

Commission
for Social Care
Inspection

CSCI

Making Social Care
Better for People

CSCI special study report

Supporting parents, safeguarding children

Meeting the needs of parents with children on the
child protection register

February 2006



Vision and Values

The Commission for Social Care Inspection aims to:

- put the people who use social care first;
- improve services and stamp out bad practice;
- be an expert voice on social care; and
- practise what we preach in our own organisation.

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Commission for Social Care Inspection

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Contents

1	Introduction	1
2	Family support	3
3	Changes ahead	7
4	Do services meet parents' needs?	10
5	Young people's views	19
6	Delivering services	24
7	The organisational challenge	36
8	Conclusions, messages and recommendations	44
	Appendix	
	Study design and methods	51

Introduction

“Parents who take drugs or are violent need more help than kids, and if you take the children away and don’t work with the parents, those children may not go back.”

R, aged 15

“I mean, the social worker is [my daughter] Clare’s really. I had one here but now because I’ve not got Clare anymore, its stopped. I need help with housing and debts really, and probably some kind of parenting support. I didn’t have a very good childhood and people expect you to be a good mother, but I didn’t know what I was doing half the time.”

V, 22, single mother of C

“Its always about the children. There doesn’t seem to be anywhere or anything specifically for [parents]. Ensuring the needs of the child are really being met, marrying the two sets of needs together and meeting them all could be difficult but then there’s a tension anyway, because the children come first, and I think that’s right anyway. You could say though that if you don’t meet the parents’ needs you won’t meet the children’s.”

Head Teacher

The purpose of the study

1.1 The Commission has noted with growing concern:

- the adverse impact of the increasing separation of children’s and adults’

services on the strategic planning, commissioning and delivery of services for families;¹

- the considerable growth in the numbers of parents with children on the child protection register that have serious problems of their own; and
- the increasingly high thresholds of eligibility operating across services for both adults and children, in both health and social care.²

1.2 The Commission conducted this special study to assess the extent to which agencies are being effective in ensuring that problems that undermine people's ability to parent their children are recognised and addressed – whether they come to the attention of adult services or children's services.

1.4 We wanted to identify steps that those taking on leadership roles in the new services can take to ensure that:

- all services recognise the impact of adult problems on children's welfare and their role in safeguarding children;
- those working in adult social care respond appropriately to the needs of adults as parents;
- those working in children's services ensure parents receive the help they need; and
- there is an adequate range of relevant services to those parents needing help with their parenting.

1.5 Drawing primarily on the views and experiences of parents, young people and professionals, this qualitative study sought to answer the following questions:

- How are parents' needs identified and addressed when planning and delivering services?
- Do services meet parents' needs?
- What facilitates good intra- and inter-agency working in relation to supporting parents, and what gets in the way?
- What are the lessons from this study for policy, practice and future research?

1.6 Details about the study approach are given in the Appendix together with the list of councils that kindly participated in this study.

1 Commission for Social Care Inspection (2005a) *Making Every Child Matter – Messages from Inspections of Children's Social Services*. London: Commission for Social Care Inspection.

2 Commission for Social Care Inspection (2005b) *Safeguarding Children: The second joint Chief Inspectors' Report on Arrangements to Safeguard Children*. London: Commission for Social Care Inspection.

Family support

The challenge of parenting

- 2.1 Parenting is a challenging task. For some, the everyday challenges of bringing up children are made more difficult because they have other things to contend with.
- 2.2 Domestic violence, substance misuse, serious mental health problems; problems with housing, immigration and debt are serious challenges when they come as single issues. In some families, these challenges come in bundles, and although the labels used are the same, the detail and the meaning of such things as 'domestic violence' or 'mental health problems' are as varied as the families concerned.
- 2.3 Unless effectively addressed, adults' problems can undermine the well-being of children, directly or indirectly, and in the short- and long-term. In a minority of cases, these 'adult problems' can contribute to the neglect of children's physical, emotional and psychological well-being. In certain circumstances, they can result in various forms of abuse.

Supporting parents, safeguarding children

- 2.4 Having a particular problem does not mean someone is unable to be a good-enough parent. It does mean that some parents need additional support to provide adequate care.
- 2.5 Councils have a responsibility to assess needs and ensure that a range of services are available to families where children's health and development may otherwise be compromised ie children in need (Children Act 1989).
- 2.6 Decision-making in these areas is complex. Children's developmental needs cannot always 'wait' for parents' problems to be resolved. For some children alternative arrangements (foster care or adoption) will be the optimum strategy when their parents' problems are judged to be too complex, or too

entrenched to be addressed in a timely fashion. Evidence suggests, however, that these children are in the minority, and most children are able to remain at home.

- 2.7** The challenge for health and social services lies in ensuring that children whose parents are finding it difficult to care for them (i) get enough help and support to assure their safety and well being, and (ii) receive help early enough to minimise the risk of children becoming looked after.
- 2.8** It is relatively easy to opt to focus on immediate safety. It is much harder to ensure services protect children from the long-term, cumulative damage that occurs when their parents do not receive the help they themselves need, both in their own right, and in order to support them as parents.

Supporting children

- 2.9** All those working with people who are parents need also to be alert to the support that may be needed for a particular child. This may be:
- preventive support – helping young people with caring responsibilities or with mental health problems;
 - protective support – when there are particular risks to the child’s well-being, and
 - rehabilitative support – when problems are already impacting on the safety, rights or welfare of the child concerned.
- 2.10** Such support is not an alternative to helping parents, but something that children need in their own right, particularly when the changes parents are seeking to make take time.

Size of the problem

- 2.11** On 31 March 2003 there were 26,600 children on child protection registers in England.³ This represents some 24 children per 10,000 of the population under 18 in England. 3% of the children registered during 2002-2003 had been previously registered.
- 2.12** We collect no information nationally on the reasons why the safety of some children is, or might be, compromised. When recording the reasons for registration councils are only required to enter the category of abuse (physical, emotional or sexual or neglect).

³ Department for Education and Skills (2004) *Statistics of Education: Referrals, Assessments and Children and Young People on Child Protection Registers: Year Ending 31 March 2004*. London: DfES.

- 2.13** Via the Children in Need Census we collect some national information on the kinds of problems that can undermine people's parenting, such as 'parental illness/disability'⁴ and 'family in acute stress'.⁵ Unfortunately this level of detail is lost in relation to children on the child protection register who are simply coded under the category 'abuse or neglect'.
- 2.14** Research confirms the close relationship between parental problems and families coming to the attention of child protection services.⁶ Studies also reinforce the importance of effective collaboration between adults' and children's services.⁷
- 2.15** In this study, parental mental health, substance misuse and domestic violence were the most frequently quoted factors in those councils that monitored the underlying reasons for registration. Each factor accounted for one quarter of their registrations.

A shared responsibility

- 2.16** The incidence of mental health needs, domestic violence and substance misuse amongst parents whose children are on the child protection register reinforces the particular importance of 'joined-up' approaches between social care and health, and between adult services and children's services.
- 2.17** Staff working in adult services need to be familiar with the ways in which 'adult problems' impact upon children. This includes understanding how certain factors or events can increase the likelihood of children suffering harm, not only in the short term, but in the long-term. It applies to staff working in health, housing, and education, as well as social services.
- 2.18** Translating such understanding into effective practice requires good quality assessments, listening both to the child and the parent, and good inter-professional collaboration.
- 2.19** At a corporate level, it requires effective leadership and a strategic approach

4 Defined as those children whose need for services arises because the capacity of their parents or carers to care for them is impaired by disability, illness, mental illness or addictions.

5 Defined as those children whose needs arise from living in a family going through a temporary crisis such that parenting capacity is diminished and some of the children's needs are not being adequately met.

6 James, H. (2004) 'Promoting effective working with parents with learning disabilities', *Child Abuse Review*, 13: 31-41; Statham, J. and Holtermann, S. (2004) 'Families on the brink: the effectiveness of family support services', *Child and Family Social Work*, 9: 153-166; Hayden, C. (2004) 'Parental substance misuse and child care social work: research in a city social work department in England', *Child Abuse Review*, 13: 18-30.

7 See Darlington, Y., Feeney, J.A., and Rixon, K. (2005) 'Practice challenges at the intersection of child protection and mental health', *Child and Family Social Work*, 10: 239-247.

to information gathering, information sharing, service development and collaborative working (see also CSCI 2005a⁸).

Expectations of services

- 2.20** The problems that arise from poorly integrated services is a recurring message from serious case reviews and from studies looking at the help available to families whose children are placed on the child protection register⁹
- 2.21** Councils are advised that their assessments of adults should recognise that adults who have parenting responsibilities for a child under 18 may require help with those responsibilities.¹⁰
- 2.22** They are also advised that those working in adult services may need to use the *Assessment Framework for Children in Need and their Families* when dealing with parents. Those working in children's services are advised that they may need to commission specialist contributions to assessment, for example from mental health professionals.¹¹
- 2.23** The guidance draws councils' attention to training material available for staff working with mentally ill parents and their children.¹² It includes guidance on framing requests for specialist assessments from adult psychiatrists by practitioners working with children.

