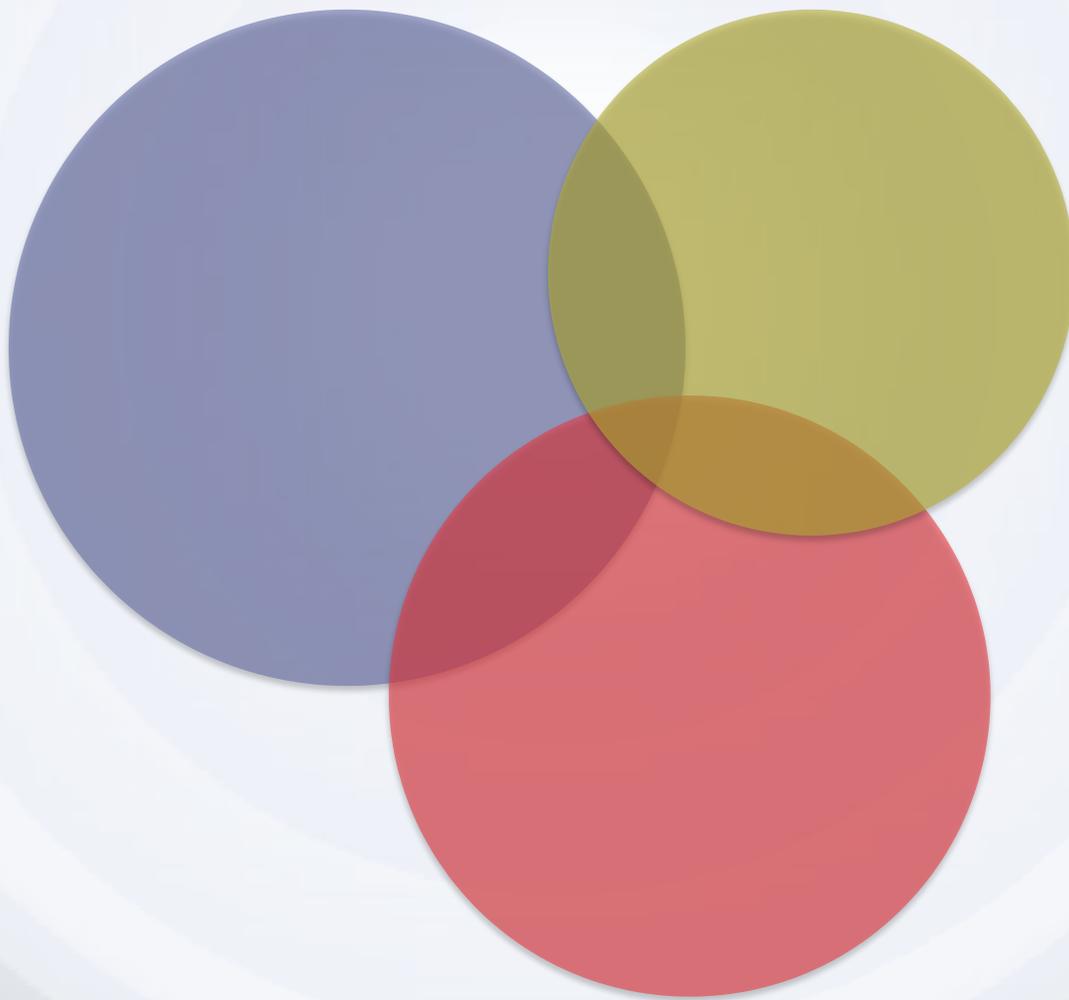


Practice guidance

for working with children living in families affected by domestic violence, parental mental ill health and substance misuse



GREENWICH
**Safeguarding
Children**
PARTNERSHIP

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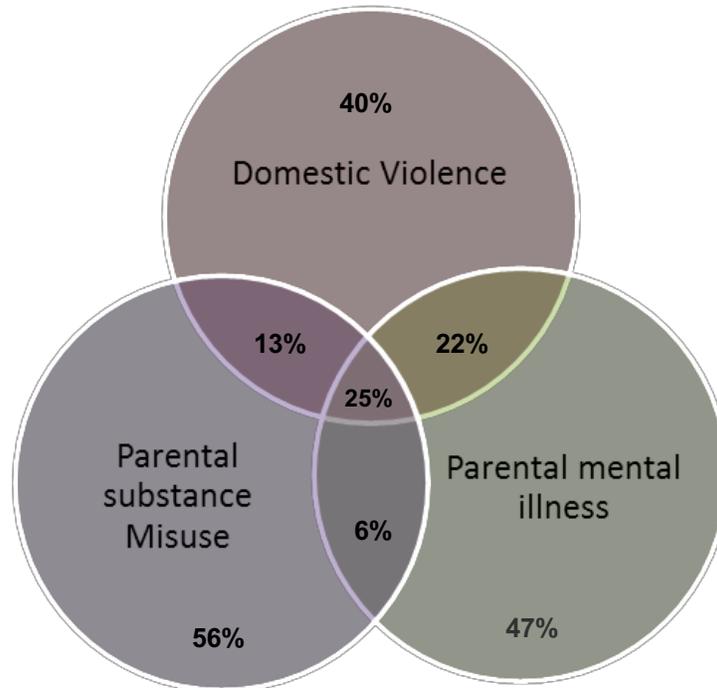
Introduction

