



Child Protection, Domestic Violence and Parental Substance Misuse:

Family Experiences and Effective Practice

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Executive Summary

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Introduction

There is a considerable body of research which shows children who grow up in families where there is domestic violence and/or parental alcohol or drug misuse are at increased risk of significant harm (Cleaver et al 1999; Harbin and Murphy 2000; Velleman and Orford 2001; Cawson 2002; Kroll and Taylor 2003; Humphreys and Stanley, 2006). Unborn children may be vulnerable to direct harm through for example, the impact of maternal alcohol or drug misuse or physical assaults directed at the pregnant woman's abdomen. Children's vulnerability also stems from the impact of domestic violence or substance misuse on parenting capacity. Domestic violence and parental drug or alcohol misuse can result in parents having difficulty in organising their lives and meeting their own and their children's physical needs; shopping, cooking and cleaning may be neglected. Parents may experience difficulty in controlling their emotions and severe mood swings can frighten children and leave them feeling uncertain, anxious and over vigilant. Domestic violence or parental substance misuse may also affect the parent-child relationship; roles are reversed as children assume the physical and emotional care of their parent and younger siblings.

All aspects of children's lives are vulnerable. Their health and development may be negatively affected as parents' capacity to meet basic needs is impaired. This is frequently exacerbated as domestic violence and parental substance misuse frequently impact on family functioning, housing, income, and social integration. Such a multiplicity of problems requires different agencies and organisations to collaborate in order to provide a co-ordinated approach to the provision of services.

Unfortunately, Government Inquiries into the serious injury or death of a child have frequently identified a failure of agencies to work together as a key factor; an issue forcibly raised in the 2003 *Victoria Climbié Inquiry Report*. In response the Government introduced the Children Act 2004 and a raft of accompanying guidance to support better multi-agency collaboration.

This study was commissioned under the Government's *Quality Protects* research programme, Objective 2 *Protection from significant harm* (Department of Health 1999). The focus of the research is children referred to children's social care where there are safeguarding concerns and evidence of domestic violence and/or parental substance misuse.

Aims and methods

The study was carried out during the period October 2002 to June 2005. It aimed to:

- explore how children's social care responds to families where problems require the intervention of both adult and children's services;
- identify the factors that enable different agencies to successfully work together at the various stages of assessment, planning, service delivery and review;
- explore children's and parent's experiences of professional interventions – what factors do they find most supportive.

Six English local authorities participated in the study. The authorities were selected in partnership with the Social Services Inspectors in three of the former Social Services Inspectorate regions. Two criteria were used in making the selection – the type of authority, and the extent to which they had developed working practices between children's social care and services working with domestic violence and substance misuse. The selection resulted in two London Boroughs, two Metropolitan Boroughs and two Shire Counties taking part in the study. Two authorities had well developed working practices, two were in the middle range, and two had less developed working practices.

The study involved three parts. One part identified staff's awareness of the protocols, policies, and working practices in relation to cases that involve children where there is evidence of domestic violence, and/or parental substance misuse. Information was gathered through:

- scrutinising documentation such as ACPC¹ procedures and other relevant local policy documents, and training plans; and
- a postal questionnaire to gather information on practitioners' awareness of these documents.

A second part identified factors associated with different working practices through studying 357 social work case files. The following criteria were used to select cases for the sample:

- referred because of concerns about the child's safety;
- the case progressed to an initial assessment (or other form of assessment);
- the assessment (or referral) identified concerns of either domestic violence and/or parental substance misuse.

¹ From April 2006, Local Safeguarding Children Boards replaced ACPCs.

Cases were identified retrospectively from December 1st 2002. Identifying cases retrospectively ensured that the typology of working practices used to select the local authorities remained relevant and referrals and consequent intervention could be followed up for a period of at least 6 months. The sample included 357 cases, approximately half with evidence of domestic violence and half with evidence of parental substance misuse. In a fifth of cases domestic violence and parental substance misuse coexisted.

