Adfam consultation response – revised safeguarding statutory guidance

Background

Adfam is the national umbrella organisation working to improve the quality of life for families affected by drug and alcohol use. We do this by working with a network of organisations, practitioners and individuals who come into contact with the families, friends and carers affected by someone else's drug or alcohol use. We provide direct support to families through publications, training, prison visitors' centres, outreach work and signposting to local services, and work extensively with professionals and Government to improve and expand the support available to families.

Adfam's response centres mainly on the role of drug and alcohol treatment agencies in local safeguarding responses, the importance of 'low-level' support and early intervention, and the need to integrate support for the children of substance users into wider safeguarding responses.

The original consultation information is available on the Department for Education's website.

Working together to safeguard children

1 Does the draft guidance make the essential legislative requirements clear - so all organisations know what the law says they and others must do? If not, please explain why and how you think the guidance should be made clearer.

1.1 Adfam welcomes the rationale behind the slimming down of the statutory guidance and the emphasis on the key requirements of organisations contributing to safeguarding. It is vitally important that all professionals working with children and families are aware of where they sit within the broader, multi-agency approach to safeguarding in their local area, what their key responsibilities are and the role of other partner agencies in keeping children safe.

1.2 But statutory guidance can only go so far in mandating particular actions for specific groups, organisations or individuals. The key questions will most likely relate to practice and implementation, and the answers will depend on how local systems are set up. However, statutory

guidance does have a key role in setting the framework for local action and is not to be taken lightly; there is a need for leadership in key areas such as parental substance use, as will be argued below.

1.3 For example it is of crucial importance, as the guidance notes, that 'professionals understand what they need to do, and what they can expect of each other'; however, it will only be at the local, frontline level that this can be expressed in reality. It will be up to local areas to decide and enforce the responsibilities of particular services and professionals on the ground.

1.4 For example, point 16 of the draft guidance states that some organisations might identify and act on concerns, and others might become involved once concerns have been identified. This is often the crux of the issue: professionals aren't always aware of the different thresholds and criteria for support work in other local organisations, and therefore this may lead to inertia as professionals are unsure of where exactly their remit lies in a particular case. Point 17 lists 'arrangements to share relevant information' as a key requirement, but without further guidance what information is 'relevant' and who it is relevant to, the requirement loses some of its power; this will have to be decided locally through training, supervision and professional development.

1.5 Similarly, point 57 states that 'the local authority should have a common and shared framework for assessment that is agreed and understood by all local partners', which is meant to 'identify the kinds of services to be provided by which agencies and within what timescales'. This is of course important, but enacting such a recommendation into practice is much more difficult. Adfam's own research has found uncertainty amongst professionals on the frontline about which work is required when and from which service, with the result being that families – especially those with nascent or ongoing problems not deemed 'serious' enough for social care intervention – can be missed. A robustly enforced strategy at the local level, backed up by a variety of elements including multi-agency training, effective leadership and further initiatives such as joint visits and work shadowing, can create this environment of mutual understanding of roles and responsibilities.

1.6 Over recent years, and with the release of the original *Working Together*, there have been efforts to integrate drug and alcohol services into the local safeguarding system. There have been concerted efforts to facilitate effective partnership – in particular the NTA/DCSF joint *guidance on the development of local protocols between drug and alcohol treatment services and local safeguarding and family services*. However in Adfam's own research, frontline practitioners have suggested that the relationship between drug treatment and children and family support services remains inconsistent locally, regardless of the best intentions of protocols. Drug treatment practitioners have reported receiving different reactions from social care staff which, in their opinion based on work with parental substance users, do not seem to tally up with the seriousness of the case – sometimes coming in 'all guns blazing' and other times 'bouncing back' a similar case.

1.7 Furthermore, point 57 notes that 'decisions about who should be the lead professional should be taken on a case by case basis'. However, the guidance does not play a role here in making this a reality; Adfam's own research has found that practitioners can be frustrated by indecision over who is leading on a particular case, and the fact that guidance states it should happen does not mean that it will. The grounds upon which this decision should be taken are not explored, and nor are the barriers which might prevent effective partnership: for example, is the lead based on which service

or practitioner is working most regularly with the family; who is dealing with the most pressing problem; which professional has the 'best' relationship with the family; or which worker actually has the capacity?

1.8 Point 17 notes that 'arrangements to share relevant information' between local agencies are listed as necessary in the Children Act 2004. But again, this requirement is open to huge variation and different interpretations between services – regarding what information is relevant to whom, and at what stage. Key questions might relate to when information sharing is liable to break down, and between which services – for example, rules about confidentiality can often govern communication channels which involve healthcare services (including mental health) and drug and alcohol treatment providers.