8 Commission for Social Care Inspection (2005a) *Making Every Child Matter – messages from inspections of children's social services*. London: Commission for Social Care Inspection.

9 Sinclair, R. and Bullock, R. (2002) *Learning from past experience: a review of serious case reviews*. London: Department of Health.

10 Department of Health (2002) *Fair Access to Care Services – Guidance on eligibility criteria for adult social care*. London: Department of Health.

11 *Framework for the Assessment of Children in Need and their Families*. London: Department of health, Department for Education and Employment, Home Office. Para 5;10 and 11; 5:35.

12 Falkov, A, Mayes K, Diggins M, Silverdale N and Cox A (1998) *Crossing Bridges – Training resources for working with mentally ill parents and their children*. Brighton: Pavilion Publishing.

Changes ahead

- 3.1** The importance of inter-agency working, good quality assessment and case planning, and engaging with the child, were all stressed in the Victoria Climbié inquiry, together with a recommendation to locate accountability with a lead councillor.¹³ The Government's response was encapsulated in the Green Paper *Every Child Matters* (Great Britain Cm 5860) and the Children Act 2004.¹⁶
- 3.2** *Every Child Matters* signals a renewed emphasis on prevention and early intervention, and the Children Act 2004 introduces a range of measures designed to improve overall outcomes for children as well as strengthen the organisational arrangements underpinning child protection.
- 3.3** The Children Act 2004 provides a statutory basis for the challenging changes required to make every child matter. It seeks to ensure that all services focus on achieving five key outcomes for all children. These are:
- being healthy;
 - staying safe;
 - enjoying and achieving;
 - making a positive contribution; and
 - achieving economic well-being.
- 3.4** To help deliver these improved outcomes it introduces new arrangements for:
- **inter-agency governance.** Local authorities must appoint a Director of Children's Services and a Lead Member who are responsible for ensuring that education and children's social services are integrated by 2008.¹⁴ Leading local public bodies must work together under a new duty of co-operation in new children's trust arrangements.¹⁵ In addition, children's services must set up new Local Safeguarding Children Boards and a range

13 *The Victoria Climbié Inquiry. Report of an Inquiry by Lord Laming* (2003) London; HMSO.

14 Department for Education and Skills (2005) *Statutory Guidance on the Role and Responsibilities of the Director of Children's Services and the lead member for Children's Services*. London: Department for Education and Skills.

15 Department for Education and Skills (2005) *Statutory Guidance on Inter-Agency Co-Operation to Improve the Wellbeing of Children: Children's Trust Arrangements*. London: Department for Education and Skills.

of partners must co-operate in establishing them.¹⁶ A range of bodies also have a new duty to have regard to the need to safeguard and promote children's welfare as they discharge their functions.

- **integrated strategy.** Local partners in the children's trust should develop a Children and Young People's Plan¹⁷ that sets out their shared priorities for improving outcomes for children and young people and their plan for delivering the local Change for Children programme.
- **integrated processes.** To support these changes, partners should introduce common assessments,¹⁸ better arrangements for sharing information¹⁹ and processes and procedures to support integrated responses to children's needs.
- **integrated frontline delivery.** Partners are expected to work together to refocus local children's services around the needs of children, young people and families, rather than professionals or organisations.²⁰

3.5 *The Every Child Matters: Change for Children* programme requires every local authority to set up a local change programme to deliver on Every Child Matters and the National Service Framework.²¹ This includes working with health partners to develop joint strategies, planning and commissioning and integrated services.²²

3.6 *Workforce Reform* is required to ensure that there are enough suitably trained staff who share common understandings to work effectively together in multi-disciplinary teams.²³ A 'lead professional' will be appointed to co-ordinate the support provided to those children and young people who require input from several sources.²⁴ All those working with children, young people and families

16 Department for Education and Skills (2005) Statutory Guidance on Inter-Agency Co-operation to Improve the Wellbeing of Children: Children's Trust Arrangements. Department for Education and Skills.

17 Department for Education and Skills (2005) *Guidance on Children and Young People's Plan*. London: Department for Education and Skills.

18 Department for Education and Skills (2005) *Common Assessment Framework: Implementation Guidance*. London: Department for Education and Skills.

19 Department for Education and Skills (2005) *Draft Guidance on Information Sharing*. Department for Education and Skills.

20 Department for Education and Skills (2005) *Multi-Agency Working Toolkit*. London: Department for Education and Skills.

21 Department of Health (2004) *National Service Framework for Children, Young People and Maternity Services*. London: Department of Health.

22 Department for Education and Skills (2005) *Every Child Matters – Change for Children and 4 sector specific guides*. London: Department for Education and Skill.

23 Department for Education and Skills (2005) *The Children's Workforce Strategy*. London: Department for Education and Skills.

24 Department for Education and Skills (2005) *Lead Professional Good Practice Guidance*. London: Department for Education and Skills.

will need to work differently to achieve improved outcomes and deliver more integrated and responsive services.

- 3.7** Whilst the thrust of policy is on the needs of children and the means of improving their lives, its references to the key role of parents and carers underline this. It is crucial to ensure that the needs of parents and carers themselves are sufficiently well met to enable them in turn to effectively look after and support their children.
- 3.8** The duty to safeguard children and promote their welfare applies to councils as a whole, including departments delivering services for adults.
- 3.9** This study focuses on the extent to which councils as a whole are currently delivering on this duty, and the inter-dependencies with other services, particularly health.

Do services meet parents' needs?

Introduction

- 4.1 This chapter presents the views of a group of parents about the nature of their needs, and what they think of the way their needs were addressed by councils and other agencies.
- 4.2 We approached a representative²⁵ group of some 262 parents. Some parents declined to take part in the study. Many more simply did not respond. Thirty parents whose children were on the child protection register at the time of the study agreed to be interviewed, and we were able to make definite arrangements with twenty-eight. We interviewed two Asian mothers. The rest of the parents were white British. All but three of the parents interviewed were women.
- 4.3 How these participants were involved in the study is described in Appendix 1. Fourteen parents had had one or more of their children placed on the register for between one and two years. The remainder had been on the register for between three and seven months. Six parents had had children registered in the past ie this was at least their second experience of registration.
- 4.4 The illustrations used in this chapter draw on quotations from parents themselves and summary statements of the parents' accounts by those who interviewed them.

Parents views on what led to the registration of their children

- 4.5 The group of parents we interviewed talked about a range of issues that led to them being involved in child protection proceedings. The things they described were typical of the national picture of issues that can create concerns for children's safety and well-being.
- 4.6 Parents had problems with domestic violence, mental ill health and alcohol misuse (see Table 4.1). Some lacked an adequate understanding of their children's needs and an inability appropriately to manage their behaviour.

25 In terms of gender, age, ethnicity and reasons for registration.

In two cases children had been placed on the register for reasons of sexual abuse and concerns about the other parent's ability to protect them. Three of the parents had learning disabilities, and six of the parents had themselves had traumatic childhoods, including periods in care. Typically, parents experienced more than one problem.

Table 4.1 Sources of stress and reasons for registration.

	Domestic Violence	Alcohol misuse	Mental health problems	Substance misuse	Learning disability	Other	Totals
Neglect	4	3	5	2	3	4	21
Physical Abuse	1	0	1	1	0	1	4
Sexual Abuse	0	2	1	1	2	0	6
Emotional Abuse	0	1	0	0	0	0	1
Totals	5	6	7	4	5	5	32

4.7 Perhaps not surprisingly, not all parents thought that the child protection procedures were used appropriately. Some parents had originally approached social services for assistance, recognising that they needed help if they were to provide adequate care for their children:

"I was waiting for help with (six year old) and while I was waiting someone complained about the boys. ... I thought he was dyspraxic and ADHD,²⁶ and I said to them he was not like my other boys, he was throwing toys, getting the cereals out and throwing them all over the floor, and the soap powder, and he wasn't normal."

Woman with learning disability and mother of eight children

4.8 Others talked of the difficulties they were experiencing with alcohol misuse, domestic violence or depression, and how this was affecting their parenting, with the result that referrals by others brought them into contact with child protection services:

²⁶ Attention deficit hyperactivity disorder.

“The trigger was my alcoholism crisis. The same woman reported me again in early 2004 and again, following a social work visit, nothing happened and the case was closed. However, in July 2004, I had had too much to drink for several weeks and knowing that I was going to be late I rang a friend to pick up my daughter from where she had been staying with a friend. But I had had too much to drink and I disappeared for three days. ... Social Services became involved.”