1. Evidence from research and serious case reviews is 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. 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.
2. The purpose of this practice guidance is to support effective multi-agency practice that makes a difference for children living with two or three of these risk factors. 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'.
3. The experience of domestic violence can lead to mental health problems and substance misuse. People with mental health problems may use substances as a way of handling their difficulties. Substance misusers may develop mental health problems. People with mental health problems and substance misuse are more vulnerable to abuse and violence. It is important that practitioners working together address all of these factors, and bring their knowledge base and expertise together. This means that an early help approach or child in need framework is most likely to achieve a sustainable change for children.

Challenge

4. A high proportion of children coming to police attention and / or 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 cases
 - all three factors are likely to be present in about 1 in 4 cases
 - domestic violence and parental mental ill health are likely to be present in just under 1 in 4 cases
 - domestic violence and parental substance misuse are likely to be present in 1 in 8 cases
 - parental mental illness and parental substance misuse but not domestic violence are likely to be present in 1 in 17 cases

5. The diagram below shows the expected prevalence of 'toxic trio' factors.



6. Practitioners are 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.
7. Some children are at risk as a result of violence perpetrated towards a parent / carer but many children live households where there are abusive relationships where they fear violence, are chronically insecure, do not have adults who are emotionally or consistently available for them. It is the long term accumulation of stress that has such an adverse impact on children's relationships, behaviour, health and wider well-being. These children are more likely to have problems at school and lack resilience. Their distress may be communicated through their behaviour as they cannot conceptualise what is happening to them. They are likely to be in a high state of alert and concerned about their own safety. There is extensive research on the stress and trauma this leads to during childhood and into adult life. The challenge for practitioners is to recognise and act early in a child's life and act even where there are no significant abusive episodes for children's social care or the police to 'investigate'.

Understanding the child's world

8. Good practice places the child's world at the centre. It is about establishing rapport with parents and other significant adults and asking questions and using observation to understand the relationship and inter-actions between child and care giver, what routine care the child experiences at home, what opportunities there are for them outside the home, who is important to them and why, and whether they appear to be healthy, developing and are relating to others in the way the practitioner would expect. Children can become 'invisible' because practitioners are overly focused on the needs of the adults, get distracted by the parents' behaviour towards professionals or falsely re-assured that 'all is well'.
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9. Children whose parents' capacity to safeguard and promote their welfare is affected by the 'toxic trio' are likely over time or as a consequence of a traumatic incident to experience or show evidence of neglect and emotional abuse, and face greater risk of physical and sexual abuse. It is therefore important to understand the quality of parenting and any parenting capacity issues during the mother's pregnancy or early in childhood with a view to providing the right help that helps the parent overcome their difficulties and builds resilient parenting.
10. Change and uncertainty is often an ever present factor in a child's life. This is evident in:
- Changes in where the child lives
 - Changes in school following 'disagreements' between school and parents
 - Changes in the adults in the household
 - The threat of losing a valued person
 - Changes in care givers
 - The threat or anticipation of someone being hurt or upset
11. A 'start with the child' approach provides a way in to working with parents about 'difficult issues' and opportunities for providing early help before problems become acute or embedded.

Possible indicators - children

12. The following paragraphs set out possible indicators that domestic violence, parental mental ill health or parental substance misuse are present in the household or parental relationship. Where there are a cluster of indicators around individual children across a family (which is why understanding the experiences of older children is important) there is a greater likelihood of parenting not being reasonable in meeting a child's needs.

