8: Proportion of pupils enrolled in state-funded primary, secondary or special schools known to have moderate learning difficulties (2013/14)



Source: Public Health England Public Health Profiles Tool

¹⁹ These are pupils at School Action Plus or SEN statement levels of support. School Action Plus is where a student has special educational needs that cannot be met using standard support and interventions within the school; in these cases, the school will seek external advice and potentially also external services, and will plan more detailed interventions.

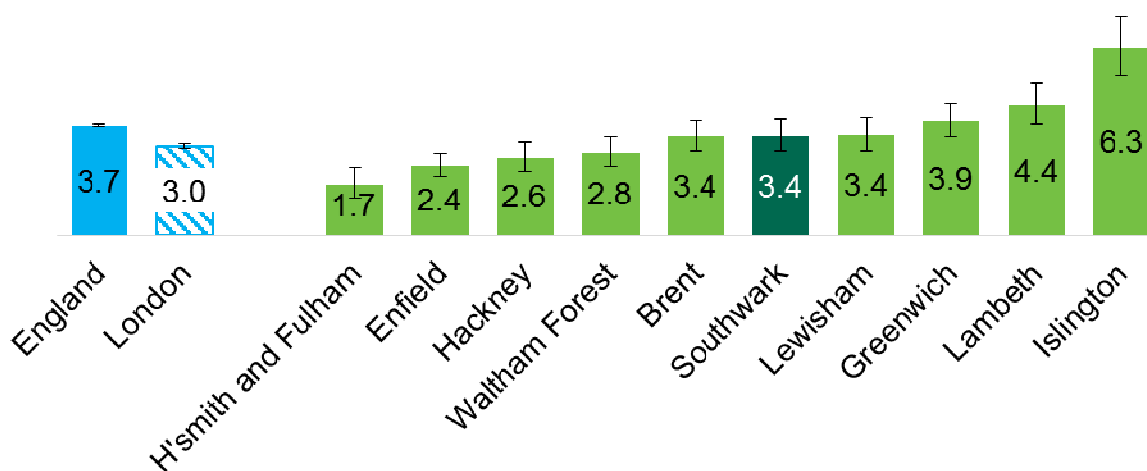
Figure 9: Proportion of pupils enrolled in state-funded primary, secondary or special schools known to have moderate learning difficulties (2009/10-2013/14)



Source: Public Health England Public Health Profiles Tool

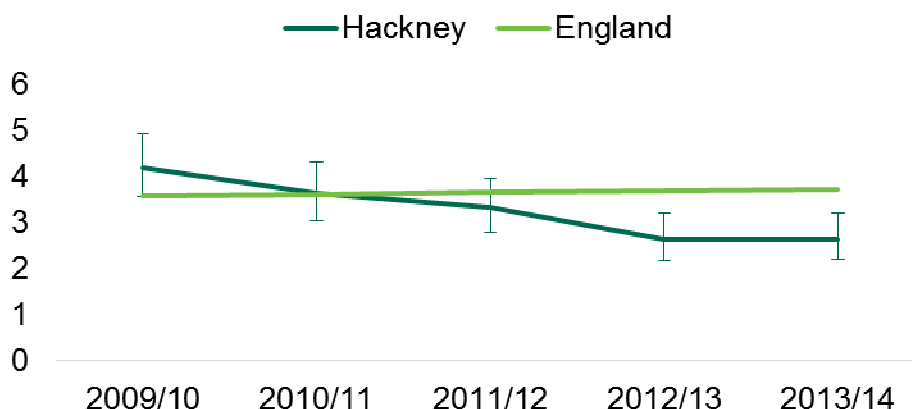
Hackney has a relatively low rate of known severe learning difficulty in its pupils, compared with England, London and most of its statistical peers (Figure 10). Like moderate learning difficulties, the proportion with severe learning difficulties is falling in Hackney, while the national average is remaining static (Figure 11).