A third part explored the experiences of families through case studies. Interviewing parents and practitioners enables individual accounts of events to be balanced by the views of others. The original aim was to work with 42 families identified from the case file study (7 from each authority) and to interview the child's parent or carer, the young person when 10 years and over and when appropriate, and relevant professionals such as the child's social worker or health worker. A total of 120 potential cases (20 from each authority) were identified from the case file study.

Gaining access to families proved particularly difficult. Families were lost to the research at all stages in the accessing process. For example, discussions with the social workers revealed practically half the selected cases had been closed in the months following our case file survey. A further 20% were lost because the social worker felt an approach was not appropriate, either because the case was at a very sensitive stage or the family was violent. A further handful was lost because social workers could not locate the families, and a few families did not wish to participate. As a result 32 families agreed in principle to take part in the research. Unfortunately, agreement in principle did not always translate into practice. In 14 cases the research team failed to gain access to the family despite considerable efforts. This continual erosion of the sample group resulted in only 18 families agreeing to participate. The sample shrank once more at the point of interview when one mother reported that the concerns which had triggered the referral were not founded and no services had been provided.

Finally, the plan to include the experiences of young people had to be abandoned. The 17 families included only 3 young people aged 10 years and over; only one of whom it had been appropriate to interview.

Once the data had been collected it was subjected to both quantitative and qualitative methods of analysis. Qualitative methods were used to analyse information gathered from the documentary material and the findings from interviewing parents and practitioners. The questionnaires for managers and trainers included both closed and open questions; the replies to the closed questions were analysed using the computer statistical package SPSS, and answers to open questions provided illustrative material. The information gathered from the case file study was analysed using SPSS.

Findings from the research

Social work case files were examined to explore the response of children's social care when children were referred because concerns for their safety and welfare were linked with domestic violence and/or parental substance misuse.

Source of the referral

Children's social care became aware of the children and their families in a variety of ways. For example, children were referred by professionals such as health visitors or the police, or the child or parent themselves asked for help. In over a quarter of cases the referral had originated from more than one source, such as the health visitor *and* the police, or a nursery worker *and* the parent, both making a referral because of similar concerns.

Non-professionals, such as the child, parent or neighbours, were partly or wholly responsible for bringing a quarter of cases to the attention of children's social care, but in most instances children were referred by professionals. Although referrals emanated from a variety of agencies, the police were responsible for half of all cases included in the sample. Many police forces when called to attend an incident of domestic violence where a child is present, automatically notify children's social care. As a result local authorities felt they were in danger of being overwhelmed by the number of police notifications relating to domestic violence.

The response of children's social care (n=357)

The selection criteria meant that to be included in the study referrals to children's social care must have been acted on; it is of interest that practically half were re-referrals. As a result of the current referral three-quarters resulted in an initial assessment, a quarter in a core assessment, approximately a fifth in a strategy meeting, a fifth in s47 enquiries being undertaken, and a third in an initial child protection conference.

The case files, however, suggest that in carrying out their duties, children's social care did not always follow Government Guidance as laid out in *Framework for the Assessment of Children in Need and their Families* (2000) and *Working Together to Safeguard Children* (Department of Health et al, 1999). For example, all cases resulting in an initial child protection conference should have been preceded by s47 enquiries (the purpose of which is to decide whether the authority should take any action to

safeguard or promote the child's welfare) and a core assessment (which is the means by which a s47 enquiry is carried out).

The study showed that in some cases there was no evidence that a core assessment had been started at the point the s47 enquiries were initiated or indeed by the time an initial child protection conference was held. A scrutiny of the findings for individual authorities showed great variation ranging from one authority where all s47 enquiries were accompanied by a core assessment to another where a core assessment was found on only 16% of cases where s47 enquiries were made. At the time of the research the participating authorities were at different stages in their implementation of the Assessment Framework. The findings suggest Government Guidance is more likely to be adhered to once the Assessment Framework has become embedded into day to day practice.