Mother of child aged 10

- 4.9** The parents whose children were placed on the register as a result of allegations of sexual abuse and concerns by social services about their ability – or willingness – to protect them, were unhappy about the decision. Other parents talked of being held responsible for injuries or emotional abuse that was caused by ex-partners. Some parents clearly disputed the legitimacy of social services concerns, but most did not.

Parents’ views of their needs at the time of registration

- 4.10** It is clearly difficult to summarise the views of people in very different circumstances. Some parents said they had no needs. This may be indicative of the kinds of problems of engagement that professionals also talked about, but may also indicate a fundamental difference of opinion on the facts of a case.
- 4.11** Many parents talked about the struggles they had experienced in getting help to manage challenging children. Others talked passionately about their failed attempts to get help with depression or social isolation and being generally overwhelmed by the demands on them as parents:

“It has been going on for years, but it is only in the last six months that something has been done.”

Mother of 14 year old

This mother said that because she had been asking for help with her daughter’s behaviour for some time she was initially relieved that social services had become involved. She did not know what to do with her 14 year old daughter when she was aggressive towards her and others, or broke windows or threatened to self harm.

- 4.12 Following the departure of her longstanding partner three years earlier, M had become very depressed. She described to us how devastated she felt by losing him, and said she got:

“no help from anyone until I took an overdose.”

Mother of three

- 4.13 B and J talked about learning that their first child had died in the womb, and being given an appointment to have an induced labour. They said it was a very sad moment for both of them, and that when J returned home she was unable to take care of their six other children. She said she had no support, her father had died and she was not on speaking terms with her mother or sister. B felt that he had to give her all his attention and console her. She said:

“I couldn’t cope any more. I was in a right mess. I didn’t know what to do. I had to get help.”

They approached social services who

“told me they could do nothing to help me.”

Mother of six

The Health Visitor intervened and also phoned social services. The same answer was given, but this time it was recommended that J approach her ex-husband. She was very reluctant to do this due to a history of domestic violence, but she felt she didn’t have any choice. Desperate, she eventually left the children with a neighbour, and then phoned social services. The children were subsequently accommodated – separately.

- 4.14 The majority of the parents interviewed had similar criticisms of statutory services. It may well be that parents who agreed to be interviewed were more dissatisfied than those who did not respond. But even if a minority of cases, their stories indicate that social services are, in the eyes of some parents, sometimes failing to provide help when it is most needed, and might make most difference.

Relevance of services

- 4.15** At the time of interview, most, but not all, parents were receiving some help with their problems.
- 4.16** Table 4.2 summarises the picture. The figures suggest that most of the parents were in receipt of some services, but – as we shall see – interviews with parents suggested that receiving services was not always the same as having the right services at the right time.
- 4.17** The interviews also highlighted the substantial benefits that help in these areas could produce.

Table 4.2: Services provided

Identified needs	Parents with need	Parents receiving services
Alcohol and substance misuse	11	7
Learning disability	4	4
Housing/finance/deprivation	15	11
Mental health	13	10
Parenting issues	22	19
Domestic violence	19	8

- 4.18** Some parents were very positive about the help they received. One woman had come from Pakistan to join her husband. He expected her to look after their two children with no support. She described the struggle she had. Her husband provided no appropriate food and clothing for them, the flat needed a lot of work, and she found it difficult to adjust to this country and did not then speak English. Her husband spent most of his time with friends, was argumentative and – eventually – physically abusive. It was when he started beating the children that she contacted social services.
- 4.20** At the time of the interview, the woman was living with her mother, with the father mostly not around. She said:

“The children are happy and the daughter is doing well at school.”

Social services had helped to bring her mother to England and arranged for the children to live with in-laws whilst she went to hospital for treatment. When she returned from hospital health workers visited twice a day to give her medication and provide encouragement. Of her experience of social

services and other agencies she had the following things to say:

“They helped me with my depression. I’m feeling much better, 75 per cent recovered. Before I was upset all the time. I can give more attention to my children. Social services involvement stopped my husband beating me and children – only arguments sometimes now – not violent. If social services not involved I would have been killed. I feel safe. House in good order. Before I couldn’t go out and have friends – now I take children to school and shop and sometimes we go out.”

- 4.21** Another mother talked positively about her experience of help with her alcohol misuse:

“Later this month there’s to be a child protection case conference and they will propose taking C off the child protection register. My relationship with my daughter is much better – we both have more patience with each other, and the work with the alcohol team has been good – as a result I have more money as I’m not spending it on drink. The weekly women’s counselling group is very helpful and positive. The community psychiatric nurse will be signing me off after the child protection conference. And the one-to-one on the alcohol group is being cut down to every three weeks rather than weekly.”

Mother of three year old

- 4.22** When parents were asked directly whether services met their needs, the vast majority said no. Most parents thought professionals did not understand their needs:

“We have spoken to at least five social workers. None of them seem to understand that what I did [leave the children with a neighbour] was the last thing I wanted to do, that they were the only people I could turn to. I felt totally unsupported and I felt that they were not interested in my situation. All they wanted to establish is that I put the children at risk. I left them with a responsible adult. I didn’t leave them in the street or anything like that.”

Mother of six

Others were more critical:

“The social workers did nothing, education did even less, and (children’s charity) said I had a personality disorder.”

Pregnant mother of three children

- 4.23** Some parents said that social workers focused on the wrong people, either because they regarded themselves as the ‘non-offending’ parent, or because they felt the ‘problem’ was with another member of the family – usually a child. This is not unusual, but requires careful management, as the professional respondents in the study acknowledge.
- 4.24** One mother stated that the whole focus was on her and her alcohol misuse rather than what she saw as her child’s problems and supporting her in her attempts to get help. She said:

“No one seemed to look at what had been going on in the past. None of that seemed to count. They need to listen to parents more. Specially if they say that there is something not right with that child. If they had listened and acted at the school, if they had taken it further, then she would not be where she is now.”

Mother of 14-year-old daughter

The daughter was now in a specialist, behavioural residential school. Diagnoses of ADHD and dyslexia have been reached, and there are plans for a brain scan to search for a possible tumour. The parents feel that under these circumstances the advice about parenting and alcohol abuse were not appropriate. The mother – who had given up work – has now returned to full-time employment. This account highlights clearly the importance of integrating the focus on adults and children, and the importance of good assessments.

- 4.25** One situation was reported that resonated with comments made by some of the professionals, namely the withdrawal of help when children were removed from the care of their parents. A mother of two was concerned about the impact of the withdrawal of social services from her youngest child as she feels she has come to rely on their support and help. Another described how she organised things for herself:

“Well, they don’t [help] now. I got a counsellor, but I sorted that out for myself. A lot of the services that were helping just pulled out when they took her off us.”

Mother of five children

- 4.26** This last mother had been unable to cope with a daughter born to her prematurely, and conceived after she had been raped. She herself had had a troubled past, and was suffering from anorexia and depression. She also had a diagnosis of borderline personality disorder. As she said herself:

“I needed mental health help, I mean, the social worker is (my daughter’s) really, I had one, but now because I’ve not got C anymore it’s stopped, I needed help with housing and debts really and probably some kind of parenting support, I didn’t have a very good childhood and people expect you to be a good mother but I didn’t know what I was doing half the time.”

At the time of interview, this woman was fighting eviction

Parents’ assessment of the help they received

- 4.27** In short, this group of parents did not feel properly listened to. Some made reference to how the child protection process had been explained to them, something that professionals had emphasised. Many appeared not to understand or accept the reasons for the investigation and subsequent actions.
- 4.28** When their own problems were a major factor in their referral to child protection services, few felt that these problems were taken seriously. Some said social workers did not accept what they said they needed, others thought that social workers were not interested. Only a minority talked positively about the process and the work that had been done, either from the outset, or gradually over time.
- 4.29** From the perspective of this particular group of parents, the assessment of their needs was inadequate, and the services they got came too late and were not always seen as relevant.

Key Messages

- 1 Parents are clear about what they feel they need. They want staff to listen to them, to recognise and value what they say about their problems, even when they have not acted properly to protect their children.
- 2 Parents stress the crucial importance of getting the right help at the right time. This is usually much earlier than currently delivered, and covers a range of services across adult social care, health and housing, as well as children's services.
- 3 To intervene effectively, advocate for and protect the child, and not dismiss, blame or ignore parents' views about what they see as the problem, and what solutions they want, requires considerable professional skill.

Young people's views

Introduction

- 5.1** This chapter presents the views of fifteen young people with experience of child protection or care proceedings.
- 5.2** We met with three groups of young people, aged 13 – 20, in two councils. Participants in two of the groups already knew each other, as they were members of groups that met regularly within the council concerned. All young people contributed and all were extremely positive about being asked for their views.

What parents need

- 5.3** When it came to parents' needs the young people were unanimous that parents under stress needed help and support, and that it was in the child's interest that it was provided – to prevent them being placed in care:

"My mum, she took all the stress out on the kids, that's how we ended up in care."