Figure 10: Pupils enrolled in state-funded primary, secondary or special schools known to have severe learning difficulties per 1,000 pupils (2013/14)



Source: Public Health England Public Health Profiles Tool

Figure 11: Pupils enrolled in state-funded primary, secondary or special schools known to have severe learning difficulties per 1,000 pupils (2009/10-2013/14)



Source: Public Health England Public Health Profiles Tools

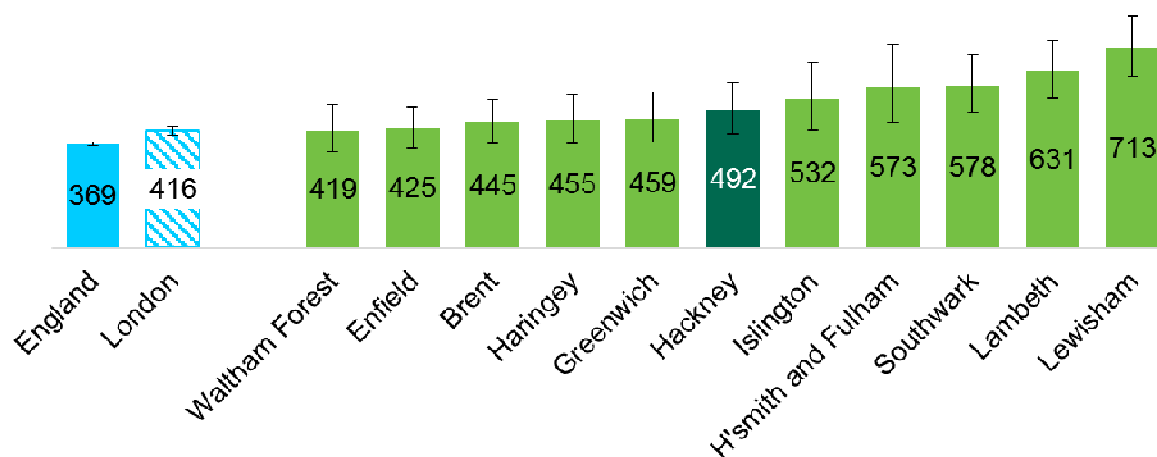
Outcomes linked to vulnerability

Youth justice

The proportion of 10-17 year olds receiving their first warning, caution or conviction in Hackney is very similar to the London and England average, and lower than many of its statistical peers (Figure 12). Mirroring national and regional trends, this proportion fell by more than half between 2010 and 2014 (Figure 13).

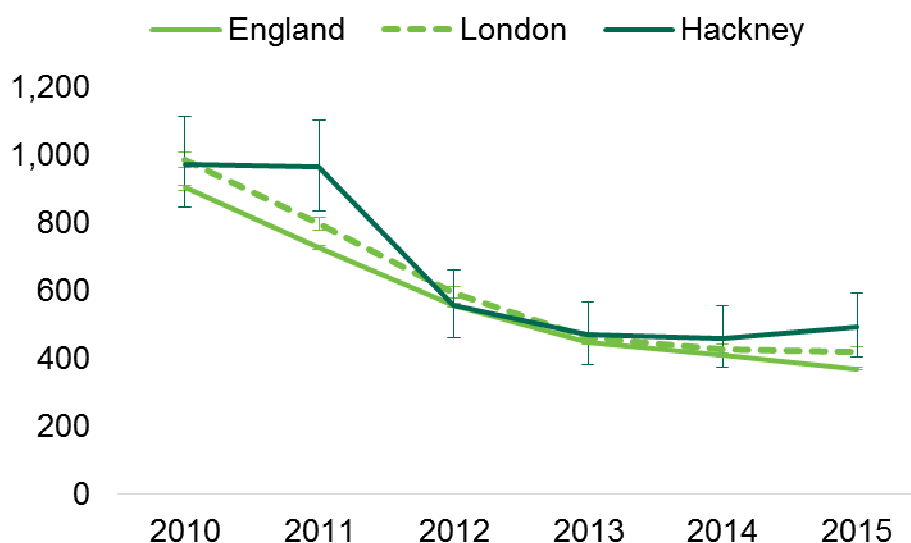
Comparable data are not published for the City of London due to the small numbers involved.

Figure 12: 10-17 year olds receiving first warning, caution or conviction per 100,000 10-17 year olds (2014)



Source: Public Health England Public Health Profiles Tool

Figure 13: 10-17 year olds receiving first warning, caution or conviction per 100,000 10-17 year olds (2010-2014)