- **High levels of co-morbidity**

The social work case files showed that domestic violence or parental substance misuse rarely exist in isolation. Many families experienced a combination of domestic violence, parental alcohol misuse, drug misuse, mental illness and learning disability. When domestic violence and parental drug or alcohol misuse coexisted the effect on all aspects of children's lives was more serious.

- **Children's development**

The social work case files provided valuable insights into the vulnerability of children living with domestic violence and/or parental substance misuse. For example, three-quarters of children had unmet needs in at least one area of their development, 85% were living with parents who were not able to undertake all key parenting tasks, and the wider family and environment were having a negative impact on most children (87.5%). Indeed, a fifth of cases were classified by the research team as *multiple-problem* (that is children had severe needs in relation to all three domains: developmental needs *and* parenting capacity *and* family and environmental factors)

- **The outcome of the initial assessment**

In three-quarters of cases the initial assessment led to some form of action being taken. In cases that resulted in no further action (n=62) the findings from the initial assessment did not always appear to justify the decision. For example, 38 of the 62 children (61.3%) were shown to have severe needs in relation either to the child's development, parenting capacity or family and environmental factors; two of which had severe needs in all three domains. This raises the question of whether children identified by children's social care as 'in need' are being left unsupported and unmonitored in families who are unable to adequately safeguard or promote their welfare.

- **Inter-agency collaboration**

The co-morbidity of the difficulties facing many families means that a number of different agencies will need to work together. The findings suggest that services for domestic violence and alcohol and drug misuse are not routinely involved at any stage in the child protection process. For example, there was little evidence that social workers consulted colleagues working in these specialist services to inform their decision making. When an initial child protection conference was held services for

domestic violence were represented in only 5% of cases and services for substance misuse in 18.2% of cases, despite the fact that domestic violence was an issue in 72.7% of cases and parental substance misuse in 60.3% of cases.

The involvement of substance misuse services increased somewhat at the planning stage, being involved in a quarter of plans following a core assessment. The involvement of services for domestic violence remained rare, evident in 8.1% of plans. Interviews with social workers suggest this lack of involvement may result from: involvement not being seen as relevant (violent partner having left); responsibility for addressing the violence seen to reside with a different organisation such as the police; a lack of resources within children's social care; or a lack of sufficient local services.

The agencies working with domestic violence and substance misuse were more involved in the provision of services, although collaboration remained low. Following an initial assessment, a fifth of cases where there was evidence of domestic violence were referred to a domestic violence service provider, and over a quarter of cases (27.8%) where there was evidence of parental substance misuse were referred to services for substance misuse.

Collaborative working – the views of managers

The extent to which agencies collaborate in cases which involve children living with domestic violence or parental substance misuse depends on managers and practitioners from different agencies possessing the knowledge and willingness to work with each other. Reports from the managers representing police, children's social care, health, education, domestic violence, substance misuse, housing, voluntary support, and probation showed this varied both between and within authorities.

Managers' reports indicate a high degree of inter-agency collaboration when working with families experiencing domestic violence or parental substance misuse. For example, in cases where children were living with domestic violence or parental substance misuse approximately three-quarters of managers reported that they would involve the appropriate adult service. This finding is at odds with the evidence from the social work case files which showed a low rate of inter-agency collaboration. The disparity between managers' reports and social work recording may result from practitioners experiencing difficulty in following agreed notions of good practice. For example, both managers and social work practitioners reported that inter-agency working was hampered by long waiting lists and high thresholds for adult services such as those for mental health problems, drug and alcohol misuse or domestic violence.

A further issue hampering inter-agency collaboration is the way different agencies and organisations are perceived. For example, the adult and children's services are perceived to have different, and at times, conflicting priorities which may result in an erosion of trust, difficulties in information sharing and confidentiality, and the application of different timescales.

Managers identified the following factors as those necessary to support good working relationships:

- Understanding and respecting the roles and responsibilities of other services;
- Good communication;

- Regular contact and meetings;
- Common priorities;
- Joint training;
- Knowing what services are available and who to contact;
- Clear guidelines and procedures for working together;
- Low staff turnover.