- 5.4** They identified a range of things they felt would be helpful:
- practical help;
 - therapeutic help;
 - clear communication; and
 - time to get 'back on track'.

Practical help

- 5.5** Young people discussed parents' needs with reference to a range of practical services they thought would be helpful, drawing on examples of particular care needs and responses that could help.

“Parents need someone to help them ... start a course, go back to work.”

“No matter what, they should be helped to get better with counselling, medication. They need to have a fund for parents so that they can progress, so that they can get back on track.”

“Give a phone number for them to access services to help them.”

Therapeutic help

- 5.6** Parents’ needs for therapeutic help were identified by all three groups of young people. Participants spoke in general terms about parents needing to be listened to, understood and to be personally supported in service responses:

“They need to be listened to.”

“A mentor.”

“A life-coach.”

- 5.7** Young people sometimes framed their views with reference to film or television:

“A super-nanny like the one on TV”

“Someone like Trisha so they can talk and discuss what the trouble is.”

“Something like in the film Hitch, where they meet people. They could talk for ten minutes and then find the solutions and then share them with other people with the same problems.”

- 5.8** The need for specific services was also raised in the groups:

“No matter what, they should be helped to get better with counselling, rehabilitation.”

“Some help with their behaviour like anger management.”

“Someone to go to their house to see what the problem is, talk to them.”

“My mum kept a diary of what happened when she was drinking and what happened when she wasn’t drinking. This helped because she could see the difference.”

Clear communication

- 5.9** One group in particular emphasised the importance of giving parents – and children (where the children’s behaviour was the problem) – clear messages about what needed to change:

“Say improve and clean up your house and give them a chance to keep it clean.”

“Give parents a chance to do things better like getting children to school and not getting excluded.”

- 5.10** Children clearly recognised the impact of environmental stresses on behaviour – their own and their parents (see below). They were also aware of the importance of parents having a clear understanding of what needed to change, and realised that parents often need help to make the changes required.

‘Getting back on track’

- 5.11** In discussing the needs of children, these young people raised the importance of helping their parents turn things around (see above). This included being clear about what they needed to achieve, something that some parents we interviewed also said was lacking.
- 5.12** Young people felt strongly that parents needed, and should be given, time to change. Young people talked about how parents should “not be given up on” and should be “given a second chance”. This opportunity to change reflected the young people’s views of care as a last resort. Overall, parents being given opportunities to change was ranked as most important in one group, and discussed throughout all three:

“Social workers should not give up on them just because they are not co-operating. They need someone who gives them courage to go on, that encourages them to change ... parents need to be able to have a new start.”

“Humans make mistakes, I do believe they should have three chances.”

- 5.13** The importance of meeting parents’ needs was clearly understood by participants, and some felt these needs should be prioritised:

“[It] is very difficult for parents, these parents need priority. I think that is what my mother would have needed.”

“Parents who take drugs or are violent need more help than kids and if you take the children away and don’t work with the parents, those children may not go back.”

- 5.14** Many councils have established routine mechanisms for securing the views of looked-after children – this is how we came to talk to some of the young people whose views are represented here. Given their experiences, young people are extraordinarily generous and patient in their preparedness to share their views, in the hope that other children and young people will be better served. The onus is on those of us working in social care to honour their expectations:

“I need to see my words, my actions, becoming a reality.”

Do services meet parents’ needs?

- 5.15** It was apparent from our discussions with them that the young people placed a premium on their parents getting help when they needed it. Their focus was clear: parents needed a range of help from a range of sources, at the right time. The implication in some of what they talked about was that they knew of circumstances in which such help was not forthcoming.

Key messages

- 1 Children and young people show considerable insight into the need to ensure parents get their own, high quality support, if children themselves are to be better served.
- 2 They want parents to get the right help, at the right time and in the right place. Some of the young people in care intimated that had such help been forthcoming their own lives might have been different.
- 3 The need for absolute clarity of expectation, understood by all, and linked to clear requirements for change, is also seen as a priority by children. Professionals need to be much clearer about the things that need to change. The 'rules' need to be explicit, understood and owned by all parties.
- 4 Children recognise that parents need help to change. Clear goals and expectations are necessary but not sufficient. Social workers need to identify what help parents need in order to change, and ensure that appropriate help is available.
- 5 Children realise that their timescales may be short but want a clearer set of 'chances to succeed' built into the system for parents. Social workers need explicitly to consider the delicate balancing act between allowing too many chances and stopping support precipitately.
- 6 Social workers need to share the reasons for their decisions clearly and carefully with children and parents.

Delivering effective services

Introduction

- 6.1** Realising the aspirations for children set out in *Every Child Matters* requires a number of things to work, and to work well.
- Wherever they work, professional staff must recognise the relationship between adults' needs for support and children's welfare and wellbeing.
 - There must be a sufficient range of services available from all agencies to provide parents with the help they need, in a timely fashion.
 - Staff working in councils' children's and adults' services must work collaboratively, as must those working in councils and other agencies, such as health.
 - Assessments must identify parents' needs; plans must set out the ways in which those needs will be met; and arrangements must be such that those services are delivered.
- 6.2** This chapter summarises the extent to which parents' needs were recognised, understood and addressed by staff. It summarises their views of what facilitates effective practice in supporting parents, and what gets in the way.

Who we interviewed

- 6.3** We interviewed 55 managers and 50 front line staff. Twenty-one respondents worked in adult services. The majority worked for the participating councils, but 12 professionals worked for other agencies, including charities.
- 6.4** There was a remarkable consensus among those interviewed about the current problems and challenges faced by those seeking to support parents to care for their children.

An unexpected interpretation of parental need

- 6.5** When asked for their views about the care needs of parents, a number of respondents – but particularly those working in children's services – interpreted the question in an unexpected way. They interpreted it in terms

of the needs that result from having to help parents to understand the child protection system and manage the stresses associated with it.

“The biggest challenge is to get them to understand and acknowledge our concerns. That is the first step. If they don’t do that we can’t get them to change their attitudes and behaviour within the time-scale of the child. As a result the needs of the child remain unmet.”

Senior practitioner

- 6.6** This preoccupation with process reflects the fact that child protection procedures create difficulties which have to be overcome before effective work is possible. Such problems reinforce the importance of making appropriate help available before circumstances become so serious that a child protection referral is necessary.

Eligibility thresholds and lost opportunities

- 6.7** Like the parents we interviewed, professionals thought that many families could have been more effectively helped at an earlier stage, were it not for the eligibility thresholds operated by both adults’ and children’s services.²⁷

“Sometimes the parents do not meet the thresholds because they are so high. Nevertheless, that is impacting on the parenting capacity.”

Service manager

“Eligibility is an issue – they may not be above the threshold in their own right, but they need help for the sake of their children.”

Strategic lead for safeguarding

- 6.8** When parents eventually receive help, it is not always provided at the right level, or for long enough.

²⁷ See also: Commission for Social Care Inspection (2005) Safeguarding Children. The second joint Chief Inspectors’ Report on Arrangements to Safeguard Children. London: Commission for Social Care Inspection on behalf of the joint inspectorate steering group.

“[You] also get situations where the child is removed, at which point any support for the parent ceases – until they have the next child, and the cycle starts again. Gaps in services make it difficult to seriously address the longer-term needs of the parent, such as therapeutic counselling, to break the cycle.”

Service manager, children in need

Talking about the long-term nature of many parents’ problems, one respondent observed:

“Our behaviour is to intervene at the point where it reaches a peak and withdraw when it reaches a trough – a potential revolving door syndrome. They need more continued support.”

Senior Commissioner

- 6.9** Not only are thresholds in both adults’ and children’s services high, but they are ‘independent’ of one another – unlike the experience of families. Family ‘B’ may be eligible for help from *children’s* services because of worries about the impact of low intellectual ability and parental depression on a parent’s capacity to parent, but the same parent may fail the eligibility threshold for help from either the council’s learning disability services or mental health community services.
- 6.10** Joint investment in services, planned collaboratively and carefully coordinated, are essential if such problems are to be avoided. In their absence services will, as one worker put it, ‘continue to fail children’.

Securing services from health

- 6.11** Many of the difficulties identified concerned getting help from other agencies, particularly mental health services.
- 6.12** This included getting help from Child and Adolescent Mental Health Services (CAMHS). Like the parents we interviewed, professionals recognised that stress builds up when parents cannot secure the help they feel their children need, or when they think the help is inappropriate, too little, or too late.
- 6.13** Again, thresholds were identified as a problem:

“There was an instance recently of a mother with schizophrenia whose young child was removed, and has now been able to be returned. This was a case of adult and children’s services working well together – made possible by the fact that the mother had a formally diagnosed mental health condition, and so was able to access a range of mental health service supports. This is rare. There is a general issue about eligibility thresholds for adult services where parenting is involved.”