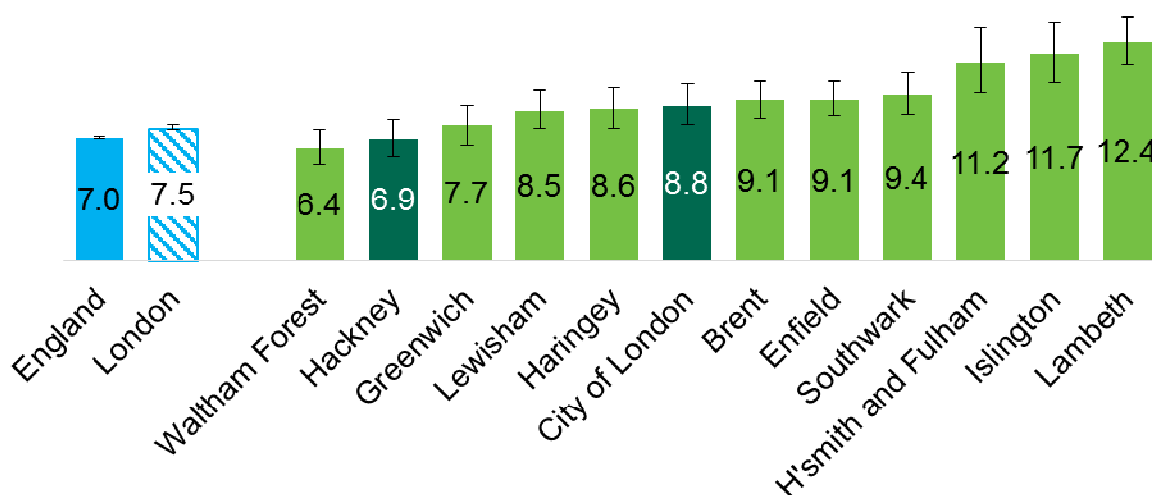


Source: Public Health England Public Health Profiles Tool

Similarly, significant reductions are observed in the proportion of 10-18 year olds being supervised by a youth offending team in Hackney, with Hackney now at similar levels to London and England (Figure 15) and lower than most of its statistical peers (Figure 14).

Not only has the falling number of first-time entrants to the youth justice system contributed to a reduction in the numbers supervised by the youth offending team, the number of young people who *reoffend* has also substantially reduced, from 157 to 54 between 2012/13 and 2014/15. [55]

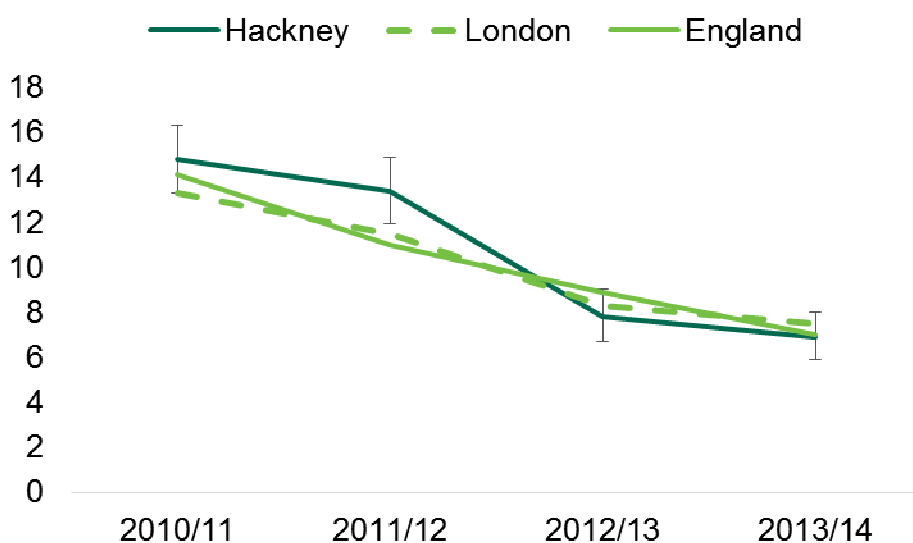
Figure 14: 10-18 year olds supervised by youth offending team per 1,000 10-18 year olds (2013/14)



Source: Public Health England Public Health Profiles Tool

Note: Due to area boundaries, some City of London data include young people from Tower Hamlets.

Figure 15: 10-18 year olds supervised by youth offending team per 1,000 10-18 year olds (2010/11-2013/14)