1.9 Historically there has been a gap between what guidance says should happen and what actually does – both through inaction in taking on guidance, and through differing interpretations of its requirements – for example what constitutes an 'effective communication channel', what 'relevant information' is or what 'appropriate expertise' means.

1.10 It may be more efficient for Government to concentrate its efforts on properly evaluating practice rather than altering guidance and policy, and the slimmed down guidance represents an important first step in a system more based around the everyday realities and challenges of child protection.

2 Are any key requirements missing? If yes, please say in the comment box what is missing and where it should be in the document.

2.1 As noted above, statutory or legislative requirements, which lack the detail which can only be filled in locally, cannot set out an effective system alone. However, there are key areas which Adfam believes need further emphasis and are required to shine a light on concerning but under-recognised issues – specifically substance use by parents.

2.2 A great many children are affected by parental substance use: *Hidden Harm* estimated that 250-350,000 children are affected in this way, and half of all adults new to drug treatment are parents, according to the National Treatment Agency; 1.3m children also live with parents who misuse alcohol (Alcohol Harm Reduction Strategy for England, 2004).

2.3 The safeguarding role for organisations providing drug and alcohol treatment should be made more explicit in statutory guidance. Though adult alcohol and drug services are mentioned under the wider banner of health services (point 22), they should receive much greater prominence and emphasis as key actors in the identification of children who may be at risk. Adfam would stress that, in reply to the assertion in the draft that 'the system has failed children in the past because key people and bodies coming into contact with children on a regular basis often fail to give sufficient priority to safeguarding and promoting the welfare of children', there have been significant improvements on the part of drug treatment services since the publication of *Hidden Harm* in 2003

on how they respond to the parental status of their clients, for example the detail of questioning about their contact with children and how they are coping with their parental roles and responsibilities.

2.4 Drug and alcohol treatment services should therefore take their place alongside the other organisations and sectors frequently referenced in safeguarding guidance: landlords, leisure services, transport police and fire and rescue all receive extensive attention, and so should substance use services.

2.5 Safeguarding is not just about high thresholds and intensive work but ongoing, low-level support for parents, children and families who may be vulnerable. There is a lack of recognition for wider non-statutory services in the draft guidance, which often provide important low-threshold work with families experiencing problems before and after more serious child welfare issues arise, and work not only around drug and alcohol use, but also relationship support, domestic violence, mental health, homelessness and other vulnerabilities which are not necessarily covered by – or readily accessible in – the statutory sector. These services can play a supportive role for these families and perform an early intervention function, so need to be appropriately involved in wider local responses to safeguarding concerns.

2.6 It is vitally important that safeguarding is still seen as 'everyone's business' and not just the preserve of local authorities and social workers – anyone working with families and children needs to be involved and to understand that they have a role in protecting children. The guidance, in being aimed at the more severe end of referral and assessment, does not emphasise this point satisfactorily.

2.7 Some local services also work directly with children affected by parental substance use and work to reduce the impact of their parents' addiction, and it is vital that these are supported both organisationally to continue their own work, and also to ensure they are fully integrated into local information sharing procedures, joint training schemes and other initiatives to facilitate partnership work between local children and family support services and agencies concentrating on drug and alcohol problems.

3 Is the guidance clear enough on what Local Safeguarding Children Boards need to do to be effective? If not, please explain why.

3.1 Again, Adfam believes that local drug and alcohol treatment agencies are conspicuous by their absence in discussions of LSCBs, and that harnessing drug and alcohol expertise is an absolute must in order that LSCBs perform to their fullest potential. Many other services are identified by name, and rightly so; but at present the only avenue for the involvement of substance use services is under point 67, 'appropriate expertise and advice from all the relevant sectors, [which] includes a designated doctor and nurse and the voluntary and community sector', according to local discretion. The need to recognise parental substance use should be enshrined here in the guidance through the suggestion that LSCBs engage fully with alcohol and drug services in the local area; this would help to

ensure that information flows effectively between children and family services and drug and alcohol treatment agencies, and help improve understanding of parental substance use across all local services, both universal and specialist.

3.2 'Monitoring and evaluating the effectiveness of training, including multi-agency training, to safeguard and promote the welfare of children' (point 72) is crucial, but no definition of 'effectiveness' is given and this will be decided at the local level. In terms of improving recognition of parental substance use issues, LSCBs could be given a more definitive steer in terms of what kind of training they should oversee, and organise where necessary – including courses on substance use and the impact it has on children. Practitioners have told Adfam that they find multi-agency training particularly useful as it helps them understand each other's roles and responsibilities better, and see their different perspectives on the same cases – for example through the use of live, anonymised case studies which examine when and how different services would intervene with the same family.