Health indicators:

- Failure to thrive
- Accidental or non-accidental injuries
- Children presenting with stomach aches and bed wetting
- Children's risk taking behaviour with alcohol and other substances



Emotional and behavioural developmental, progress at school indicators:

- Attachment behaviours indicating attachment disorder
- Younger children not meeting developmental milestones
- Speech and language delay
- Lack of opportunities to interact with people
- Babies and younger children have irregular meal and bed times
- Few or no toys compared to families with similar income
- Lack or no attendance at early years provision
- Less ready for school than peers
- Erratic or poor parental time keeping at the beginning and end of the school day
- Child acts out anxiety or stress leading to low self-esteem: boys more likely to be expressed as aggression and girls internalise.
- Lack of impulse control leading to aggression towards people and animals
- Children tired and not alert at school, don't take up after school opportunities
- Children socially isolated; few or no friends
- Children unwashed and wearing dirty clothes that 'marks them out' from peers
- Subject to and may bully others
- Children not achieving educational potential or sudden change
- Lack of support and anxiety through puberty

Beliefs about self and others:

- Low self-worth
- Poor sense of value of own identity and heritage
- Normalising neglectful or abusive parenting behaviour
- Normalising abusive or violent ways of resolving conflict
- Internalising conflict between parents or acting it out or showing it in creative activities
- Negative views about self and body during puberty (linked to a lack of parental attention at this key stage in life)
- Seeking more affection and reassurance from professionals or new adults in their life
- Seeking affection and being valued by peer groups who may exploit this behaviour (ie: risk of involvement in criminal gangs, child sexual exploitation or evidenced in going missing)
- Unplanned pregnancy and becoming a teenage parent
- Belief it's their responsibility to carry out parenting tasks for younger siblings
- Take responsibility for the parents' problems
- Fearful of talking about life at home and involving others in family life
- Take responsibility for 'bad things' that happen (inappropriate blame from parents)

Tools for practitioners

There are a range of assessment and direct work tools you can use – think about whether the tool is child centred and best fits the situation you are concerned about. These include:

[Parenting Daily Hassles Scale](#)
[Home conditions Assessment](#)
[Strengths and Difficulties Questionnaire](#)
[Alcohol Use Questionnaire](#)
[Barnardo's matrix](#)
Graded care profile - neglect

Help and intervention that has a positive impact for children

13. It is important that children are identified and get help as soon as possible in their childhood. Sadly many children have lived with the consequences of neglect and emotional impoverishment through their childhood, even if there has been no single traumatic serious incident that usually brings in the involvement of the police and children's social care.

Where there are concerns about significant harm or the risk of significant harm placing a child in immediate danger or concern that the primary care-giver is in danger the priority is safety planning and protective action.



14. Practitioners need to be prepared to raise with parents issues about how their child is developing and make the links with concerns about domestic violence, parental substance misuse or parental mental ill health on more than one occasion, and to do this even if there has been no 'incident' as a basis for initiating the conversation. The level of need and risk may not have reached the threshold for statutory child protection services to do any more than practitioners can achieve through open honest discussion.
15. It is usually better to focus what the child needs in terms of responsive loving interactions and care, routine, stimulation, boundaries, support and a safe environment. Highlighting the damaging parenting behaviour, passing judgements and making exhortations to put the children first and change are unlikely to have impact for children and may drive parents into defensive avoidant positions. Motivational Interviewing (MI) is a useful tool to develop conversations with parents that are more likely to lead to positive change. [Click here for more information on free MI training.](#)
16. Where a parent (usually the mother) is being abused, at risk of or threatened with violence and disempowered this starting point may make things worse. There is good guidance on asking pregnant women and parents questions to ascertain the risk of domestic violence and abuse in their relationship. There is also guidance on effective safety planning before and after the woman has ended the abusive relationship.



Where there is a known or good grounds for thinking a parent is at risk from a violent person they have or have had an intimate relationship with, it is important that priority is given to following the relevant procedures and best practice guidance relating to domestic violence. Safety planning for the children with the non-abusive parent and other professionals is essential.

17. When working with a parent with mental health problems it is important to determine whether there are adult mental health professionals working with the parent. Where a parent has a history of or current serious mental health problem it is essential to understand the implications of this for the parent's capacity to safeguard and promote their child's welfare when they are becoming or are ill. Effective contingency planning in the event of the parent becoming ill can be significantly undermined by the parent being in an abusive relationship or where substance use is an issue for the parent or other significant adults who care for the child.
18. Many parents will have a longer term less acute mental health problem that does not require specialist adult mental health services. Treatment is provided and monitored by primary health services. However the long term impact on the parent's capacity to provide reasonable parenting maybe significant especially where they also use substances to handle the negative thinking and feelings associated with depression and anxiety. The underlying emotional and psychological issues may lead to parents making what appear to others to be unwise or hasty choices in their intimate relationships which introduce an adult into the child's life without much consideration of the impact for the child.
19. Research indicates that clear communication about the child's needs and what the parents needs to do to meet those specific needs is essential. Practitioners need also to be clear about how they can help whether as change agents themselves working with the child, parents and family through direct work, or by coordinating or arranging services.
20. The level of risk to children is dynamic so it is important that practitioners have opportunities to reflect on their analysis of what the child needs, parenting capacity, protective and risk factors around the child. The agency safeguarding leads provide a valuable source of advice and guidance. Supervision or opportunities to discuss individual cases with experienced colleagues is also important in correcting bias and testing the practitioner's analysis of the situation.