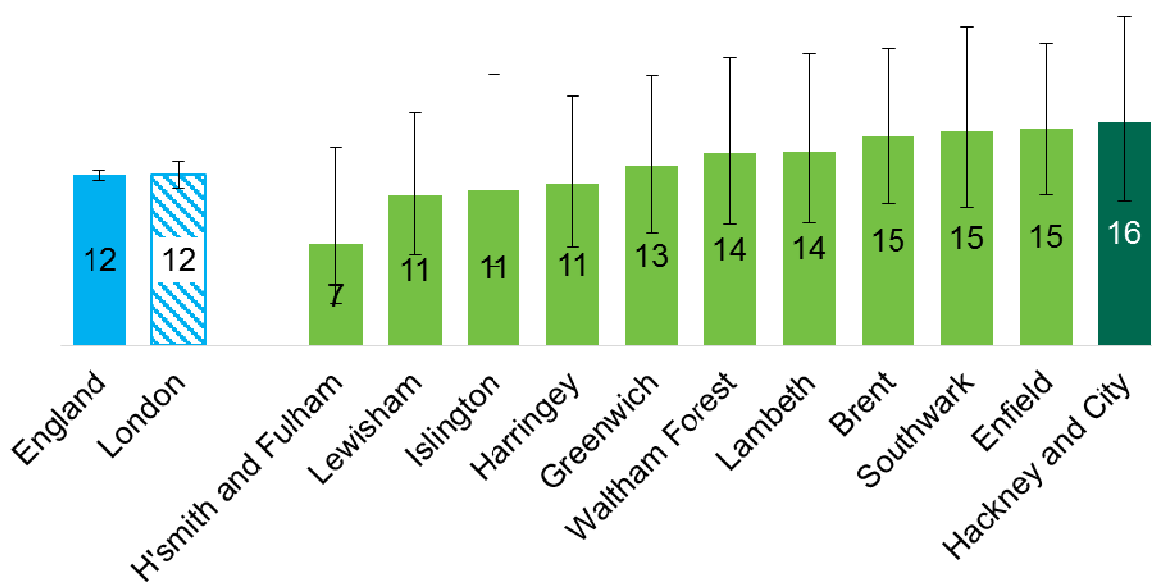


Source: Public Health England Public Health Profiles Tool

Child deaths

In 2012-14, the child mortality rate (CMR) in Hackney and the City combined was not statistically significantly different from England, London or Hackney’s statistical peers (Figure 16).

Figure 16: Child mortality rate per 100,000, three-year averages (pooled data 2012-14)



Source: Public Health England Public Health Profiles Tool

At 5.5 per 1,000 live births in 2011-13, the infant mortality rate in Hackney is significantly higher than the national and London averages (4.0 and 3.8 per 1,000 respectively). While the rate has been fairly stable in Hackney since 2003-05

(varying between 4.5 and 5.5 per 1,000), rates have fallen across England and London over this period. [22]

For more information about infant mortality, please see Section 2.

5.6 Evidence for what works

There is a wealth of guidance available around specific vulnerabilities, including the following.

- ‘Promoting the health and wellbeing of looked-after children’ (Department for Education, Department of Health) [56]
- ‘Domestic violence and abuse: multi-agency working’ (PH50, NICE) [57]
- Substance misuse: ‘The capacity to be an effective and caring parent’ (National Treatment Agency for Substance Misuse) [58]
- ‘Safeguarding children and young people from sexual exploitation’ (Department for Education) [59]
- ‘Multi-agency statutory guidance on female genital mutilation’ (Home Office, Department for Education, Department of Health) [60]
- ‘Supporting the health and wellbeing of young carers’ (Department of Health, Carers Trust, The Children’s Society, Department for Education) [61]
- ‘SEND code of practice: 0 to 25 years’ (Department for Education, Department of Health) [62]
- Youth justice: ‘Healthy children, safer communities’ (cross-government document) [63]

The guidelines emphasise multi-agency working, centred on the individual needs of the child. Common themes include:

- **prevention** – raising individual and community awareness of harmful behaviours and practices
- **identification** – training all those who work with children and young people to recognise risk signs specific to each vulnerability, with clear and effective pathways to reporting suspected cases
- **care, treatment and support** – individual, personalised care that takes into account the child or young person’s stated needs and priorities, and ensures that their care is coordinated as seamlessly as possible.

The remainder of this sub-section summarises key evidence and good practice in child protection in general.

5.6.1. Prevention

The Family Nurse Partnership (FNP) programme offers targeted ongoing intensive support to first-time teenage mothers and their babies (and fathers/other family members if the mothers want them to take part). Frequent home visits are delivered by trained nurses to build a trusting and supportive relationship in which themes such as attachment, relationships and psychological preparation for parenthood can be explored. The programme was developed by the University of Colorado and has been evaluated worldwide over a 30-year period. However, the programme was only adopted in England in 2007 and UK-specific evidence has only started to emerge

recently. Benefits in relation to children's vulnerability have been demonstrated in the US and include:

- 61% fewer arrests and 72% fewer convictions of mothers by the time their child is 16 years of age
- more stable relationships with partners and the child's father
- a reduced frequency of domestic abuse (with the mother as victim or perpetrator). [64]

All first-time mothers aged 19 and under at conception who live in the local catchment area are eligible for this support. The aim is for mothers to be enrolled as early as possible, and no later than the 28th week of their pregnancy.