The converse was also true, with managers identifying additional issues which hampered good working relationships such as no clear systems to resolve issues of confidentiality, insufficient resources including time, workloads, costs and staffing, a lack of trust, and negative preconceptions of parents with problem alcohol or drug use.

Families' experiences of referral and assessment (n=17)

The stories of parents showed that most experienced a range of difficulties. In addition to domestic violence or substance misuse many parents in the sample were also experiencing poor mental or physical health, learning disability, poor housing, debt, and prostitution.

Parents realised that unless children were very young they could not shield them from the difficulties they were experiencing and concerns for their children led half the parents to seek the help of children's social care themselves or agree to an agency making a referral on their behalf. The remaining parents were either unaware that a referral had been made or had not given their consent.

Once in contact with children's social care a third of parents knew a social worker had carried out an assessment of their child's developmental needs and circumstances. When parents knew that an assessment had been undertaken the majority felt they had been involved in the process and that social workers had understood the difficulties facing their family. Nonetheless, practically half the parents were *either* unaware of the assessment *or* felt key issues, particularly the problems they were personally experiencing, had not been discussed.

Relationships between parents and social workers varied. In half the cases both parties rated their working relationship as good. Parents felt the quality of the relationship depended on social workers treating them with respect, being honest and open in their approach, listening to what they had to say, and involving them in the assessment. Parents appreciated sympathetic social workers who took time to read, explain and discuss with them the assessment, decisions and plans.

Families' experiences of services

Every family reported having received a service either from children's social care or another agency. Parental satisfaction with the services was associated with them being able to acknowledge their family's difficulties, being involved in the assessment and planning process, and being kept informed.

However, only half the parents thought the planned services addressed all their problems. The effectiveness of planned services was reportedly hampered by long waiting lists for specialist services, services ending prematurely, and relevant services not being locally available.

Parents were more likely to see their situation as having improved as a result of the intervention, when domestic violence and parental substance misuse did not coexist. In cases where only one of these issues was present 6 out of 10 parents were satisfied with the outcome compared with 2 of the 7 cases where both domestic violence and parental substance misuse was evident. When parents expressed satisfaction with the outcome of the intervention they pointed out that services were of most value when they provided both practical help and emotional support.

Social workers identified a range of issues that affected the ability of families to improve their circumstances. Some were family based, such as their ability to engage with service providers and devote the time and energy needed to bring about change. Others were outside the control of the family, such as long waiting lists and high thresholds for specialist services.

Parents believed services to help families like their own could be improved if practitioners:

- paid greater attention to ensuring families understood what was happening;
- consulted them throughout the process of assessment, planning and intervention;
- adopted a more honest, open and respectful approach;
- provided longer-term service provision; and
- co-ordinated better with other service providers.

Plans, procedures and joint protocols

A range of plans, procedures and joint protocols were scrutinised to identify what was available to support inter-agency working and identify innovative practice.

The findings suggest ACPC plans, Children's Services plans and specific service plans were more likely to cover children living with domestic violence than parental substance misuse. The study authorities were also more likely to develop innovative initiatives to address the impact of domestic violence on children than parental substance misuse.

Procedures varied considerably. For example, in some of the study authorities the ACPC procedures provided comprehensive information about the impact of both domestic violence and parental substance misuse and included a brief summary of the child protection processes, while others covered the issues in a single paragraph. Moreover, the greater priority given to children living with domestic violence was again evident. Prioritising domestic violence was reflected in the greater likelihood for procedures and information aimed at other agencies, to be produced by the Domestic Violence Forum.

Information sharing between agencies, with different remits and priorities, is supported by jointly agreed protocols. However, ACPC joint protocols did not routinely cover what to do when children live with domestic violence or parental substance misuse. In some study authorities joint protocols for information sharing had been developed between particular agencies but there was no evidence of an agreed protocol to which all the key agencies had signed up to.