3.3 LSCBs can ensure that safeguarding training is accessed by all relevant drug and alcohol agencies, and conversely that training on parental substance use is properly embedded into professional development in local services such as healthcare and education. Through their links to local managers and safeguarding leads, the LSCB can also help ensure that parental substance use is appropriately covered in practitioners' supervision, and a culture of emphasis on this issue is properly installed.

4. Other comments

4.1 Adfam welcomes the recognition that 'children may be caused distress or be harmed in families where the adults have mental health problems, misuse substances or are in a violent relationship'. However given the seriousness of these issues, and their pervasiveness in cases of harm to children (for example in 2005-07 3 in 4 Serious Case Reviews mentioned at least one of these factors, and in 2003-05 1 in 3 noted all of them) there should be emphasis above and beyond this mention on the safeguarding role of local services working with these adults; Adfam welcomes the mention of the police role in safeguarding stemming from attendance to domestic violence incidents.

4.2 Adfam welcomes the attempt to reduce guidance and clarify the statutory requirements. However, it should be kept in mind that not all guidance is 'bureaucracy' or 'red tape' and well-designed protocols and procedures can provide a strong basis for professional accountability, which is imperative to improving outcomes for children. It is crucial that the reduction in guidance does not undermine the important steps forward that have been taken forward in grasping the scale and difficulty of ensuring vulnerable children's safety.

4.3 Though the desire to provide concise guidance is understandable, it may have the unintended consequence of downgrading the issue of parental substance use and of de-emphasising the role of adult substance use services in safeguarding arrangements. The version of *Working Together* currently under revision has much more content relating to substance use issues, including specific

sections on parental alcohol and drug use and the recommendation that 'adult health services and in particular...drug and alcohol services...are represented on the LSCB'. (3.71).

4.4 As a wider point, the reduced guidance is a well-intended attempt to put a greater emphasis on practice rather than simply processes, and put work back in the hands of a quality workforce; as noted above, most issues relate to implementation and practice rather than the guidance itself. However, 'professional judgment' cannot be relied upon as a panacea any more than a protocol or guidance document can, without considering the people on whose judgment we are relying. This is a question for the workforce involving training, qualification, management, supervision, leadership and ongoing professional development. In order to put trust in professionals' judgment, we need to support them, provide them with the tools to make these important decisions and trust they will do so correctly.

4.5 The Government's own impact assessment notes that 'there is a risk of negative impact on children if central government is less prescriptive'. Though there is no doubt that the previous guidance needs to be altered to be more accessible, care needs to be taken in the process of radical reform that a vacuum is not left between the removal of central guidance and the establishment of new, more flexible systems based on professional judgment.

4.6 There need to be programmes in place at the local level which replace the over-scripted guidance so bemoaned by the consultation. Adfam believes that parental substance use is a vital area of learning for social care staff and one which, up to now, has received insufficient priority. It must form part of the core awareness of any social worker and, without being overly centralist, we look to the Government to provide clear leadership on the importance of parental substance use as an integral part of the overall safeguarding of children.

4.7 Whether it is overly prescriptive or sparse, guidance and frameworks cannot in themselves create an effective system of child protection. Therefore, a framework of evaluation is the only realistic way of testing whether the statutory guidance has been taken up, and this should include the role and perspective of staff in drug and alcohol treatment services. As set out in the revised guidance, this is primarily the role of Local Safeguarding Children Boards – see question 3.

<u>Managing individual cases</u>

5 Will local frameworks for assessment, which are timely and transparent, allow professionals to exercise their judgment and respond in a way that is proportionate to the needs of children and their families?

5.1 This depends entirely on what the local frameworks constitute. If the new system of local frameworks does indeed go ahead, their design must be taken as an opportunity to bring all relevant agencies together to move forward cooperatively. The perspective of drug and alcohol treatment

providers must be recognised, and the views of frontline practitioners – not just managers – need to be taken into account.