Service manager, children in need

6.14 A large number of respondents expressed serious concerns about:

- long waiting lists;
- the location of services (too far away); and
- the inadequacy of services.

In one area, respondents said that some parents were not attending drug rehabilitation because they provided no child care. In another, CAMHS was said to have terminated services for one boy because of his age (becoming technically an ‘adult’), despite the fact that the child was grieving the death of his father back in Afghanistan.

6.15 Some raised concerns about the appropriateness of mental health services for parents from black and minority ethnic communities. These criticisms included CAMHS:

“CAMHS is not a culturally appropriate resource. Black and minority ethnic children stay on the child protection register for longer. There is a combination of (their) needs being very diverse and they are unable to access services that meet those needs.”

Team leader

6.16 Sometimes the problems were described in terms of securing ‘buy-in’ and a collaborative approach from adult services.

“If someone has mental health problems, it is not good for this person to have services coming from different angles. They (mental health workers) need to have an understanding of how their difficulties impact on their parenting.”

Team manager

- 6.17** An adequate level of support from health services, particular mental health services, is essential to the success of current policies designed to improve outcomes for children.

Collaborative working with other agencies

- 6.18** Several respondents highlighted continuing problems in establishing appropriate information sharing protocols with other agencies, including health, which undermined their ability accurately to assess parents’ needs:

“Another challenge is involving other professionals and getting them to share information with us. Many of them do not want the families to find out that they have spoken to social services. It seems to me that they are not clear about their role and responsibility towards children.”

Practice manager

- 6.19** Such worries about sharing information were also identified in the 2005 Safeguarding Report²⁸ and are important issues to resolve in joint work with adult services.
- 6.20** A number of professionals said that increasing specialisation and separation of services meant there was less ‘mutual understanding’ between workers in different teams. They thought that one of the ways of improving collaboration would be to ensure some joint training, or experience of working in other settings –something which enjoys support from research on ‘what works’ in joint working.

28 Commission for Social Care Inspection (2005) Safeguarding Children. The second Joint Chief Inspectors’ Report on arrangements to safeguard children.

“It is harder to maintain the relationship. In the past you had people swapping and moving around so they had an understanding of children, families and adult work, but people are getting more separated, beyond their areas they have no awareness. We would need to introduce champions of dual services and as part of programmes for career development we would need to encourage social workers from, for example, mental health teams, to spend time in children and families teams.”

Social worker

- 6.21** Others talked about the reduction of expertise amongst social workers due to high turnover:

“For example, a failed asylum seeker requests financial help because she is unable to provide for her children. An inexperienced social worker may come to the conclusion that financial help will solve the problem... but if you look beyond the initial problem, you’ll see that the children are on the child protection register as a result of mother’s chaotic lifestyle and the fact that she’s abusing drugs.”

Practice manager

- 6.22** Though the picture was generally mixed, there were examples of good working relationships between social services and health. These reflected the general trend towards service improvement that has been identified in other studies, including the intelligence collected through the Commission’s inspections of services.²⁹

“The asylum team would be involved re agreeing the care plan. They may be able to supply extra pertinent information about the parents (eg whether they have suffered torture) and would help to put supports in place.”

Refugee services manager

29 Making Every Child Matter.

“We’ve got a mother with four children, involved with several agencies. Since she got involved here she has increased her confidence and developed herself and that’s all come from the encouragement of different agencies all working together.”

Service manager

- 6.23** The difficulty, identified by a number of respondents, was that effective collaboration does not occur everywhere. It is therefore something of a matter of chance whether parents have their needs met.

Assessing need

- 6.24** Staff in both children’s and adults’ services recognised that a good assessment is key to ensuring that parents’ needs are appropriately identified.
- 6.25** Most cited the assessment framework.³⁰ A few specifically mentioned the ‘assessment triangle’ used in the guidance, one side of which focuses on ‘family and environmental factors’. Many stressed the importance of gathering information from other professional groups, and of using a number of data collection tools, including direct observation.
- 6.26** Why then are issues about adults’ own problems not always being picked up and addressed? Clearly, some teams had difficulties involving colleagues from health and adult social care, but there are other reasons.
- 6.27** Because core assessments are so often triggered by child protection referrals, concerns about adults seemed to be picked up as risks and worries, rather than as needs to be addressed:

“[We] have tended to be weak in the past on identifying parents’ strengths and seeking to really understand their situation. There has tended to be a narrow focus on risk – focussing on gathering evidence of what’s gone wrong.”

Head of social care

³⁰ Department of Health, Department for Education and Employment and Home Office (2000). Framework for the Assessment of Children in Need and their Families London: Department of Health, Department for Education and Employment and Home Office. London: Stationery Office.

- 6.28** There was also evidence of the need to reaffirm assessment as a skilled activity, requiring analysis and judgement, as well as the comprehensive collection of relevant information:

“There tends to be too much straight description without the analysis and sifting for relevance.”

Director of social care

“We are perhaps better at collecting [information] than analysing [it].”

Safeguarding manager

- 6.29** There are implications here for the training of staff, at both qualifying and post-qualifying level, and for effective systems of performance management.

Effective help

- 6.30** Some respondents identified similar pressures on the adequacy of services:

“You work for three months and the service stops. So there is a limited impact in relation to responding to parents’ needs. With families with learning difficulties, the three month intervention approach doesn’t have the flexibility that these families require.”

Social worker

- 6.31** A task-centred approach to intervention has many attractions, both for those managing tight budgets and those managing heavy workloads. It also has some support as an effective way of intervening with certain problems in certain circumstances.
- 6.32** There is little evidence though, that short-term interventions can make substantial inroads into many of the entrenched and complex problems that characterise families whose children are on the child protection register.
- 6.33** In these circumstances the messages from research point to the need for longer-term, multi-faceted interventions, delivered by well-trained, well supported and well-supervised staff, with manageable caseloads.³³ At present, this is not the norm, as many of our respondents illustrated.

31 Macdonald G. (2001) *Effective Interventions for Child Abuse and Neglect: An Evidence-Based Approach to Evaluating and Planning Interventions*. Chichester: John Wiley.

“In addressing parents’ needs, the main problem we have is that we are short of staff, everyone is overstretched. It’s a real challenge to do this work in such conditions. For example, in my area we should have 36 qualified social workers and we only have 21.”

Team manager

- 6.34** If councils are to make a reality of evidence-based practice then some of the harder-to-manage lessons from research need to be addressed, and imaginative approaches taken to finding ways of providing families with appropriate help.
- 6.35** There are messages here too for government and council leaders about expectations, investment, and long-term service support to some families and communities. Recruitment and retention continue to present significant challenges to delivering services.

Positive developments and best practice

- 6.36** The capacity of councils to manage constant change, and to do so in ways that seek to improve services, was demonstrated in a number of initiatives described by respondents. A number of councils were planning and testing new ways of working designed to overcome some of the difficulties identified by individual respondents.
- 6.37** **Integrated teams.** These were highlighted as a model that worked well, both in terms of improving assessment and of delivering services. Here is an example from a Sure-Start project:

“In my organisation any assessment is a family assessment so tensions are minimised. Not just looking at the child’s needs, though keeping the child central. Also helps that we have people within our team who work with adults. For example, improving skills, education, parenting skills, getting back to work, and they’re part of my team. For example, between Sure-Start and other organisations there may also be tensions. We try to have close contacts. We have a named person in other organisations like a named contact in mental health who has spent six months on our team on a secondment basis and that person knows well our methods of working.”

Sure-Start manager

A Youth Offending Team was also held up as a model of effective inter-agency working. Other examples included a multi-agency panel set up in one of the London boroughs to help with the identification of need and the delivery of appropriate services.

- 6.38 The single assessment.** One council was piloting the new single assessment with one local Children’s Trust. The way in which this was facilitating joint working was described in very positive terms:

“The Children’s Trust, which focuses on children with disabilities, works in such a way that everything now focuses on the child and family, rather than them seeing a different person for health, or education or social services, and having to tell their story all over again several different times. This new arrangement is working quite well with the single assessment process, and designing a care package to work for the particular child and family. It’s a pilot at the moment and it’s not yet been rolled out to the rest of the service, but it’s working quite well.”

Safeguarding co-ordinator

Another respondent talked about the way their multi-agency assessment arrangements were working effectively in meeting the needs of asylum seekers.

- 6.39 Investing in children.** Other work in hand, designed to develop services better tailored to the needs of parents and carers, was described as follows:

“It’s also been proposed that we work to the Investing in Children model and we are currently exploring working with [neighbouring council] on this, around environmental issues – ‘staying safe’ and looking at the experiences of children on the child protection register. Also, through the Children’s Trust Pilot we are developing a Parent and Carer Participation Project.”

Safeguarding co-ordinator

- 6.40 Improving case conferences.** A number of respondents gave examples of good multi-disciplinary arrangements around child protection case conferences:

“There is an integrated response. When we refer a child a conference is called – the worker from our organisation becomes part of the core group, and is involved along with other disciplines.”

