Multi-Agency Protocol
for working with children living in families affected by domestic abuse, parental mental ill health and substance misuse
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Introduction

1. Evidence from research and serious case reviews shows that children living in families affected by a combination of domestic violence, parental mental ill health and parental substance misuse are at significantly greater risk of harm.

2. These factors often referred to as ‘the toxic trio’ interact in a way that multiplies the difficulties children face. Where two or more toxic trio factors are present in a child’s life there is an increased risk of harm, where there are three factors the risk significantly increases.

3. Practitioners often work within professional networks that focus on children or adults, on mental ill health or substance misuse, or focus primarily on tackling domestic violence. It is the interaction of these parenting capacity factors that is a feature of families with children affected by ‘the toxic trio’. Practitioners working together to be effective have to address all parenting capacity factors, and bring their knowledge base and expertise together around the child.

4. Where domestic violence is present in a child’s life, the priority is action to protect the child and the victim, where possible taking enforcement action against the perpetrator. Professional focus is often on episodes of violence, the level of danger and harm and how children were affected by what happened. There are policies, procedures, guidance and practice tools to support effective working together around domestic violence.

5. Many children affected by the ‘toxic trio’ are living with adults where relationships are abusive and have the potential for violence, where the use of substances by parents and parental emotional and psychological problems impair their capacity to be responsive to their children’s needs. There may not be incidents of violence leading to police and children’s social care intervention. It is the chronic pervasive impact of this parenting over time that becomes evident to professionals who have contact with the child in terms of their health, development and relationships with others. The challenge is to identify children before there is a long term impact on their welfare and provide the help to parents that enables them to change how they think, feel and behave as parents.

6. There is relatively little research and guidance for practitioners on working with the co-existence of these parenting capacity problems. Appendix A has links to useful research and practice support documents.

7. Specialist services addressing domestic violence and abuse, adult mental illness and adult substance misuse are commissioned by Children’s Services, Adult & Older People Services, Housing Services, Community Safety, and Greenwich.
Clinical Commissioning Group for children, parents and families. This protocol also considers the importance of commissioners addressing the fact that for children, parents and families there may be a coexistence of these factors, and commissioners would want to be confident that providers can address this in the way they work with service users.

**Challenge**

8. A high proportion of children coming to police attention and/or children referred to children’s social care are living with a combination of domestic violence, parental mental ill health and parental substance misuse. Our modelling of information suggests:

- where domestic violence is a factor it is likely that at least one other toxic trio factor is present in 3 out of 5 children’s cases
- all three factors are likely to be present in 1 in 4 children’s cases
- domestic violence and parental mental ill health are likely to be present in just under half of children’s cases
- domestic violence and parental substance misuse are likely to be present in just over 1 in 3 children’s cases
- parental mental illness and parental substance misuse but not domestic violence are likely to be present in 1 in 16 children’s cases

9. Practitioners are far more likely to be working with two or more ‘toxic trio’ factors than they are just with parental substance misuse, parental mental illness or domestic violence. The practice implications are that it is important for practitioners to proactively seek to identify other toxic trio factors where one is identified. Secondly, services are often organised around specific problems rather than around families with two or more toxic trio factors. How these factors interact and impact on children would need to be addressed in the information sharing, assessment, planning and delivery of help and interventions. The diagram below shows the expected prevalence of ‘toxic trio’ factors.
Our ambition and principles for working together

10. The Greenwich Children & Young People’s Plan 2014-17 has an ambition that by 2017 our most vulnerable children and young people are protected from neglect and harm. This means taking action to reduce the harm and impairment caused to children by all forms of abuse, with a focus on the ‘toxic trio’ (domestic violence, parental mental ill-health, alcohol abuse) from pregnancy up to the child’s second birthday. Our ambition is to break the cycle of multi-generational patterns of poor parenting that leads to severe neglect and life-long consequences for people who have been affected by the toxic trio.

11. This requires a workforce that is capable of identifying children living in families who are at risk from these factors, and taking action and responsibility for safeguarding and promoting the welfare of the children through working with the parents to get and use support, and make changes in their parenting.

12. Our ambition is that help will be provided as soon as a problem is identified, and before children’s health, development and life chances are affected. This will mean that our universal services will play a key role in identification and engagement of parents, and will work together using a Team Around the Child approach, stepping up where required to a Child in Need Plan or a Child Protection Plan.
13. We want services will be joined up around the family. This means professionals understand the pathways to support and will work across organisational boundaries to ensure that directly provided and commissioned services are delivered as part of an integrated plan.

14. We will know we have achieved our ambitions when there are fewer children referred to children’s social care whose welfare is affected by two or more toxic trio factors, there is a reduction in repeat referrals to children’s social care where the toxic trio is a feature and more children report that they know where to get help if they are living in a situation where they are affected by the toxic trio.

15. In working together we recognise:
   - We have a shared responsibility for identifying and responding to children living in families with ‘toxic trio’ factors.
   - Practitioners will take responsibility for getting the first response to children or concerned adults right – this means asking the right questions and getting the fullest picture before deciding to initiate an early help process or refer to children’s social care.
   - There should be ‘one front door’ for children and survivors of domestic violence where there are also parental mental health and parental substance misuse problems. People need to be encouraged to disclose and that this will be followed by practitioners taking action to address the total situation.
   - Practitioners will be capable of making an early identification of the co-existence of toxic trio factors in the families they work with. Routine enquiry and assessment should be adopted as a means of ‘opening up’ what can be a difficult issue for people to talk about.
   - Perpetrators of abuse and violence will be held to account for any abusive or violent behaviour.
   - Individual agencies will have in place documented arrangements for identifying and addressing the co-existence of toxic trio factors in families.
   - Given the coexistence of domestic violence with parental mental ill health and parental substance misuse, practitioners will prioritise the safety of the child and victim. Where there is concern about a crime being committed or that a child is being maltreated or neglected or otherwise at risk of harm, information can be shared without consent.
   - Practitioners will know about and use tools to help them assess risk and to decide what action they need to take.
• Practitioners will use the support of their safeguarding lead, manager and the social work consultation line (now part of the Multi-Agency Safeguarding Hub) to resolve concerns about children.