What helps children:

Having the opportunity for safe and contained expressions of communicating what life at home is like through creative activities, play and fun

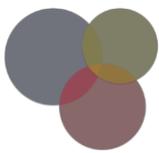
Experiencing the opportunities from attendance at children's centres and other early years provision

Spending time with other family members who can offer an experience of positive care and new activities.

Enrichment activities to address delayed speech and language, build confidence and social skills, re-learning how to build relationships



21. Finding the right points of intervention in the 'child's world' is a significant challenge where parenting is affected by a combination of domestic violence, parental mental ill health and parental substance misuse. It is easier for practitioners to share information (usually with appropriate consent) and work with the child and parent to identify what is likely to have the most impact quickest and change things for the child.
22. Children will often tell practitioners (or want to tell practitioners if the opportunity arises) what they want to happen to feel safer and what they want to happen in their family. Listen to this and act. Many children will require re-assurance that it is the right thing to talk and be truthful. Children are placed under great stress when they are told to wilfully lie by those they love.
23. Parents may have to build resilience through addressing long standing emotional and mental health issues before they are sufficiently resilient to end and avoid re-entering controlling abusive relationships. For other parents getting out of a relationship and then addressing the long standing issues is imperative to their safety and the child's welfare. Working together as a Team Around the Child (TAC) or as a group led by a social worker as lead professional (Child in Need Plan) are key to securing timely change for children.
24. Where children are at risk of significant harm, child protection arrangements apply and the parents will know what needs to change for the child within what



timescale, and the potential consequences if this does not happen. It is important to note that only a minority of children receiving help as children in need are subject to child protection plans, and that earlier help in the child's life and when problems first emerge is more likely to have sustainable impact for the child. Where parents are not cooperating with earlier help, consideration will have to be given to 'stepping up' the intervention through referral to children's social care.

Common pitfalls

25. Practitioners need to be mindful of **common pitfalls** in working with parents who have substance misuse and mental ill health and are involved in abusive relationships:

- Believing what you are told by the parent and other adults in the household – not focusing on whether the parent has changed their behaviour or anything has changed for the child
- Not knowing who is in the household or an important person in the parent or child's life – ask or find out about significant adults and the part they play in the child's life whether they live in the household or not
- Rule of optimism – thinking things will change because you (or others) are involved in the family's life or certain services are being provided
- Disguised compliance – parents apparently do what is expected of them but have not changed how they think, feel and will behave once professionals are less involved in their life; parental behaviour leads you to think the child is being safeguarded and they receive reasonable parenting when they're not. [Click here](#) to access the GSCB factsheet on Disguised Compliance.
- Getting lost in the adult's problems and dramas – losing sight of the child
- Thinking short term changes can be sustained without everyone being clear about how they will be sustained
- Setting up 'deal breaking' agreements with families you can't or don't follow through – if there are no consequences what is the motivation to change when a 'if-then' approach is taken?





- Thinking you don't need to work with other practitioners and have specialist advice – don't minimise the importance of regular communication and using the expertise of 'specialists'
- Focusing on episodes not on what the child is saying or showing, long term patterns of parenting behaviour, the family history and track record of earlier efforts providing help and intervention.



- Compartmentalising problems or thinking that there is a sufficient explanation for child welfare concerns without linking up or recognising all the factors at play (ie: neglect not physical abuse is causing injuries).
- Ignoring events or information that does not fit with the hypothesis or explanation of what is happening to and around the child
- Overly focusing on the care giver or adult's problems
- Ignoring the men in the child's life who pose a danger to children or may be a protective factor
- Thinking that because the abusive partner has left the household the children and non-abusive partner are safe
- Bias – people from any background abuse and neglect children as a consequence of 'the toxic trio' of factors

It is helpful to discuss and reflect on these pitfalls in practice. 'Another pair of eyes' is often the way in practice these pitfalls get recognised. Reflective supervision and reflective practice amongst practitioners working together challenges assumptions and leads to actions that safeguard children