Manager, substance misuse service

- 6.41** Some councils were only just getting started, but heading in the right direction:

“In a recent meeting with the head of mental health services we agreed to look at how the services could work better together. These first steps need to be consolidated in protocols and procedures (now being developed) so that they don’t just depend on the goodwill of individuals. In this case the mental health team are drawing up a list of their patients who are parents, and the child protection team are drawing up a list of their parents who have mental health problems, and the two will then be coordinated. We are also looking at commissioning a local provider to provide a service for parents with problems and their children – funded by a joint budget.”

Strategic lead for safeguarding and assessment

- 6.42** Certainly councils are facing major challenges with organisational change, resource pressures and growing expectations. This last quote, however, highlights that some changes that could make a big difference can be undertaken on the basis of careful thought and collaboration.

What facilitates good intra-and inter-agency working in relation to supporting parents, and what gets in the way?

- 6.43** Poor communication and a lack of understanding of roles and responsibilities are known to get in the way of collaborative working. Respondents indicated that such problems in negotiating organisational boundaries have not been resolved.
- 6.44** High and unco-ordinated thresholds for service eligibility create organisational holes into which parents fall. They appear to impact on the entire helping process.
- 6.45** High thresholds are driven by resource shortfalls, and are linked to challenges in the recruitment and retention of staff.

- 6.46** Things that facilitate good working are those that target these problems. Staff identified a number of initiatives that appeared to be working well, but these were more often pilots or local initiatives, and needed to be mainstreamed in order to make a substantial difference.

Key Messages

- 1 When agencies work effectively together they can make a substantial difference to parents' ability to care for their children. They can prevent registration and facilitate deregistration and rehabilitation.
- 2 Delivering effective services requires effective leadership.
- 3 Most respondents could provide evidence of good practice, but effective arrangements are not consistently in place throughout council areas. Many depend on particular projects, or the investment of particular individuals or teams.
- 4 Health services have a crucial role to play in supporting parents and safeguarding children. Accessing these services is difficult in some areas, particularly when parents' needs are not at the 'eligibility threshold' for adult services. Respondents thought that more services were needed, given the level of demand.
- 5 High thresholds create tensions between agencies and prevent help getting to parents when they need it. It also leads to services being withdrawn as soon as children are no longer on the register, whether due to being returned home, or placed in foster care.
- 6 High thresholds also appear to have a knock-on effect on the nature of assessments. In child protection cases, the emphasis may be on risks rather than needs. There is scope for improvement in quality assuring assessments and planning. Parents with long-standing or complex problems may need longer-term help.

The organisational challenge

Introduction

- 7.1** The current reorganisation of children's services is designed to improve outcomes for children. Those leading and managing these changes have the challenge of ensuring that new organisational arrangements are accompanied by new behaviours— both within and across organisational boundaries.
- 7.2** One particular challenge is to make the duty to co-operate a reality for all children whose parents need help and support.
- 7.3** This chapter focuses on this broader organisational vision and strategic approach.

Planning, commissioning and managing performance.

- 7.4** Ensuring there is a range of appropriate services requires information about the range and extent of parents' needs.
- 7.5** This study suggests that most of the participating councils suffered from one or more of the following:
- a lack of relevant information;
 - poor information gathering systems; and
 - a lack of analysis and use of data when available.
- 7.6** **Information collection.** Not all councils collected information on parents' needs. Those that did collect information did so in different ways and it was not always clear how they used information to inform commissioning and planning.
- Four councils provided evidence that they monitored the underlying causes for the registration of children.
 - One council collected data on parents' problems through its quality monitoring of child protection conferences. This included questions about parental mental health, substance misuse, domestic violence and contact with probation services, and whether the relevant professionals have been involved.
 - In three councils, routine child protection statistics included an analysis

of parental behaviour and circumstances. These councils varied in the number and type of circumstances they recorded, from five categories more focused on parental care needs up to eight, including lone parenthood.

- 7.7 Information gathered in assessments was not systematically captured and aggregated. One children's service manager expressed his concerns as follows:

"We need to focus on engaging with families about what their problems are and collecting that information systematically so that we can shape services and problems around meeting real needs rather than perceived problems."

- 7.8 Some councils were taking steps to improve information gathering:

"We know what the unmet needs of our families are and we have a commissioning team. We have a multi-agency strategy to prevent accommodation [taking a child into care] and pool resources."

Service manager, children's service

- 7.9 Most thought they had some way to go:

"We are not very good at that at all, to be honest. Most of what we collate is what we are providing. ... Data comes from an Annual Child Care In Need Audit."³²

Service manager, children's service

One respondent was frank about the council's lack of progress:

"None [ie data gathering/monitoring]. But can see that it would be a good idea to do so."

Co-ordinator, adults service

³² Respondent is referring to the Children in Need survey conducted annually by Department of Education and Skills.

7.10 Agencies cannot engage in strategic planning without such basic information.

7.11 **Information analysis.** Collecting information is one thing. Analysing and using it is another:

“I can tell you how many child protection cases involve drugs, domestic violence, domestic violence and drugs... what factors are involved. But what do we use it for? If, for example, we find that mental health issues are a major factor are we going to divert resources to deal with that? No. We collect but don’t analyse it.”

Safeguarding manager

7.12 Some councils were developing a more analytic approach, using information to plan and resource services to address parents’ needs:

“We monitor families where housing is an issue because this is such a common problem. We also monitor substance misuse. We did that for a while and then we reached the conclusion that we needed specialist workers to help us work effectively with these groups. And now we do have a substance misuse worker and a housing worker liaising with these services.”

Team leader children’s service

“We have information regarding domestic violence, substance misuse, parent’s mental health so that we can see the impact of these on registrations ... this has given rise to the abuse partnership [network], which is also an example of adults and children’s services working together, and with black and minority ethnic group work.”

Safeguarding co-ordinator

7.13 Generally though, there was considerable room for improvement in both the collection and analysis of information.

- 7.14 Given the ethnic diversity of many of the participating councils, it is notable that few senior managers made reference to the need to ensure that information collected to enable them to commission culturally sensitive services. This issue did not feature in the policy documents we received either.

Leadership and strategy

- 7.15 The problems encountered by parents do not map neatly onto the particular responsibilities of organisations or services. Providing appropriate help at the right time requires leadership and a strategic approach to planning, commissioning and service provision.

- 7.16 How were councils rising to these challenges? The picture that emerged was as follows.

- Links between children’s and adults’ commissioning were not well established. This applied both within councils, and between councils and health services.
- There was evidence of good practice, but this tended to be confined to special projects, pilots and local initiatives that built on the endeavours of individuals or their teams. There was little evidence of mainstream good practice.

Commissioning at the interface

- 7.17 The predominant focus was on locating responsibility for child protection within councils’ children’s services and their networks with other agencies.

“Locally the links between commissioning in adult and children’s services are not good. Parents may have needs in their own rights e.g. mental health or learning disabilities. Its not apparent to me how those needs will link in to assessment of parents re: child protection. Some parents will be known to adult services in advance of children being on the child protection register.”

Director

- 7.18 Where they existed, protocols between children’s and adults’ services were usually phrased in terms of how adult services can assist with addressing children’s safety. For example, in one council the child protection procedures emphasised what adults’ services should do to assess risks of the perpetrators

of child abuse. There was no concept of how they might support parents in the interest of children. There was little evidence of reciprocal arrangements for children's services supporting the work of adult services in councils.

- 7.19** The two participating London boroughs had more developed protocols designed to address 'cross-over' areas. One had a detailed protocol between adult mental health and children and families front line staff that aimed to ensure the effective engagement of both. It was clearly written in terms that were accessible by both parties. This borough also had a series of less detailed internal protocols between adults' and children's services covering other user groups.
- 7.20** In the other London borough the Area Child Protection Committee (ACPC) had developed a policy/protocol around safeguarding children where there is domestic violence in the household. It had also set up a sub-group on children and substance misuse. This had resulted in the establishment of new appointments working across children and families and substance misuse teams.
- 7.21** A council outside London had the only joint protocol that appeared to recognise the rights of disabled parents to have parenting issues addressed fairly, without an automatic assumption that their children might be in need or at risk.

Inter-agency working now

- 7.22** One council said they had no multi-agency policy or protocols, adding 'but now you come to mention it, it might be a good idea to have one'.
- 7.23** Few senior managers focused on the role of other agencies in identifying and responding to parents' needs, though this was recognised as an important issue by other staff:

"The other challenge is the joining up of services! Specifically with the specialist adult services: mental health, learning disability, substance misuse – different agendas, different targets. These people are not 'just an adult' – they are also parents – nobody has responsibility in their assessment process for assessing the potential impact of a condition on parenting."