5.6.2. Identification and early intervention

The Healthy Child Programme states that the safety of a child ultimately depends on staff having the time, knowledge and skill to understand the child or young person and their family circumstances, and this responsibility lies with everyone working with children and young people. [65] The 2009 Laming Report, commissioned following the case of 'Baby P', emphasised the importance of translating policy, legislation and guidance into day-to-day practice and the importance of social workers having the necessary specialist knowledge and skills to identify high-risk situations. [66]

'Working Together to Safeguard Children' outlines how local agencies should work together to effectively identify children and families who would benefit from early help. [67] This guide states that:

'Whilst local authorities play a lead role, safeguarding children and protecting them from harm is everyone's responsibility. Everyone who comes into contact with children and families has a role to play.'

This guide also emphasises that safeguarding children should not be something that only occurs in the most extreme cases, but that it should be more far-reaching and include *'taking action to enable all children to have the best outcomes'*.

It is also important to raise the awareness of the causes of vulnerability and ensure that all those working with children understand what action to take should they be concerned. For example, the 2012 Hackney Children and Young People Scrutiny Commission report highlighted the need to raise awareness of young carers: [29]

'Schools need to work to raise awareness amongst pupils [...] to promote better understanding amongst their peers, as well as helping young carers to self-identify themselves and realise there is support available for them and they are not alone in their situation.'

5.6.3. Treatment, care and support

The 2011 Munro review of child protection made a number of recommendations for shifting the focus of the child protection system away from bureaucracy and towards the valuing of professional expertise, with the safety and welfare of children and young people at its heart. [68] Within this report, it was recommended that local

authorities and their partners should use a combination of nationally collected and locally published information to help benchmark performance, facilitate improvement and promote accountability. However, the report notes that this information should not be treated as an unambiguous measure of good or bad performance for the local authority, but that these data should be considered in the context of the local situation.

The single inspection framework (SIF) was introduced by Ofsted for the inspection of services for children in need of help and protection, looked after children (LAC) and care leavers. As of July 2015, fewer than 25% of local authorities inspected under the SIF have been judged as 'good'.

5.7 Services and support available locally

5.7.1. Prevention

Family nurse partnership

The FNP programme in Hackney delivers support for teenage mothers during pregnancy (if the mother is referred before their 28th week of pregnancy) and until the child is two years of age. Behaviour change methods are used to assist families to adopt healthier lifestyles for both themselves and their babies, provide good care for their children, and plan their futures. In 2014/15, the FNP programme in Hackney received 75 referrals and, of these, 41 clients were enrolled (42 in total when including transfers). For those women who decline the offer of joining the FNP programme, or who are beyond 28 weeks of pregnancy when identified, Public Health midwives can provide support.

For more information on the local FNP programme, please see Section 2.7.

Specific causes of vulnerability

Female genital mutilation (FGM)

A three year strategy for tackling FGM in Hackney and the City of London was published in 2016. [28] This multi-agency strategy promotes the welfare of girls and women by reducing the risk of FGM through local education and leadership and prevention initiatives, and brings partner organisations together to provide protection and support for those who have undergone FGM. This includes guidance for health professionals on reporting FGM.

Female genital mutilation (FGM) and domestic violence

The Big Lottery has awarded £750,000 for the Hackney Women's Haven project, which will run for four years.

The project aims to fill the gaps in services for African heritage women and girls affected by domestic violence or FGM. Key features of the project include:

- a single point of contact for services users
- raising public awareness

- enabling services users to have a voice
- achieving a wider reach within and across communities and sectors to generate visibility about African heritage women and girls experiences of violence.

5.7.2. Identification and early intervention

Children's Social Care

The Social Work in Schools Project provides interventions to families at the earliest signs of difficulty, to prevent children from becoming subject to child protection plans. The project was launched in eight of Hackney's schools in November 2014 and had worked with 93 children by 31 March 2015, with only six children requiring transfer to a social work unit due to a deterioration of their circumstances.

The First Access & Screening Team (FAST) in Hackney acts as a single point of contact for referrals to children's social care. FAST provides responsive screening activities including a 'go look' visit when necessary to better understand a child's situation. FAST works as a part of a Multi-Agency Safeguarding Hub (MASH) alongside the police, probation and health services. FAST also signposts access to the Children's Centre Multi-Agency Team (MAT) meetings and the Children and Young People's Partnership Panel.