5.2 As discussed previously, 'professional judgment' is not an unqualified good. We need to trust that in a new environment in which professionals have a freer hand in making important judgements about the safety of children, there must be strong management support and supervision, watertight systems of training and professional development, and accountability at the local level. The confidence of the workforce is directly related to these key factors and in order to expect professionals to make decisions, they need to feel supported in doing so.
A lack of a prescribed time limit may lead to increased disagreement between professionals and services as to how pressing a family's needs are, and how quickly to react to them; Adfam's own research has found that drug treatment and social care staff report disagreements over this point, and without the recourse to a set time limit these professional frictions could become more pronounced. It also removes a key point of redress for families seeking support themselves, and could make local authorities less accountable by removing a standard of timeliness which would otherwise be held up by families as a right laid down under law.

6 Do you think that having an internal review point for completing assessments within your local framework, will provide sufficient control to avoid unacceptable delays for children? If not, how best might such control be achieved?

6.1 It is perhaps curious to see the urgency of the statement 'every day matters' in the revised *Working together* (page 1), and then see prescribed timescales for assessment being removed in *Managing individual frameworks*. Of course local areas will design systems of support differently according to local need, but there does not seem any convincing reason why the timescales for assessing children in need should vary depending purely on where they happen to live.

7 Please use this space for any other comments you would like to make

7.1 There is possibly a conflict between the claim 'what is important is that action is taken quickly so that a problem does not escalate' and the guidance being aimed at cases 'where an individual is so concerned that they have referred the case to local authority children's social care', by which time the problem may already be serious. Local assessment frameworks should involve a variety of possible responses, including support services for parents and children affected by substance use along a spectrum of need.

7.2 Local responses to safeguarding concerns must go wider than just whether or not a child is at risk of serious harm; there are many more children and parents who are in need of support and services outside the relatively serious remit of social care. Notwithstanding the audience for this particular revised guidance, local assessment frameworks must be pushed to include responses wider than just a 'yes or no' as to whether there is urgent need to intervene with a family where a child is in

immediate danger of abuse or harm. This is particularly relevant to the early intervention agenda, as low-level services are required to work with families before problems initiate or escalate to a point where statutory intervention becomes a necessity for the safety of children. There is a whole spectrum of need located outside social care which must be catered for in local responses to concerns over children's welfare.

7.3 For example in flowchart 1, when 'no further LA children's social care involvement' is needed there may be onward referral, common assessment and services, and 'help to child and family'; but who is managing this process and how is it evaluated? Who decides which services are most appropriate at this time? Similarly in flowchart 3, the 'no LA children's social care support required' box is a dead end, but it should not be: for many families this could be just the start of productive relationships with services which could prevent the further escalation of problems.

7.4 This is not of secondary importance to immediate intervention, and could be crucial to early intervention. Professionals need a full picture of local service provision, named leads, contacts, in statutory and voluntary services across a range of needs – this is important.

7.5 Drug and alcohol treatment services should routinely assess the parenting responsibilities and capacity of their clients, and Adfam would like to see this information included in statutory guidance as recognition of the importance of this issue.

7.6 Adfam welcomes the assertion in the guidance that supervision is extremely important, and that it must 'support professionals to make good quality decisions'. Adfam believes that issues and concerns relating to parental substance use should be a standing item in supervisions not only for drug and alcohol treatment workers, but also for those working in social care and who therefore come into contact with parents affected by substance use.

<u>Statutory guidance on learning and improvement</u>

[questions 8-11 were outside Adfam's remit.]

12 Please use this space for any other comments you would like to make

12.1 Guidance on learning and improvement should not concentrate purely on Serious Case Reviews, the aversion of major incidents and tragedies, although preventing these is obviously of paramount importance. But as a proportion of a social worker's caseload, cases of life-threatening harm and neglect still represent only a limited number of referrals to children's social care.

12.2 Serious Case Reviews and child death reviews are the worst case scenarios and guidance is right to concentrate on them, but not necessarily at the expense of children 'in need' rather than 'at risk'. Indeed, it is through early intervention and the provision of lower-threshold support work in local areas that the risk of the jump from one to another is lessened. As the guidance notes, there needs

to be a culture of continuous learning and improvement and not just sweeping changes made once a grave error has been discovered.

12.3 Learning and improvement can exist on a systemic and organisational level as well as relating to individual workers. The guidance should emphasize the importance of a whole local systems approach and the partnerships and working arrangements between different services, as well as the skillsets of the individual professionals populating them.

12.4 Overall, the guidance is aimed at strategic leads but it should also resonate with, and be accessible to, frontline workers. A concern is that the document sits somewhere in between providing information for strategic leads and telling practitioners in sometimes vague terms what their responsibilities are. The guidance did need to be slimmed down but this cannot amount to a dilution of the importance of its subject matter, and the new *Working Together* should only be the first step in a new, more efficient system which improves the protection of, and outcomes for, children.

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