Safeguarding manager

Inter-agency working – the future

- 7.24** Many respondents knew little about the forthcoming changes resulting from the Children Act 2004. This has implications for change management at a local level over the next 12 months.
- 7.25** Amongst those who were aware of the changes there were mixed views, ranging from very pessimistic to quite optimistic. We conclude this chapter with some of the thoughts professionals had about the potential impact of these changes on joint working between children’s and adults’ services, including how these might impact on the development of more mature approaches to commissioning and service delivery.

A temporary distraction?

- 7.26** Some respondents were concerned about the potentially adverse short-term impact of the changes on current initiatives seeking to improve work across adults’ and children’s services:

“The energy is focused on children’s services and education. Internal planning of (the transfer of) children’s services to education has taken up a lot of energy and worked against creating links with adult services.”

Commissioning manager, adults services

- 7.27** Many expressed more serious misgivings about the potentially negative consequences of the changes for children and parents.

More significant risks?

- 7.28** Some people were worried that present difficulties would worsen, and that the integration with education would make collaborative arrangements with health more difficult:

“We haven’t got it quite right before, so it might be even more difficult. In other words if we couldn’t do it under the old social services arrangements, how on earth can we do it with two departments. It feels dangerous to me.”

Children’s services manager

“Never well integrated to start with. Separation threatens to widen the gulf.”

Director of social care

- 7.29** Others shared these concerns but thought they could be attenuated if those planning and implementing the changes were aware of the risks and took steps to minimise them.

“When you know there’s a gap, then conscious efforts are made to bridge it. This is already beginning to happen. When everybody is believed to be working together anyway, they just sort of rub along. Now that the possibility of a gap has been highlighted, lots of ropes are being thrown across.”

Service manager, disability

- 7.30** Other distinct concerns, voiced by fewer people, included worries about the dominance of education and the potential loss of a focus on social care:

“We are in danger of becoming a lone voice – education could dominate. There are 200 education staff in this office alone, I have 250 staff in total.”

Head of children’s services

“[Council] is going through the process of integration, and it is led by education. This presents several challenges, one of which is they don’t understand the issues. It seems that for education, social workers’ roles and responsibilities are limited to child protection, as opposed to children in need.”

Head of Quality

- 7.31** Whilst a handful saw the further separation of adults’ and children’s services as potentially positive, most either thought things would be no worse, or that the jury was simply out:

“The link that we have with adult services has not been very great anyway so I don’t feel that there will be much change in that respect.”

Child care co-ordinator

- 7.32** The potential benefits of closer integration with education were widely supported. The question asked was ‘at what price?’. At worst, the increasingly separate focus on ‘children’ and ‘adults’ could mark a further diminution of the former focus on family policy.
- 7.33** Getting the practice right depends on getting the strategy right. Getting the strategy right depends in large part on effective leadership. The success of the forthcoming changes, and the minimisation of the inevitable risks associated with any reorganisation of services, will depend on these essential elements.

Key messages

- 1 In order to develop a strategic approach to service planning, commissioning and delivery of services to parents, councils need to collect, analyse and use information about parents’ needs.
- 2 Whilst not a panacea, inter-agency protocols provide guidance, promote the importance of, and define expectations in relation to, joint working. They indicate that thought has been given to the importance of joined up approaches, and the challenges it presents. Where these were in place, there was evidence of good practice.
- 3 Those leading the organisational changes ahead will need to ensure that arrangements are in place to harness the contribution of all agencies in the task of supporting those whose difficulties are interfering with their ability to care for their children.

Conclusions, messages and recommendations

- 8.1** This study set out to answer four questions. We conclude this report with a summary of the evidence relating to the first three questions, and identifying the message for policy, practice, and future research – the final question.

How are parents' needs identified and addressed when planning and delivering services?

- 1 There was no evidence of a strategic approach to the identification of needs, to resource allocation, or to service development.
- 2 Information on parents' support needs is not routinely collated. When it is collected it is not used systematically to inform the planning and commissioning of services.
- 3 The responsibility for information gathering continues to be seen primarily, if not exclusively, as a 'children's services' responsibility.
- 4 There is some way to go to ensure that all those providing services, including health and housing, recognise their role:
 - in identifying how the issues for which they are responsible can adversely impact on children; and
 - in addressing those issues in ways that support people in their parental roles.

Do the services provided meet parents' needs?

- 1 Young people and parents provided evidence that many parents get too little help, too late.
- 2 Most of the parents we interviewed thought that their needs had not been properly recognised, and that when services were provided they were not always relevant to them.
- 3 Young people echoed these concerns. They had strong views about the importance of helping parents, both in their own right and in relation to children's needs. They recognised that parents need clear messages

about what needs to change, and help to do so.

- 4 Professionals also recognised that the related problems of high thresholds and resource shortfalls mean that services often fail parents and children.
- 5 Respondents identified a particular need for effective mental health services and services for those who misuse alcohol and drugs.
- 6 Insufficient attention is currently given to ensuring that disabled people are appropriately supported in their parenting, where needed.

What facilitates good intra- and inter-agency working in relation to supporting parents, and what gets in the way?

- 1 The following factors facilitate effective intra- and inter-agency working:
 - strategic leadership;
 - good quality data about needs;
 - the involvement of people who use services in their development;
 - an understanding of how resources might best be targeted;
 - an understanding between agencies of their respective roles and responsibilities; and
 - clarity that all agencies have a contribution to make to supporting parents.
- 2 Across all services, high thresholds of service eligibility, developed in service 'silos', get in the way of effective collaboration between agencies. In particular, they get in the way of developing a strategic approach to early intervention.
- 3 Things that facilitate good working include:
 - well-informed commissioning strategies;
 - clear and comprehensive protocols, clarifying expectations and providing guidance; and
 - strong leadership.
- 4 The study highlights several effective models of working at a local level. There are others. The 'active ingredients' in these models are those listed above. They need to be understood and used to inform the mainstreaming of good practice.

What are the lessons from this study for policy, practice and future research?

- 1 The findings from this study do not provide encouraging reading, more than thirty years on from the death of Maria Colwell. Since that time, child protection services have undergone several reorganisations, each of which has gone some way towards improving protection and support to families. Tools have been provided which have supported improved practice, and helped to promote collaborative working within and across agencies. The challenge now is how to maintain and build upon the progress that has been made at a time of rapid change.
- 2 What needs to happen to ensure that this current round of organisational change has the best chance of delivering good outcomes for parents and children? What will minimise the risks that are inevitably associated with large-scale change?³³ This study suggests that the solutions to problems at the front line rest primarily with strategic leadership, effective systems and a joined-up approach to commissioning and service development.
- 3 The introduction of Local Safeguarding Children Boards provides a good opportunity to get to grips with some of the issues identified in this report. With a statutory duty to safeguard and promote the welfare of children, and a clear line of accountability from front line services, there is an opportunity to develop and implement strategies that will drive good practice in all those areas identified above.

Messages for policy

8.2 We conclude the report with some specific suggestions and recommendations for policy makers, Local Safeguarding Children Boards and Directors of Children's Services, practitioners, and researchers. Changes in government policy provide a number of opportunities to strengthen the support provided to adults who are experiencing difficulties in caring for their children. These include:

- Reaffirming the 'family support' responsibilities of the new Directors of Adult Social Services as part of their brief to take a strategic overview of commissioning services for adults.³⁴

33 Local Government Association (2004) *From Vision to Reality: Transforming Children's Services*. London: LGA.

34 Department of Health (2005). *Final Best Practice Guidance on the role of the DASS*. London: Department of Health.

- Taking advantage of the redevelopment of the Children in Need survey to explore the possibility of ensuring that all councils collect a core 'minimum data set' on parents' needs.
- Reviewing and amending the eligibility criteria for adult services to ensure that the needs of parents are appropriately recognised (Fair Access to Care Services – FACS).³⁵
- Ensuring that the first Children and Young People's Plans address how support services for parents should interact with care services for children, to ensure that the opportunities for joint working in the interests of both are realised, and mainstreamed into practice.³⁶
- Incorporating into Children's Trust arrangements a reciprocal recognition of the importance of aligning parts of children's services planning and commissioning with relevant parts of commissioning for adult services, particularly in the areas of disability, mental health and substance misuse.

Messages for Local Safeguarding Children Boards and Directors of Children's Services.

- Local Safeguarding Children Boards should establish robust performance management systems that ensure they have the information they need to develop and deliver effective services, and to monitor their effectiveness in securing good outcomes for children. This should include information on the needs of parents as well as those of children.
- Local Safeguarding Children Boards need to be proactive in making sure that they realise their potential for change, and to minimise risks. This requires strong leadership and an active approach to the management of change. New Boards might benefit from undertaking an audit of key areas of their operation, using a tool such as that developed by Morrison, Lewis and Horwath.³⁷ This includes taking steps to ensure that people who use services are meaningfully consulted about service development.
- Local Safeguarding Children Boards should be active in engaging with parents and young people, as well as front-line practitioners in all partner agencies.