Training

Providing plans, procedures and joint protocols will not in themselves bring about the required changes in practice. Practitioners need training on the underlying principles and how to implement the procedures and protocols.

Training plans and reports of managers showed that the higher profile given to domestic violence in the documentation was also found in relation to training. As a result managers were more likely to have attended recent training events on domestic violence.

Providing training is one part of the equation, ensuring practitioners attend is another. Training officers reported that staff attendance was supported by planning sufficient resources to allow staff to attend, targeting agencies that are more difficult to engage, providing single agency training, linking different training initiatives together, and auditing and monitoring training to ensure it met the needs of practitioners.

The extent to which managers understood the impact of domestic violence and parental substance misuse on children's development was associated with the training provided by their authority, and reflected the higher profile given to domestic violence. While two-thirds of managers (other than those working in services for domestic violence or substance misuse) reported that they had an adequate understanding of domestic violence, this fell to half when the issue in question was parental substance misuse. Similarly, practically all managers in services for domestic violence reported a clear understanding of how domestic violence impacted on children and the application of child protection procedures. Such a clear understanding related to less than two-thirds of managers in alcohol and drug services.

Implications for policy and practice

Information sharing and collaborative working

Section 11 of the Children Act 2004 places a duty on the police to make arrangements for ensuring that *their functions are discharged having regard to the need to safeguard and promote the welfare of children*. At present after attending domestic violence incidents where there are children present the police notify children's social care. This practice tends to overwhelm children's social care and there is much variation between authorities on how notifications are dealt with – as 'contacts' or as 'referrals' (Department of Health et al 2000). Patrol officers attending domestic violence incidences should be aware of the effect of such violence on children (HM Government 2006a, p.61, 2.100) and assess the situation more fully in order to be clear when they are simply informing Children's Social Care of an incident and when they wish to make a referral. The introduction of the Common Assessment Framework (HM Government 2006b) between 2006 and 2008 could provide a tool to support the police to make more considered judgements and ensure children's social care receive better information about the cases notified to them.

Government Guidance is clear that safeguarding and promoting the welfare of children and young people is everyone's responsibility and that all agencies and professionals should *share and help to analyse information so that an assessment can be made of the child's needs and circumstances'* (Government 2006a, p.34, 1.16). The findings from the study indicate that social workers rarely consult or collaborate with services for substance misuse and domestic violence in carrying out assessments or planning. Managers' reports suggest consultation depends on inter- professional trust and understanding; factors that were influenced by joint training, clear guidelines and procedures, and regular communication. Collaboration should be given greater priority because practitioners in domestic violence units, alcohol and drug services will have a better understanding of how these issues impact on adult family members and family functioning. The expertise of practitioners in these specialist services should be used to inform the social work assessments, judgements and planning. Collaborative working during these stages is likely to encourage a more proactive approach to the delivery of relevant and timely services that are coordinated, cost effective and appreciated by parents.

Greater priority needs to be given to engaging housing in planning for children and families. For example, the findings from the managers' questionnaires suggest contacting and working with housing organisations is not a high priority when vulnerable children live with domestic violence

or parental substance misuse. This contrasts with the perceptions of families; the interviews found that practically a quarter (4/17) of parents reported that their housing circumstances were a major problem.

The findings indicate that managers and practitioners working in children's services believe colleagues in adult services do not prioritise sufficiently the needs of the children of their clients. Section 11 of the Children Act 2004 and Government Guidance (HM Government, 2007) make it clear that services such as the police, substance misuse, GPs and housing have a duty to take account of safeguarding and promoting the welfare of children when exercising their normal functions.

Confidentiality practices and data protection can be perceived as barriers to collaborative working and are influenced by organisational cultures. Local authorities should build on existing inter-agency protocols for information sharing and ensure that agencies working with adults are included (HM Government, 2006a). Rigid, formalised information sharing agreements and protocols do not always match reality 'on the ground'. To ensure a better balance, agreed protocols should guide practitioners in making professional judgements about what to share, in what circumstances, and for what purposes. Finally, agreed systems that are in line with the Government Guidance (HM Government, 2006c) on information sharing, need to be established to resolve issues and disputes in relation to information sharing and confidentiality should they arise.