• Help and intervention in families where there is domestic violence should be informed by the needs of the child and victim (who is usually a woman), which means using research and evidence to make sure that the risk of harm is not increased by professional involvement.

• We should involve and learn from children and survivors what works in terms tackling the toxic trio.

• Commissioners will ‘think family’ in designing service specifications and look to providers being flexible to addressing parenting capacity issues and developing good parenting capabilities, and being proactive in finding the pathway to the right integrated help when they cannot address all the parent’s needs.

Recognition

16. Each year police are called to hundreds of domestic incidents, some of which involve serious crime. This provides a ‘way in’ for statutory services to work with children, their parents and wider family. However our ambition is that universal and targeted services identify children affected by the toxic trio before such serious incidents occur. This provides parents with an opportunity to make changes at an early stage.

17. For some people who grew up in families with domestic violence and substance misuse, the pattern of behaviours for building and developing relationships, resolving conflict and using alcohol and drugs can become normalised. Children sometimes know of no other way of being brought up.

18. Parents are not always open about the difficulties they face. For example they may talk to a health professional about their mental health and well-being but not mention that they are the victim of domestic violence and living in an oppressive stressful relationship.

19. Recognising only one toxic trio factor makes it more difficult to take the action that the child needs to be safe, secure, and to meet the expected standard of health and development, and make progress. It is therefore important that all professionals are able to explore whether other toxic trio factors are present when one factor is identified.

20. Talking to parents about their difficulties is one approach, but we know that sometimes parents are reluctant to explain their position to professionals. It can be challenging to ask ‘difficult questions’ but with the right support and guidance this can be achieved. Children are able to say or show that all is not well and talk about
their experience of living in a family with toxic trio problems. Some of these
behaviours can be identified through information sharing between professionals.

21. We therefore would promote the use of practice guidance which focuses on how
often children show and communicate. See Section 3 of the Complicated Matters:
A toolkit addressing domestic and sexual violence, substance use and mental ill-
health (AVA, 2013) for more guidance on asking the question, active listening,
developing empowering relationships and immediate practical support.

Response

22. The safety of children and adults at risk from violent, coercive or abusive
behaviour should always be at the centre of a service response. Practitioners will
use their own agency’s procedures and guidance to determine their response. This
will be informed by the Protocol for Assessment and Threshold Guidance and
other multi-agency guidance. A sound assessment is the foundation to identifying
children’s needs, the level of risk to their welfare, what needs to change, the past
and what actions are most likely to secure change within a timescale that meets
the child’s need for permanence – a safe and secure childhood, securely attached
to their parents (or other adults who care for them).

23. Children should have the opportunity to talk about their experiences, and express
their wishes and feelings. How they present, behave and relate can show
practitioners what is happening in their lives. Practitioners should explain to
parents how important it is that the child’s world is understood.

24. Whether as part of a Team Around the Child (TAC), Team Around the Family
(TAF) or as part of a group led by a Social Worker, it is important that the right
people are around the table with family members, and this will include practitioners
able to help parents with their problems around substance misuse or mental ill
health.

25. An effective response is more likely where help is coordinated and provided in a
timely way using a ‘SMART’ plan that has been agreed with the parents and takes
into account children’s experiences and views.

26. Parents may have a high level of need, and their behaviour may wittingly or
unwittingly distract professionals from the child’s need to be safeguarded and
secure permanence. It is important that the service response does not lose focus
on the child’s needs and reducing the risk to their welfare.

27. Section 4 of the Complicated Matters: A toolkit addressing domestic and sexual
violence, substance use and mental ill-health (AVA, 2013) considers working with
victims of domestic violence and Section 5 covers keeping safe (including risk
assessment and management), Section 6 covers crisis response and Section 7
focuses on children and safety in the family.
Appendix One

There is guidance and other practice tools specifically relating to domestic violence, or parental substance misuse, or parental mental ill health. Each specific problem has its own professional network and service responses. There is however relatively little guidance on working with two or more toxic trio factors. This work requires professionals to work across different professional networks and services.

The report *Domestic Homicide Reviews Common Themes Identified as Lessons to be learned* (Home Office 2013) has a section on “Complex Needs”. It notes that in some cases “the domestic violence and abuse was not always identified because agencies were focusing on addressing mental health or substance misuse…in these cases there was often more working in silos which means an appropriate multi-agency intervention was not considered.” The report recommends the use of this tools kit.

Women with complex needs: good practice guidelines and pathways for working with women affected by domestic violence, substance misuse and mental health issues
http://tinyurl.com/bm3u4ub

Risk assessment tools include:

Domestic Abuse, Stalking and Harassment Risk Identification Checklist (DASH RIC).

Barnardos’ Domestic Violence Risk Identification tool
GSCB Risk Assessment Tool.

Literature review on multiple complex needs
http://tinyurl.com/bpm8463

Dual Diagnosis Toolkit: Mental Health and Substance Misuse
http://tinyurl.com/bwgjgwh

Embracing alcohol, domestic abuse and families – a new approach
http://tinyurl.com/chlex2d