All contacts with FAST are immediately progressed as a referral to children's social care if the threshold for a statutory assessment is met. [24] Table 8 shows that the proportion of contacts that led to an assessment rose from 25% to 36% between 2013/14 and 2014/15, at the same time that the number of initial contacts decreased.

The percentage of FAST re-referrals within 12 months was 16% in 2013/14, which was significantly lower than the England rate of 23%. This has now fallen to 14% in Hackney in 2014/15 (national data for comparison are not yet available), which may indicate improvements in the assessment process.

Table 8: Hackney Children's Social Care contacts and assessments, 2012/13-2014/15

	2012/13	2013/14	2014/15
Contacts	12,688	10,942	9,875
Assessments	2,658	2,769	3,534
Percentage of contacts assessed	21%	25%	36%
Percentage of re-referrals within 12 months	13%	16%	14%

Source: Children's Social Care Bi-Annual Report to Members, London Borough of Hackney, July 2015

The Out of Hours Social Work Service, or Emergency Duty Team, receives on average 500-700 calls per month. The service provides advice and also initiates child protection investigations and/or protective services, including admission into care, as needed.

The Family Network Meetings (FNM) Service aim to mobilise existing support networks to enable children to remain living within their family, through a flexible and

swift response that maximises family engagement and reduces homelessness. For the year ending March 2015, there were 157 referrals to FNM, with 61 children remaining in their family home, 30 children remaining in placements, 18 cases remaining open and the rest of the cases pending.

As per national guidance, children entering care are offered an initial health assessment (IHA). [69]

In the City of London, the Early Help Service works with children, young people and families where there are indicators of emerging difficulties or additional needs. Support services are tailored to individual circumstances and needs, but common services include:

- advice and advocacy
- signposting to universal or specialist services
- one-to-one practical and emotional support for children, young people or parents
- play therapies and direct work with children
- parenting support
- short breaks for children with additional needs and for young carers.

The City of London Corporation is also in the process of negotiating a FAST arrangement. Currently, contacts, referrals and assessments instead come through to the Children's Social Care duty desk.

Hackney and the City commission a Safeguarding School Nursing Service (delivered by Whittington Health), to work closely with the Universal School Nursing Service, providing a full identification and health care offer to our 5-19 year olds with specific safeguarding vulnerabilities. Working closely with special educational needs coordinators, this service is integrated with Children's Social Care and also works closely with the local LAC health service. The service is currently recruiting to a specialist school nurse post in Hackney's FAST (see above), complementing the FAST health visitor post.

The LAC health team delivers an enhanced offer (initial and review health assessments, signposting and referrals, support for access to specialist services around sexual health, mental health and physical health, as well as access to an occupational therapist) to City and Hackney's LAC placed both in and out of borough.

Specific causes of vulnerability

Domestic violence

In order to improve the identification of domestic violence, all Hackney and the City GPs participate in the Identification and Referral to Improve Safety (IRIS) programme. IRIS provides training to primary care staff and an online tool, which is integrated into GP patient information systems, providing a route for referral to specialist services. In 2015/16, there were 190 referrals²⁰ by local GPs relating to a

²⁰ These data are recorded as one referral per child, and therefore a woman with two children would be classed as two referrals

total of 95 women. This was an increase on previous years, with 103 referrals having been made in 2013/14. Referrals that are deemed to be high risk are referred to the MARAC. For more information on the MARAC, please see Section 5.7.3.

Child sexual exploitation

Analysis of local data shows that child sexual exploitation (CSE) in Hackney consists both of adult exploitation of young people, and of peer abuse (largely of young women by young men of their age or slightly older). Multi-agency support in Hackney is therefore provided to young people and their families not only when a young person is at risk of CSE, but also when a young person demonstrates harmful sexual behaviour. Interventions are tailored to the individual and their family, and can include:

- preventative individual and group work delivered in schools and youth settings through PSHE in schools and as part of youth programmes in targeted settings
- commissioning of specialist services to work directly with young people affected by CSE, harmful sexual behaviour and gang affiliation
- behavioural and clinical assessments of harmful sexual behaviour as part of holistic health and wellbeing assessments delivered by the City and Hackney Children and Young People's Health and Wellbeing Service, and by clinicians in Children's Social Care
- Multi-Family Group Therapy for young people at risk of CSE and their families
- use of the Good Lives Model, a strengths-based approach which addresses need and risk in all area of a young person's life.

Female genital mutilation (FGM)

The Female Genital Mutilation Act (2003), as amended by the Serious Crime Act 2015, now includes a mandatory reporting duty that came into force on 31 October 2015. As in the rest of England and Wales, the Act requires health and social care professionals and teachers in Hackney and the City to report known cases of FGM in under 18s to the police. [7]

A local multi-agency protocol will be launched in early 2017. This will provide guidance for people who routinely work with women and girls on identification and reporting of FGM in Hackney and the City.