35 Department of Health (2005) *Independence, Wellbeing and Choice. Our Vision for the Future of social care for adults in England* London: Department of Health.

36 Department for Education and Skills (2005) *Guidance on Children and Young People's Plan* London: Department for Education and Skills. All councils are required to produce a Children and Young People's Plan by April 2006.

37 Morrison, T., Lewis, D. and Horwath, J From Area Child Protection Committee to Local Safeguarding Children Boards: An Audit and Preparation Toolkit See Morrison, T. and Lewis, D. (2005) 'Assessing the Readiness of Local Safeguarding Children Boards (2005) *Child Abuse Review*, 14: 297-316.

- Involving Chief Executives and Councillors with lead responsibilities for adults and children in discussions about resource allocation, eligibility criteria and service responses for groups of parents with care needs that impact on the welfare of children. This may lead to setting up pooled budgets or joint posts in some circumstances.³⁸
- Ensure that disabled parents who face challenges in looking after their children have their needs assessed and support offered in a way that is fair and non-discriminatory.³⁹

Messages for practice

The good practice examples from agencies involved in this study point to a number of essential ingredients for effective parental support at an organisational level. These include:

- A clear and explicit vision of the importance of supporting parents. This will be particularly important in a time of considerable change in both children's and adults' social care, and in health.
- Effective leadership that ensures all agencies recognise their role in family support.
- Information systems which routinely identify the support needs of parents in an area.
- Information not only about the needs of those parents with children on the child protection register, but about all parents whose children are in need as a result of parental stress.
- Good analysis and use of information to inform commissioning, planning and delivery of adults' and children's services, across all agencies.
- Mechanisms to ensure that agencies work together effectively. These may vary, but useful components appear to be:
 - mechanisms which involve parents e.g. partnership boards;
 - clear protocols providing guidance and clear governance about the respective responsibilities of health and social care agencies. These should reflect ensure compliance with the requirements in the guidance on Assessments for Children in Need and FACS stressing the importance of children's and adults' services working together; and
 - mechanisms to ensure that protocols are implemented and adhered to, for example, via checklists for staff or internal audits of files
- Ensuring that effective local initiatives or pilots are 'mainstreamed' and

38 All councils to have Directors of Children's Services reporting to Chief Executives and Lead members for children by 2008, most by 2006.

39 Disability Discrimination Act 1995.

replicated across other partnerships within an area.

- Making sure that managers made full use of previous research into ‘what works’ in effective partnerships.

Future research

The importance of addressing parents’ needs was identified by the Department of Health in 1995. Since then there has been a series of initiatives designed to bring about changes in practice, including the introduction of the Assessment Framework and, more recently, the Integrated Children’s System.

A consistent link has been made between the guidance in relation to assessment and the Fair Access to Care guidance to encourage adults’ and children’s services to work together with a child and their family.

Ensuring joined up approaches to service provision is hard. Organisational boundaries, professional and agency cultures, sources of funding, differences in statutory function and performance assessment – all conspire to undermine collaborative working.

Current policy changes offer further opportunities and incentives to make a reality of effective collaboration. They also carry risks.

As indicated in this study and elsewhere⁴⁰ some things appear to help, but the challenge is to anchor these things in mainstream and routine practice.

Future research would be useful on:

- the impact of current changes on the experience of parents,
- the impact of current changes on the behaviour of professionals and organisations,
- ‘what works’ in mainstreaming collaborative working and
- the resources required adequately to address the support needs of parents, and to better safeguard children.

40 Commission for Social Care Inspection (2005) *Making Every Child Matter*. London: Commission for Social Care Inspection.

“The personal social services are large scale experiments in helping those in need. It is both wasteful and irresponsible to set experiments in motion and to omit to record and analyse what happens. It makes no sense in terms of administrative efficiency, and however little intended, indicates a careless attitude towards human welfare.”

Seebohm Report 1968: 142

Study design and methods

A1 The councils

Twelve councils were initially contacted about the study. Nine expressed interest in participating, but in the event only eight did so. One other council supported the study by facilitating access to two of their established group sessions with young people (Walsall).

The councils involved in the study were:

- Cumbria
- London Borough of Hounslow
- London Borough of Lambeth
- Newcastle
- Norfolk
- North Yorkshire
- South Gloucestershire
- Thurrock

These councils represented a range of localities, structures and types, and reflected differences in social, economic and demographic characteristics. They also differed in the Commission's 2004 assessment of their performance.

Councils were asked to provide written information on child protection procedures and policies, and to facilitate interviews by endorsing CSCI's invitations to professionals and parents, and in some cases group interviews with children.

A2 Sources of data and their analyses

We drew on the following sources of information:

- *Group discussions with young people.* This approach was designed to enable us to ascertain the perspectives of young people within a safe environment.
- *Semi-structured interviews with parents and professionals.* Interviews

with professionals were undertaken on the telephone. Interviews with parents were undertaken face-to-face because potentially sensitive topics surrounding child protection might cause distress to interviewees.

- *Analysis of a small number of case files.*
- *Key policy and practice documents.* These were reviewed and analysed against a series of questions.

A3 Sampling criteria

In each council we sought to interview professional staff at senior, middle and front-line levels of the organisation, and working in both children's and adult social care.

We also sought to speak to a range of professionals from other organisations, including voluntary organisations with an interest in children's welfare (eg children's charities), or in services addressing problems which impact on it (eg probation, drugs and domestic violence).

Overall, we aimed to interview between 10 and 15 professionals in each council area.

A4 Consent to be interviewed

All those who participated in the study agreed to be interviewed following the receipt of written information about the study. In addition to obtaining signed consent, the purpose of the study was reviewed with participants at the beginning of the meeting and an opportunity to ask questions and withdraw was offered. Participants were informed that they could terminate the interview at any time, and that they were not obliged to answer any question with which they would rather not answer.

Parents were also asked for their permission to look at case files. Most agreed. Some did not, usually because they themselves had been refused access to their files, or because they were waiting for a response from the council for their data information access request.

A5 The professional sample

All but one council allowed us to recruit practitioners. One council operated an 'opt in' only policy whereby professionals were required to express their interest in participating before we were allowed contact details. Professionals who declined to take part were asked to note their reasons. These reasons included "I do not have time due to work pressure", and "my work does not involve direct contact with this client group".

A6 The sample of parents

The sample of parents was designed to include mothers and fathers, parents from local ethnic and cultural groups, and some parents with recently re-registered children. It was also designed to cover the main sources of stress known to impact upon parents with children on the child protection register.

Councils were asked to help us to recruit 15 parents each, having excluded those parents they considered it inappropriate to approach. The main example includes parents involved in court proceedings.

Twenty eight interviews with parents were conducted. Whilst this was considerably fewer than we had hoped, it was in line with the experience of other researchers recruiting parents through professional gatekeepers.

Parents were offered £15 in high street shopping vouchers, as a gift of appreciation for their participation. Travel and child care costs were also reimbursed.

The topics discussed with parents covered the following:

- Their account of how their child's name came to be placed on the child protection register, and the trigger that sparked intervention.
- Their perception of their needs as parents and those of their children.
- The way in which professionals and services addressed and supported their needs.
- How child protection services supported them and their children.

A7 The interviews with professionals

In interviews with directors, commissioners and other senior managers, there was an emphasis on planning and strategy. For interviews with practitioners, a case management and practice focus was used.

Topics discussed included:

- The care needs of parents with children on the child protection register and their children and families.
- The methods of identification for parents' needs and their children and families.
- Challenges in assessing and addressing parents and children's needs.
- Workings of the commissioning process/case management system with regards to an integrated response to the needs of families.
- Strengths and success stories in current arrangements and practice.

- Views and experiences on the effects the separation of children’s and adult’s services may have for addressing the needs of parents.
- Mechanisms that handle tensions between planning services for adults and children.
- The monitoring and analysis of data.
- Views on what policy makers/practitioners need to do to ensure that risks to children are minimised and services for children and parents are improved.

A8 Group interviews with young people

These consultations were aimed at people aged 14 years old and above who were not currently on the child protection register. This was because we were advised that young people within this age group were better placed to reflect on the issues in question.

As with parents, young people were offered a gift of appreciation – a £15 high street shopping voucher – and travel costs were reimbursed.

A8 The interviewers

A number of experienced interviewers were used in the study, each working within a particular council. The Special Studies team carefully briefed them, and they were asked to provide a written summary of the interview, together with information about anything of importance eg whether the interview was difficult, and why. They provided verbatim quotations, wherever possible, on particular topics.

A10 Data analysis

All data were coded in relation to the main questions or issues explored, and analysed for key themes.

A11 Presentation of data

Data presented in this report are not attributed to individuals in order to maintain confidentiality. The quotations from field notes and other data sources were chosen to illustrate themes identified from data analysis.