When introducing new protocols, practices and guidance managers and those responsible for training, need to develop a clear plan for helping practitioners to become familiar with them and to understand the implications for their day to day practice.

Management

The research suggests that managers are not always fully aware of the services that exist locally to support children and families experiencing domestic violence or substance misuse. The timetable for 'Action on Information Sharing' laid out in *Every Child Matters* (Cm 5860, 2003) states that by 2004 local authorities should have a service directory providing comprehensive information on local providers. An easily accessible directory of all local services will make it easier for managers to be fully conversant with what is available. It is managers' responsibility to ensure that this information is effectively updated and made readily available to all relevant staff. It is also a management responsibility to ensure that practitioners use the information for the benefit of service users.

Working Together to Safeguard Children (HM Government 2006a) and the *Assessment Framework* (Department of Health et al 2000) provide clear guidance on the procedures social workers should follow in assessing children when they come to the attention of children's social care. The research has highlighted that when there are concerns about the safety and welfare of children this guidance is not always adhered to. For example, there was a reluctance to carry out core assessments on complex cases. This resulted in social workers trying to gather all the required information, involve other relevant services and make considered judgements within the 7 working days of an initial assessment. As a result the time-scale for carrying out initial assessments were over-run and Government targets were not met. Moreover, the high rate of re-referrals and the views of parents suggest that a desire

to get assessments completed quickly (by carrying out an extended initial assessment rather than a core assessment) may mean social workers do not gain a comprehensive understanding of the child and family's circumstances: for example, relatively few cases were referred by children's social care to services for domestic violence or substance misuse following an initial assessment.

The practice of staff not following Government Guidance was found at all stages of the child protection process. For example in some cases:

- referrals led directly to s47 enquiries being undertaken or to an initial child protection conference being held rather than an initial assessment and then s47 enquiries if appropriate;
- core assessments were not preceded by an initial assessment;
- core assessments were not carried out when enquiries were conducted under s47.

A failure to follow Government Guidance was related to the identity of the local authority and how fully the Assessment Framework had been implemented. The introduction of an electronic recording system, a fundamental element of the Integrated Children's System, should alert practitioners and line managers when agreed processes are not being followed. However, even the best intentions can be derailed when local offices experience staff shortages and have to overcome traditional local working practices and locally determined priorities. Robust senior management is required to support line managers whose responsibility it is to ensure practitioners' work is consistent with Government Guidance, agreed procedures and protocols. For example, local authorities should establish a system for internal auditing of social work case files and ensure that such audits are routinely carried out by managers not responsible for the cases. Senior management was also more effective when conferences for individual cases were chaired independently. Conference chairs are responsible for reviewing the process by which individual cases are managed.

Direct work with children and families

The research suggests that when statutory agencies come into contact with families with alcohol or drug problems, learning disability or poor mental health, parents may experience difficulties in understanding what is said to them or what is happening. These problems may also impact on parents' ability to remember and recall key information. Line managers should support social workers in planning sufficient time to explain things to parents at the first encounter, and to revisit them when necessary to ensure that information has been understood and retained. Brochures and leaflets written in an easy accessible way that explain the purpose and process of assessments to children and family members can supplement the explanations provided by social workers (an example can be found in the Government Guidance, *Framework for the Assessment of Children in Need and their Families* (Department of Health et al 2000, p.39). Parents who are unaware that an assessment is taking place will not necessarily provide all the relevant information to inform the social worker's judgements.

Parents' personal difficulties with drugs, alcohol or violence affected their working relationship with practitioners. For example, they feared that being honest about their circumstances would result in their children being taken from them. Moreover, parents found some of the issues social workers raised were challenging and they did not welcome 'hearing' what was being said. Finally, many

parents felt social workers patronised them and did not treat them with respect. What parents wanted was for practitioners to be transparent, honest and open with them. Social workers should work with great sensitivity to ensure they do not alienate parents and to be particularly sensitive to parents' reactions so that they can be both supportive and robust in the messages they give.