Young carers

As described in Section 5.3, the extent of informal caring by young people is likely to be significantly underestimated by official statistics. A 2012 report of the Hackney Children and Young People Scrutiny Commission highlighted the need to raise awareness of young carers among staff in all organisations, to help young carers to self-identify. [29] The Hackney Young Carers project, commissioned by the Hackney Children and Young People's Service, aims to identify children and young people aged 8-18 years who help to look after someone in their family, for instance through a young carers needs assessment, as well as raising awareness and providing direct support.

Children with special educational needs

In Hackney, both schools and parents who have concerns that a child may have special educational needs can request a pre-assessment by Hackney Learning Trust (HLT),²¹ which can then advise on available resources suitable for that child, or proceed to undertake a formal assessment. In order to make this decision, HLT seeks advice from the parents, the educational setting, an educational psychologist, a doctor and any other agencies that have worked with the child. If it is decided that the child requires more support than can be provided through currently available resources, a statutory assessment will be completed, during which a special educational needs assessment caseworker will supervise the collection of information and be available to provide advice throughout the assessment.

In the City, the school or early years setting's Special Educational Needs Co-ordinator will help to identify, assess and respond to the needs of children with special educational needs or a disability.

Youth justice

The Youth Justice Service and schools in Hackney are increasingly embedding a 'restorative justice' approach. Restorative justice involves bringing those harmed by crime or conflict and those responsible for the harm into communication, in order to enable everyone affected by a particular incident to play a part in repairing the harm and finding a positive way forward. It is hoped that this approach will enable earlier and more effective intervention to prevent future offending.

5.7.3. Treatment, care and support

Specific causes of vulnerability

Domestic violence

In Hackney, the MARAC provides a setting for information regarding high risk cases to be shared between different statutory and voluntary sector agencies to provide a co-ordinated response to meet the complex and wide-ranging needs of victims of domestic abuse. In 2015/16, there were 506 Hackney MARAC cases, which identified 464 children.

Once domestic violence has been identified, a specialist intervention programme (formerly Domestic Violence Intervention Project (DVIP), now Rise) works in conjunction with Hackney's Children and Young People's Services to help reduce the number of repeat incidents in affected families. [24] During 2014/15, DVIP received 61 referrals relating to adult perpetrators and completed 34 risk assessments.

²¹ Hackney Learning Trust was established as a private, not-for-profit company and awarded a 10 year contract in 2002 to improve education services for Hackney Council. Following this contract, Hackney Learning Trust has been taken into the Council as a department in the Children and Young People's service.

Play Therapy is another service in Hackney that aims to support children and young people who have been exposed to domestic violence, helping them to understand and deal with their feelings.

Hackney Council also funds two refuges for victims of domestic violence; one is a generic service and the other service is specifically for South Asian and South East Asian and Muslim women and their children. In total, up to 48 women can be provided with shelter and support at any one time. Refuge provision accounts for 40% of Hackney Council's £1.09m spend on domestic violence support services.

In 2015/16, 12 children were referred to the City of London MARAC. The City of London Police has a Vulnerable Victim Advocate who works on all MARAC cases in the City and involves other specialist providers as required.

Parents with substance misuse issues

There are two main services in Hackney that support families with parents who are substance misusers, as described below.

1. Hackney Recovery Service (led by Westminster Drug Project, or WDP) provides free treatment to all eligible Hackney residents aged 18 years and over, and includes a parenting programme and other support to improve relationships within affected families.
2. Young Hackney's Substance Misuse Service includes experienced treatment workers who can work with the children of parents who misuse substances.

WDP also provides drug and alcohol advice, assessment and treatment for clients (including support for parents) in the City of London.

Young carers

The Hackney Children and Young People's Service (see the beginning of Section 5.7) commissions the Hackney Young Carers Project which supports carers aged 8-18 years. The service provides:

- a young carers needs assessment
- personal support, advice and guidance
- individual and group support
- trips and activities during school holidays
- help to access specialist services and universal services (such as leisure and youth services).

The project works with around 150 young carers at any one time. In addition, school support groups reach around another 100 young carers in Hackney.

In the City of London, personalised and integrated support is offered to young carers by the City's Children and Families Team, tailored to their needs and aspirations.