Parents frequently felt that insufficient attention was given to assessing the difficulties they were personally experiencing. Managers need to ensure that assessments identify not only children's developmental needs, but also parents' acute and chronic difficulties. Working in partnership with parents to identify the most appropriate services and involving them in the process ensures, even when there are difficulties in accessing services, makes parents feel valued. Uptake and satisfaction with service provision, and improvements in family's circumstances were shown to be linked to parents being involved in the process and the decision making.

Plans, procedures and joint protocols

All organisations have a duty to safeguard and promote the welfare of children. To fulfil their commitment, this duty must be clearly prioritised in the organisation's strategic policy documents (HM Government 2006a, p.40, 2.8). To ensure professionals comply with Government Guidance, the organisation's plans, procedures and joint protocols must be readily available to all relevant staff. It is the role of managers to ensure that staff recognise their value and feel a sense of ownership of the relevant procedures and protocols. Careful thought should be given at a senior management level, to their presentation and how staff can use them in their day to day practice. Documents need to be customised for different staff with different roles in the organisation so they know how the plans, procedures and protocols apply to their particular work.

Children should be given a higher priority in all strategic local authority plans whose primary focus are adults. For example, the needs of children and young people affected by domestic violence and/or parental substance misuse should be recognised in key plans such as the:

- Domestic Violence Forum Plan;
- Community Plan; and the
- Crime and Disorder Reduction Strategy/Community Safety Plan.

Local authorities should ensure that their Children and Young People's Plan, a reform underpinned by the Children Act 2004 and introduced in England in 2005, adequately addresses the needs of children and young people living with domestic violence and substance misuse whose primary focus is children (HM Government 2005b).

Local Safeguarding Children's Boards (established by the Children Act 2004) need to ensure that their business plan and working procedures address the needs of children and families affected by parental issues such as domestic violence, parental substance misuse, mental illness or parental learning or physical disability.

Greater priority needs to be given to collaboration and inter-agency working between organisations providing services to meet adult needs, (such as domestic violence, substance misuse, mental illness,

learning disability and housing) and those working primarily with children. To ensure collaborative working conforms to Government Guidance (HM Government 2006a, p.60, 2.94) joint protocols for information sharing need to cross the divide between adult and children's services and include all relevant agencies rather than be restricted to one or two specific ones.

Training

Government Guidance (HM Government 2006a) makes it clear that inter-agency training should include practitioners in voluntary, statutory and independent agencies who work regularly with children and young people, and adults who are parents or carers. The findings from this study show the importance of ensuring that practitioners providing services for domestic violence and substance misuse are included. This format can promote an understanding of the roles and responsibilities of professionals working in different organisations, their different thresholds for services, the legal frameworks within which they work, and issues surrounding confidentiality and information sharing. It will also provide opportunities to develop inter-agency networks, increase levels of trust, and provide insights into the philosophy and work of each others' organisations.

Greater priority should be given to training on domestic violence and substance misuse. Local authorities should ensure that practitioners in relevant agencies routinely attend training courses that link safeguarding and promoting children's welfare with domestic violence and parental substance misuse. Managers should regularly audit and monitor training in order to identify gaps and plan future courses.

The need for practitioners to develop this greater understanding was reflected in:

- parents reports – they felt social workers did not always fully understand the circumstances families like them experienced;
- managers reports – half the managers would appreciate more training on substance misuse and a third more training on domestic violence;
- ACPC training plans – not all local authority ACPC training plans included training on domestic violence or parental substance misuse.

Local authorities need to support training through ensuring sufficient time and resources are available, providing linked and joint training (multi-agency and joint adult and children's services training), targeting training on practitioners from agencies that are 'hard to engage', and auditing and monitoring training.

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