Children with special educational needs

Hackney Portage provides an educational, personalised, home-visiting service for families who have a pre-school child with additional needs, working closely with

other specialties involved in the child's care. They aim to help families understand their child's development, offer practical ideas around optimal play for development, assist with entry to playgroup or nursery, provide support with benefits and help to promote inclusion at Children's Centres. There is also a weekly drop-in session for children and their families.

Hackney Ark is a centre for children and young people with disability and special educational needs. Since 2008, it has acted as a hub from which to provide a coordinated package of health, education and social care interventions, responding to the needs of the child and their family. Children referred to Hackney Ark are assessed at a single point of entry referral meeting, and their needs are then addressed through an holistic and co-ordinated package of care by the relevant professional teams who work together on an ongoing basis to provide appropriate support to the child and their family.

Other relevant local services include those run by Hackney Learning Trust (such as the Educational Psychologist Service, Early Support Team and the Sensory Impairment Team), Disabled Children's Social Care and local health services (for instance the Multi-Agency Referral Service and Speech and Language Therapy).

In addition to the universal school nursing service, a school nursing service focused on children on Health Care Plans (i.e. those with additional or complex health needs) is also in place in Hackney. This service offers a full care offer to these children and training and support for teachers and learning support assistants. There is also one FTE school nurse situated in each of our 3 Hackney Special Schools.

City of London Early Help Services bring professionals from health, social care and education together regularly to discuss early identification of education need and strategies to support families and children. This is known as the MARF (Multi-Agency Referral Forum). With such a small cohort of children, this allows partners to work seamlessly together and agree the right package of support for each case.

Youth justice

The Virtual School for looked after children and care leavers, and the Speech and Language Therapy Service in Hackney provide support to re-engage young offenders with education, training and employment.

Hackney is also part of the North East London Resettlement Consortium (comprising six boroughs – Hackney, Islington, Redbridge, Newham, Enfield and Waltham Forest), which aims to minimise/prevent poor outcomes for young people leaving custody. For instance, the consortium has funded train-the-trainer Aggression Replacement Training (ART) for five members of staff in each local authority so that this learning can be cascaded amongst local staff. It is planned that Hackney staff will deliver the ART programme to youth justice recipients in both secure estates and the community.

The City of London uses a Youth Justice Service that is provided by Tower Hamlets.

Family support services

In Hackney, 'family support services' is an umbrella term for a range of support (Figure 17).

Figure 17: Support available through family support services in Hackney



The Ferncliff Contact Centre in Hackney is a purpose-built environment for children to have supervised contact with their family members. In 2014/15 the centre provided 422 contact sessions each month to 220 children across 136 families.

The Parenting Assessment and Support Service (PASS) helps families who are receiving statutory social work interventions, and where parenting and other environmental factors have been assessed as compromising the welfare of children in the household. During 2014/15, PASS worked with 229 children and completed interventions with 160 children, of which 43% were subject to a Child Protection Plan at the start of the intervention, reducing to 28% at the end of the intervention.

The expanded Troubled Families Programme was launched nationally in April 2015 to reach children living through domestic violence or their own or parental health needs, in addition to those meeting the existing criteria (see below). Almost 4,000 families who meet two of the six inclusion criteria are expected to be supported in Hackney over the next five years. [24] The six inclusion criteria are now:

- parents and children involved in anti-social behaviour
- adults out of work or at risk of financial exclusion or young people at risk of worklessness
- children who are not attending school regularly
- children of all ages who are in need of help and protection, or who are subject to a Child Protection Plan
- families affected by domestic violence and abuse
- parents and children with a range of health problems.

Hackney Children's Social Care clinical service provides an outreach specialist Child and Adolescent Mental Health Services (CAMHS) to support looked after children, care leavers, children in need and children under a Child Protection Plan. Approximately one third (916) of the children and young people with open cases in Children's Social Care received this specialist CAMHS support in 2014/15.

Families of young children under five in the City of London have access to both universal and targeted family support provision. Cass Child and Family Centre provides access to family support 48 weeks of the year on a drop-in basis, via a full time family support worker. All families with a new baby in the City are also offered a home visit from the family support worker where they are given information about relevant services and support available.

Additionally, there are universal access and targeted group-based family support services offered across the City at a range of locations. These support positive parenting for those with care responsibilities for under-fives. In conjunction with the Adult and Community Learning Team, the Cass Child and Family Centre (the City of London's single Children's Centre) provides evidence-based parenting programmes on a needs-led basis. Furthermore, there are contracted links with the Golden Lane Children's Centre in Islington to facilitate a family support group, which City families can also access. Proactive universal outreach is also provided by the City's family information service (FYi).

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